Middlesbrough
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Legal and Governance

# ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL

**Date:** **Monday 20th October, 2025**
**Time:** **4.00 pm**
**Venue:** **Mandela Room, Town Hall**

## AGENDA

1. Welcome and Fire Evacuation Procedure

   In the event the fire alarm sounds attendees will be advised to evacuate the building via the nearest fire exit and assemble at the Bottle of Notes opposite MIMA.

2. Apologies for Absence

3. Declarations of Interest

4. Minutes- Adult Social Care and Health Scrutiny - 8 September 2025 — 3 - 6

5. Healthy Placemaking - Planning — 7 - 42

   The Strategic Policy Manager (Planning) and the Creating Active & Healthy Places Lead (Public Health South Tees) will deliver a presentation on “Healthy Placemaking through Planning”.

6. Healthy Placemaking - Transport & Infrastructure — 43 - 52

   The Head of Transport & Infrastructure and the Principal Transport Planning Officer will deliver a presentation on “Healthy Placemaking through Transport and Infrastructure”

7. Healthy Placemaking - Terms of Reference

   TO BE TABLED.

   Members will be asked to consider, discuss and agree the Terms of Reference for the scrutiny review “Healthy Placemaking with a Focus on Childhood Obesity”

8. Overview and Scrutiny Board Update

9. Date and Time of Next Meeting - 1 December 2025, 4.00pm

10. Any other urgent items which in the opinion of the Chair, may be considered.

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesbrough
Friday 10 October 2025

MEMBERSHIP

Councillors J Kabuye (Chair), D Coupe (Vice-Chair), J Banks, D Branson, D Jackson, M McClintock, T Mohan, S Platt and Z Uddin

**Assistance in accessing information**

**Should you have any queries on accessing the Agenda and associated information please contact Claire Jones / Rachael Johansson, 01642 729112 / 01642 726421, claire_jones@middlesbrough.gov.uk / rachael_johansson@middlesbrough.gov.uk**

**ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL**

A meeting of the Adult Social Care and Health Scrutiny Panel was held on Monday 8 September 2025.

**PRESENT:** Councillors J Kabuye (Chair), J Banks, D Coupe (Vice-Chair), D Jackson, M McClintock, T Mohan and S Platt

**ALSO IN ATTENDANCE:** M Fishpool

**OFFICERS:** L Cook, L Grabham, R Johansson and C Jones

**APOLOGIES FOR ABSENCE:** Councillors D Branson and Z Uddin

25/13 **WELCOME AND FIRE EVACUATION PROCEDURE**

The Chair welcomed all attendees to the meeting and explained the fire evacuation procedures.

25/14 **DECLARATIONS OF INTEREST**

| Name of Member | Type of Interest | Item / Nature of Business |
|---|---|---|
| Cllr David Coupe | Non-Pecuniary | Councillor-Governor, South Tees NHS Trust |

25/15 **MINUTES - ADULT SOCIAL CARE AND HEALTH SCRUTINY 22 JULY 2025**

The minutes of the Adult Social Care and Health Scrutiny Panel meeting held on 22 July 2025 were submitted and approved as a correct record.

25/16 **COMMUNICATIONS WITH SOUTH TEES HOSPITALS NHS FOUNDATION TRUST**

The Vice Chair provided the Panel with a verbal update on his role as a Member of the South Tees NHS Trust's Council of Governors, his interactions with the Board and the upcoming AGM meeting.

A discussion took place in respect of ongoing communications with South Tees NHS Trust, following their delivery of the Draft Quality Account to the People Scrutiny Panel in May 2025.

It was agreed that Democratic Servies would explore holding an additional/special meeting of the Adult Social Care and Health Scrutiny Panel, early in the New Year to consider NHS business. Consideration would also be given to informal liaison with the ICB and South Tees Trust.

25/17 **HEALTH DETERMINANTS RESEARCH COLLABORATION**

The Senior Organisational Development Business Partner for the Health Determinants Research Collaboration (HDRC) South Tees delivered a presentation on embedding a positive research culture within local authority.

The presentation gave an overview of the HDRC and funding, the main areas of focus and the importance of promoting a positive research culture. Case studies were shared to illustrate the outcomes and benefits of the research, demonstrating its impact on local communities.

A Member queried how residents were engaged in the process. It was noted that the HDRC were working with charity networks, projects and elected members.

The Chair thanked those involved in the presentation and acknowledged the value of

evidence-based research in informing policy development.

**NOTED.**

25/18 **CARE QUALITY COMMISSION (CQC) SEPTEMBER UPDATE**

The Director of Adult Social Care and Health Integration gave a quarterly update (September 2025) on the Care Quality Commission (CQC) Improvement Plan.

Members were reminded that the CQC inspected Middlesbrough Council's Adult Social Care Services in 2024. The Local Authority Inspection Return was submitted on 11 June 2024, followed by the Onsite Inspection during October 2024. The Final Report was received on 21 February 2025, with the rating of 'Requires Improvement', falling just one point short of a 'Good' rating.

An update was provided on each of the following Areas for Improvement:

- Significant waiting times
- Unpaid Carers
- Housing availability
- Equality, diversity and inclusion
- No defined plan around 'co-production'
- Lack of assurance at CEO level
- Lack of ownership corporately with regard to ASC
- Scrutiny and data

Members were advised that the CQC Action Plan had around 36 different projects, all underpinned by a robust monitoring process and an Improvement Board. An Adult Social Care 10 Year Vision and Strategy was also being developed, in conjunction with Healthwatch and was scheduled for public consultation.

Further discussion took place in respect of the areas for improvement. Members were informed that a new Head of Strategic Housing was now in post, with the role expected to drive progress in identifying housing needs across Middlesbrough, working with registered local landlords and private sector providers. Improvement actions also focussed on strengthening multi-disciplinary working and developing a workforce strategy aimed at recruiting additional social workers. In response to operational challenges, some service providers were trailing the use of Magic Notes, a tool that transcribes social work case notes, reducing the reliance on manual notetaking, and saves time in report writing.

The Chair thanked the Director of Adult Social Care and Health Integration for the presentation and noted that the next update was scheduled for January.

**NOTED.**

25/19 **SCRUTINY TOPIC OVERVIEW - 'HEALTHY PLACEMAKING ACROSS THE LIFE COURSE WITH A FOCUS ON CHILDREN AND YOUNG PEOPLE'**

The Health Improvement Manager, Public Health and the Programme Manager of the 'You've Got This' Project (Sport England), were in attendance to provide an overview of the Panel's Investigation Topic 'Healthy Placemaking', with a focus on childhood obesity.

The presentation introduced the issue of obesity in Middlesbrough, with a particular focus on childhood obesity and outlined the latest National Child Measurement Programme (NCMP) statistics, including regional and national comparisons.

Members noted that in 2024/24, 13.8% of reception-age children (4-5 years) in Middlesbrough were classed as obese or severely obese, compared with 10.8% across the North East and 9.6% nationally. By Year 6 (ages 10-11) prevalence rose to 25.6% in Middlesbrough, slightly above the North East average of 24.5% and significantly higher than the England figure of 22.1%. Adult obesity levels were also high, with 71.4% of Middlesbrough adults overweight or obese, compared with 64.5% across England.

Analysis of NCMP data by ward highlighted that obesity levels were generally higher in the

more deprived areas of Middlesbrough, including Berwick Hills and Pallister, Brambles and Thorntree, Hemlington and Ayresome. In contrast, more affluent wards such as Nunthorpe and Marton West recorded some of the lowest levels. North Ormesby recorded the highest prevalence of overweight and obese pupils at Reception age (35.3%), but one of the lowest rates by Year 6 (36.3%). A Member observed this contrast and queried what specific factors or interventions in North Ormesby might be contributing to the difference.

Information was also provided on national government strategies to tackle obesity. Between 1990 and 2020, 689 policies had been introduced, the majority of which placed the responsibility on the individual, with an emphasis on behavioural change.

The representatives advised that obesity was a complex issue that required a whole-system approach. Factors such as the physical environment, economic circumstances and education all contribute to lifestyle patters. Members were then updated on the approaches taken locally by Middlesbrough Council and Sport England, as follows;

- Healthy Weight Declaration
  A Council-wide commitment to improve the health of residents and empower individuals to make healthier lifestyle choices. The framework involves creating environments that promote healthy choices by improving access, availability, and affordability of healthier food and drink, and increasing opportunities for physical activity.

- Healthy Impact Assessment for Planning Toolkit
  Provides additional capacity to strengthen work around planning and transport infrastructure. The toolkit is used to identify and maximise the health and wellbeing impacts of new developments and placemaking.

- Advertising
  Local measures to include restrictions on unhealthy products such as fast food and alcohol, including on sites such as bus stops

- Breastfeeding Campaign
  A South Tees initiative aimed at increasing breastfeeding rates to give children the best start in life.

- Bring it On / Holiday Activities Fund
  Offers free, fun activities and healthy food for children and young people aged 5 to 16 during the school holidays.

- Creating Active Schools
  A programme piloted in Bradford which helps schools foster healthier, more active environments for pupils.

- Eat Well South Tees
  Embeds healthy food standards in settings such as schools and early years facilities.

Following the presentation, Members were asked to give further thought to draft Terms of Reference for the Healthy Placemaking review, which would be considered at a future meeting. They were also advised that, at the next meeting, officers from Planning and Trasport and Infrastructure would provide further information on the same topic.

**NOTED.**

25/20 **OVERVIEW AND SCRUTINY BOARD UPDATE**

The Chair provided an update on items discussed at the Overview and Scrutiny Board meeting held on 30 July 2025, which included:

- Delivery against the Continuous Improvement Plan - Progress Update.
- Scrutiny Work Planning 2025/26.
- Pre-Decision Scrutiny Protocol.
- Final Report of the People Scrutiny Panel - Children Missing Education.

- Final Report of the Place Scrutiny Panel – Empty Properties.

**NOTED.**

25/21 **DATE AND TIME OF NEXT MEETING - 20 OCTOBER 2025 AT 4.00 P.M.**

The next meeting of the Adult Social Care and Health Scrutiny Panel had been scheduled for Tuesday, 20 October 2025 at 4.00 p.m. in the Mandela Room, Town Hall.

**NOTED**

25/22 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

None.

# ASC & Health Scrutiny Panel

# Healthy Placemaking through Planning



Alex Conti, Strategic Policy Manager (MBC)

Dr David McAleavey, Creating Active & Healthy Places Lead (PHST)

20 October 2025

# Agenda

1. Introductions

2. Planning System Overview
   - National Policy
   - Emerging Local Plan

3. Evidence Base

4. Health Impact Assessment

# Planning System Overview

## National

- Legislation
- National Planning Policy Framework
- Planning Practice Guidance
- National Design Guide

## Local

- Local Plan – Policy Framework
  - Take account of other local policies
- Development Control (Planning Applications/Decisions)

# Planning System Overview

Planning ensures that the right development happens in the right place at the right time, benefitting communities and the economy.

It plays a critical role in identifying what development is needed and where, what areas need to be protected or enhanced and in assessing whether proposed development is suitable.



Source: Plain English guide to the planning system | Ministry of Housing, Communities and Local Government

# NPPF

## 8. Promoting healthy and safe communities

Paragraphs 96 to 108

**96.** Planning policies and decisions should aim to achieve healthy, inclusive and safe places which:

(a) promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods, and active street frontages;

(b) are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of well-designed, clear and legible pedestrian and cycle routes, and high quality public space, which encourage the active and continual use of public areas; and

(c) enable and support healthy lives, through both promoting good health and preventing ill-health, especially where this would address identified local health and well-being needs and reduce health inequalities between the most and least deprived communities – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.



Source: National Planning Policy Framework | Ministry of Housing, Communities and Local Government

(c) enable and support healthy lives, through both promoting good health and preventing ill-health, especially where this would address identified local health and well-being needs and reduce health inequalities between the most and least deprived communities – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.

**97.** Local planning authorities should refuse applications for hot food takeaways and fast food outlets: - within walking distance of schools and other places where children and young people congregate, unless the location is within a designated town centre; or - in locations where there is evidence that a concentration of such uses is having an adverse impact on local health, pollution or anti-social-behaviour.

**98.** To provide the social, recreational and cultural facilities and services the community needs, planning policies and decisions should:

(a) plan positively for the provision and use of shared spaces, community facilities (such as local shops, meeting places, sports venues, open space, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments;



Source: National Planning Policy Framework | Ministry of Housing, Communities and Local Government

# Open space and recreation

103. Access to a network of high quality open spaces and opportunities for sport and physical activity is important for the health and well-being of communities, and can deliver wider benefits for nature and support efforts to address climate change. Planning policies should be based on robust and up-to-date assessments of the need for open space, sport and recreation facilities (including quantitative or qualitative deficits or surpluses) and opportunities for new provision. Information gained from the assessments should be used to determine what open space, sport and recreational provision is needed, which plans should then seek to accommodate.

104. Existing open space, sports and recreational buildings and land, including playing fields and formal play spaces, should not be built on unless:

a) an assessment has been undertaken which has clearly shown the open space, buildings or land to be surplus to requirements; or

b) the loss resulting from the proposed development would be replaced by equivalent or better provision in terms of quantity and quality in a suitable location; or

c) the development is for alternative sports and recreational provision, the benefits of which clearly outweigh the loss of the current or former use.



Source: National Planning Policy Framework | Ministry of Housing, Communities and Local Government

# 9. Promoting sustainable transport

Paragraphs 109 to 118

**109.** Transport issues should be considered from the earliest stages of plan-making and development proposals, using a vision-led approach to identify transport solutions that deliver well-designed, sustainable and popular places. This should involve:

a) making transport considerations an important part of early engagement with local communities;

b) ensuring patterns of movement, streets, parking and other transport considerations are integral to the design of schemes, and contribute to making high quality places;

c) understanding and addressing the potential impacts of development on transport networks;

d) realising opportunities from existing or proposed transport infrastructure, and changing transport technology and usage – for example in relation to the scale, location or density of development that can be accommodated;

e) identifying and pursuing opportunities to promote walking, cycling and public transport use; and

f) identifying, assessing and taking into account the environmental impacts of traffic and transport infrastructure – including appropriate opportunities for avoiding and mitigating any adverse effects, and for net environmental gains.



Source: National Planning Policy Framework | Ministry of Housing, Communities and Local Government

# 15. Conserving and enhancing the natural environment

Paragraphs 187 to 201

**187.** Planning policies and decisions should contribute to and enhance the natural and local environment by:

a) protecting and enhancing valued landscapes, sites of biodiversity or geological value and soils (in a manner commensurate with their statutory status or identified quality in the development plan);

b) recognising the intrinsic character and beauty of the countryside, and the wider benefits from natural capital and ecosystem services – including the economic and other benefits of the best and most versatile agricultural land, and of trees and woodland;

c) maintaining the character of the undeveloped coast, while improving public access to it where appropriate;

d) minimising impacts on and providing net gains for biodiversity, including by establishing coherent ecological networks that are more resilient to current and future pressures and incorporating features which support priority or threatened species such as swifts, bats and hedgehogs;

e) preventing new and existing development from contributing to, being put at unacceptable risk from, or being adversely affected by, unacceptable levels of soil, air, water or noise pollution or land instability. Development should, wherever possible, help to improve local environmental conditions such as air and water quality, taking into account relevant information such as river basin management plans; and

f) remediating and mitigating despoiled, degraded, derelict, contaminated and unstable land, where appropriate.



Source: National Planning Policy Framework | Ministry of Housing, Communities and Local Government

# PPG – Healthy Place

**What is a healthy place?**

A healthy place is one which supports and promotes healthy behaviours and environments and a reduction in health inequalities for people of all ages. It will provide the community with opportunities to improve their physical and mental health, and support community engagement and wellbeing.

It is a place which is inclusive and promotes social interaction. The National Design Guide sets out further detail on promoting social interaction through inclusive design including guidance on tenure neutral design and spaces that can be shared by all residents.

It meets the needs of children and young people to grow and develop, as well as being adaptable to the needs of an increasingly elderly population and those with dementia and other sensory or mobility impairments.

Paragraph: 003 Reference ID:53-003-20191101



Source: Planning Practice Guidance | Ministry of Housing, Communities and Local Government

# Council Plan Priority

*A healthy place:*

- *Improve life chances of our residents by responding to health inequalities*
- *Promote inclusivity for all*
- *Reduce poverty*



Source: Middlesbrough Council (MC)

# Joint Health & Wellbeing Strategy & Joint Strategic Needs Assessment

- Live Well South Tees is the statutory Board of health and care leaders from Middlesbrough and Redcar & Cleveland
- Legal Duty: The Board must work collaboratively to improve the health and wellbeing of residents
- Strategic Framework: The Joint Health and Wellbeing Strategy (JHWBS) outlines how these improvements will be achieved
- Evidence Base: The Strategy is informed by the Joint Strategic Needs Assessment (JSNA), a legal document analysing current health and wellbeing needs

# Joint Health & Wellbeing Strategy & Joint Strategic Needs Assessment

- The JHWBS/JSNA adopts two missions relevant to Spatial Planning
- **Creating Places and Systems that Promote Wellbeing** (JSNA: Housing, Green Spaces, Transport, Social Capital)
- **Supporting People and Communities to Build Better Health** (JSNA: Risk Factors for Ill Health, Prevention)
- Together, these six JSNA sections and the JHWBS form part of the Local Plan's Evidence Library


Middlesbrough Council
Middlesbrough Green and Blue Infrastructure Strategy 2021-2037
Part 1: Setting the Scene
Middlesbrough
moving forward
LUC




Source: Middlesbrough Council

# Middlesbrough Local Plan

## Publication Local Plan (March 2025)

- Public Consultation March/April
- Submitted to Government September
- Independent Examination → Adoption

- Health considerations integrated throughout

# Local Plan – Vision & Objectives

*Residents will be healthy and well. They will be able to easily make healthy lifestyle choices and have access to good quality, safe and well-designed open spaces and networks which encourage physical activity. We will have lowered childhood obesity levels and reduced health inequalities across the borough. Residents of all ages will have a better quality of physical health and experience better mental wellbeing.*

- **Objective H** To achieve healthy and safe communities

Source: Middlesbrough Council (MC)

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**Policy EC17 Hot Food Takeaways**

Proposals for hot food takeaways (sui generis) will only be permitted where the proposed use would not:

a. result in the proportion of the total commercial units in the defined areas (as identified on the Policies Map) exceeding the following thresholds:

- Town Centre (excluding Linthorpe Road South Secondary Shopping Area) 2%
- Linthorpe Road South Secondary Shopping Area 10%
- District and Local Centres 10% (in each respective centre)

Applications for hot food takeaway uses will only be permitted where the grant of planning permission would not result in this level being exceeded; or

b. result in more than two adjacent hot food takeaway uses; or
c. be located within the Primary Shopping Area; and

in addition to the above criteria, to promote healthier communities:

d. planning permission will not be granted for hot food takeaway uses within 400m walking distance of an entry point to a school unless it is within a defined centre.

To further protect the vitality and viability of retail centres and the amenity of the surrounding area, applications for hot food takeaways should seek to:

i. minimise any potential impact upon the retail character of the centre;
ii. maintain active frontages; and
iii. protect local amenity (having regard to potential impacts in terms of noise, fumes/odours and traffic).

Hot food takeaways will not be permitted outside of defined centres.



Source: MC

**Policy IN6 Health and Wellbeing**

The Council will support development in Middlesbrough that provides opportunities for healthy lifestyles, contributes to the creation of healthier communities and helps reduce health inequalities. The potential health gains from development proposals, will be maximised and any negative impacts mitigated. In order to achieve this the Council will:

a. work with partners including the NHS to reduce health inequalities;
b. protect existing facilities where possible, and support the provision of new or improved health facilities; and
c. encourage proposals which utilise opportunities for the multi-use and co-location of health facilities with other services and facilities, co-ordinate local care and provide convenience for the community.

Development proposals should ensure they:

i. are located in well-connected locations to enable active travel and support measures to promote walking and cycling;
ii. create well designed and safe places with a strong sense of place;
iii. promote energy efficient buildings;
iv. support a diverse range of uses within our Town, District and Local Centres;
v. support the delivery and access to essential community services;
vi. protect and enhance open space, leisure and recreation facilities;
vii. include the provision of multifunctional green and blue infrastructure;
viii. avoid contributing to climate change, and provide mitigation against the effects of climate change;
ix. discourage uses that have a negative health impact; and
x. incorporate measures to prevent and reduce pollution so as not to cause unacceptable impacts before and after completion on land, water and buildings.

All development proposals for 100 or more dwellings must be supported by a Health Impact Assessment to demonstrate that full consideration has been given to health and wellbeing, taking into account wider local/regional primary care and other health strategies. Proposals for other major developments will be screened by the Local Planning Authority to determine on a case-by-case basis whether a Health Impact Assessment will be required.



Source: MC

**Policy NE1 Green and Blue Infrastructure**

The Green and Blue Infrastructure network in Middlesbrough will be protected and enhanced in line with the Green and Blue Infrastructure Strategy and Action Plan, through improving, creating and managing multifunctional greenspaces and blue spaces that are accessible, well connected to each other and the wider network. Development should:

a. incorporate green and blue infrastructure features within their design and improve accessibility to the surrounding area and wider green and blue infrastructure network;
b. protect, enhance and restore existing green and blue infrastructure features including those which form part of Middlesbrough's historic environment;
c. address deficits in local green and blue infrastructure provision where appropriate;
d. support the provision and management of priority habitats and species, and other protected species, including reconnecting habitats;
e. contribute to nature recovery though delivering and implementing the priorities identified in the Tees Valley Local Nature Recovery Strategy, the Green and Blue Infrastructure Strategy and by achieving Biodiversity Net Gain;
f. incorporate trees within their designs and ensure new streets are tree lined;
g. reduce health inequalities and increase opportunities for healthy living;
h. contribute to climate change mitigation and adaptation measures, including flood risk and watercourse management;
i. link walking, wheeling and cycling routes, to encourage active travel;
j. have regard to the requirements of the Green and Blue Infrastructure Strategy Action Plan, including the identified priority opportunities and the Green and Blue Infrastructure checklist for development; and
k. make contributions towards the establishment, enhancement and on-going management of Green and Blue Infrastructure.



Source: MC

# Middlesbrough Health Impact Assessment (HIA) for Planning Toolkit

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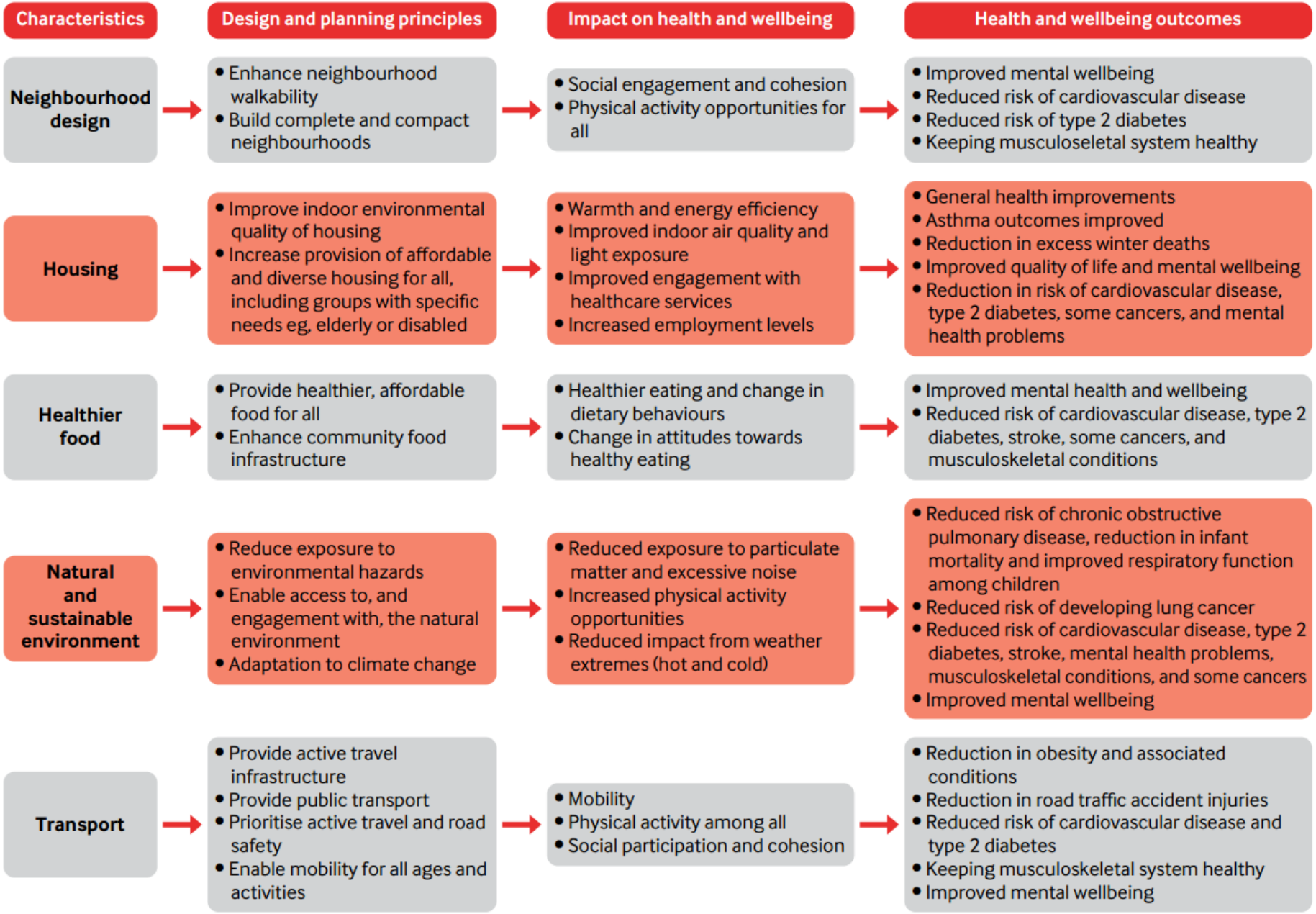
PUBLIC HEALTH
SOUTH TEES

HIA is a process that identifies the health and well-being impacts (benefits and harms) of any plan or development project. A properly conducted HIA recommends measures to maximise positive impacts; minimise negative impacts; and reduce health inequalities.

Source: TCPA & TRUUD




McKinnon, G., Pineo, H., Chang, M., Taylor-Green, L., Strategy, A. J., & Toms, R. (2020). Strengthening the links between planning and health in England. *BMJ (Clinical research ed.)*, *369*, m795. https://doi.org/10.1136/bmj.m795

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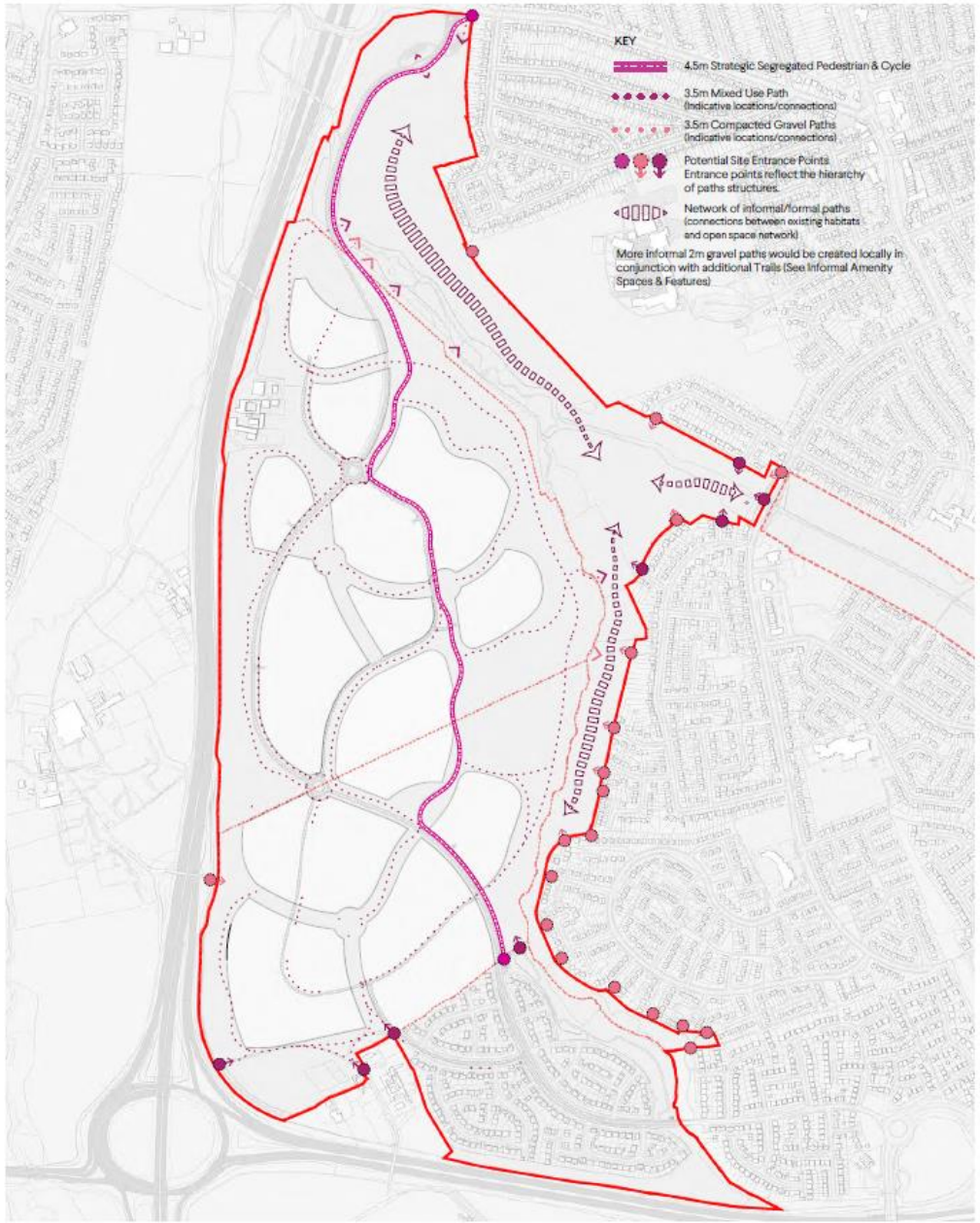


## 4.0 LANDSCAPE

### 4.5 Paths & Routes

A network of safe accessible routes and paths will be planned for Stainsby, to increase physical activity, promote sustainable and active travel and to support a friendly, sociable and cohesive community.

The strategy at Stainsby is simple. Everyone will be able to access paths and routes that take them where they want to be, whether this is to a neighbourhood play area, the commercial centre, the country park, or further afield and into Middlesbrough or the open countryside. The adjacent diagram shows an indicative proposal, subject to detailed design.

The hierarchy is such that a strategic segregated pedestrian and cycle route at 4.5m wide will be attached to the main roads providing a commuting 'superhighway' into Middlesbrough and surrounding areas.

The above path will be supported by a 3.5m wide mixed use tarmac path will provide a secondary route, permeating the residential areas. Further networks provided by compacted gravel paths, 3.5m wide, to be used as exploratory trails and particularly within the Country Park will provide amenity and recreation routes for walkers and cyclists.

Paths and Routes will be present at the Community Hub where circular routes will be used to define the space and provide easy to navigate 'healthy' trails accessible to all users, including office and retail workers.

Routes will be clearly signed and maps provided at key locations; including distance and path difficulty, gradients and terrain along with information on the landscape and habitats that they pass through.

See Section 4.14 Country Park paths for information on the unadopted path strategies. For details on the adopted path network see Urban Strategies section 6.4 Adopted Paths.

***KEY POLICY***

*Paths & Routes*

*Middlesbrough Design Guide SPD: 3.16 When designing for pedestrians or cyclists, some requirements are common to both:- a) routes should form a coherent network, and be of an appropriate scale; b) in general, networks should allow people to go where they want, unrestricted by street furniture and other obstructions or barriers; c) routes need to be safe – this applies to both traffic safety and crime; and d) the environment should be attractive, interesting and free from graffiti and litter, etc.*





Source: Gradon Architecture & Middlesbrough Council: Stainsby Masterplan Design Code

# Housing H1 - High Quality Housing

*homes that are comfortable, healthy, and energy-efficient*

**1. Does the scheme include any residential component?** Yes ☐ **Complete this section** No ☐ **Move to next section** (Movement M1 - Physical Activity | Walking)

## Examples of positive and negative aspects

Tick where relevant. Aspects will contribute to positive and negative health impacts

**Will contribute to positive impacts:**

- ☐ Homes designed so that it is difficult to visually determine the tenure of properties
- ☐ Homes that have suitable internal space, private outdoor space, and are NDSS compliant
- ☐ Homes that are highly energy efficient and affordable to run: Energy Performance Certificate (EPC) rating band B or higher
- ☐ All homes have access to natural light and an outlook
- ☐ Homes are designed to ensure the privacy of both residents and neighbours
- ☐ Apartments, flats, and maisonettes are provided with some private outdoor amenity space, such as gardens on the ground floor, and balconies and terraces for homes above the ground floor
- ☐ In semi-communal accommodation (e.g., care homes and student accommodation) outdoor space includes secluded areas designed as semi-private retreats
- ☐ Other positive aspects (please specify):

**Will contribute to negative impacts:**

- ☐ External design dictated by tenure or affordability
- ☐ Homes that are too small and risk being overcrowded
- ☐ Homes with EPC ratings below band B
- ☐ Habitable rooms without appropriately sized windows, or with a poor outlook
- ☐ Design compromises the privacy of either residents or neighbours, or both
- ☐ Apartments, flats, and maisonettes have no private outdoor amenity space
- ☐ Semi-communal accommodation has limited outdoor space that doesn't provide residents with opportunities for semi-private seclusion
- ☐ Other negative aspects (please specify):

**Remember:**
Acknowledging negative aspects is an important part of the HIA process. It is unrealistic to claim a proposal is 100% positive.

**2. Considering the positive and negative aspects listed in this section, what will the health impact be?**

| Positive | Negative | Neutral | Unsure |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |

**3. Based on the positive and negative aspects identified, describe how the health impact has been assessed and summarise the key findings of this assessment.**

Consider the certainty, severity, and/or balance of the positive and negative impacts and aspects.

**4. List ways that the scheme can minimise any negative health impacts and maximise any positive impacts.**

Outline recommendations for amendments to the scheme or summarise improvements that have already been made.

**5. Including the recommended action(s), how would the scheme affect public health?**

| Considerable net gain | Slight net gain | Neutral | Slight net loss | Considerable net loss |
|---|---|---|---|---|
| Significant improvements to public health outcomes | Minor improvements to public health outcomes | No noticeable change to public health outcomes | Minor deterioration of public health outcomes | Significant deterioration of public health outcomes |
| ☐ | ☐ | ☐ | ☐ | ☐ |

# Food and Nutrition

*access to healthy, affordable, and sustainable food options*

**1. Is this a residential scheme or a scheme with community/communal spaces?** Yes ☐ **Complete this section** No ☐ **Move to next section** (Air Quality and Noise)

## Examples of positive and negative aspects

Tick where relevant. Aspects will contribute to positive and negative health impacts

**Will contribute to positive impacts:**

- ☐ Accessible and secure garden sheds/garages to store gardening tools and equipment
- ☐ Gardens designed and landscaped so as to have the potential to grow food (among other things), including fruit-bearing trees
- ☐ Show homes that showcase gardens that can grow food
- ☐ Provision of communal gardens, or access to allotments, which are well maintained and well-utilised
- ☐ Easy access to supermarkets and other sources of healthy food options (within 10-minutes walking distance [800m])
- ☐ Homes feature well-designed kitchens with ample countertop space and comfortable dining areas that facilitate both food preparation and shared meals
- ☐ Shared kitchens are large enough for multiple people to prepare, cook and eat food in at any given time
- ☐ Other positive aspects (please specify):

**Will contribute to negative impacts:**

- ☐ No places to store gardening tools and equipment
- ☐ Gardens that are only turfed
- ☐ No provision of communal gardens or allotments
- ☐ No supermarkets or other places to access healthy food within 10-minutes walking distance
- ☐ Homes without kitchens and food preparation facilities
- ☐ Shared kitchens large enough for only one person at a time
- ☐ Other negative aspects (please specify):

**Remember:**
Acknowledging negative aspects is an important part of the HIA process. It is unrealistic to claim a proposal is 100% positive.

**2. Considering the positive and negative aspects listed in this section, what will the health impact be?**

| Positive | Negative | Neutral | Unsure |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |

**3. Based on the positive and negative aspects identified, describe how the health impact has been assessed and summarise the key findings of this assessment.**

Consider the certainty, severity, and/or balance of the positive and negative impacts and aspects.

**4. List ways that the scheme can minimise any negative health impacts and maximise any positive impacts.**

Outline recommendations for amendments to the scheme or summarise improvements that have already been made.

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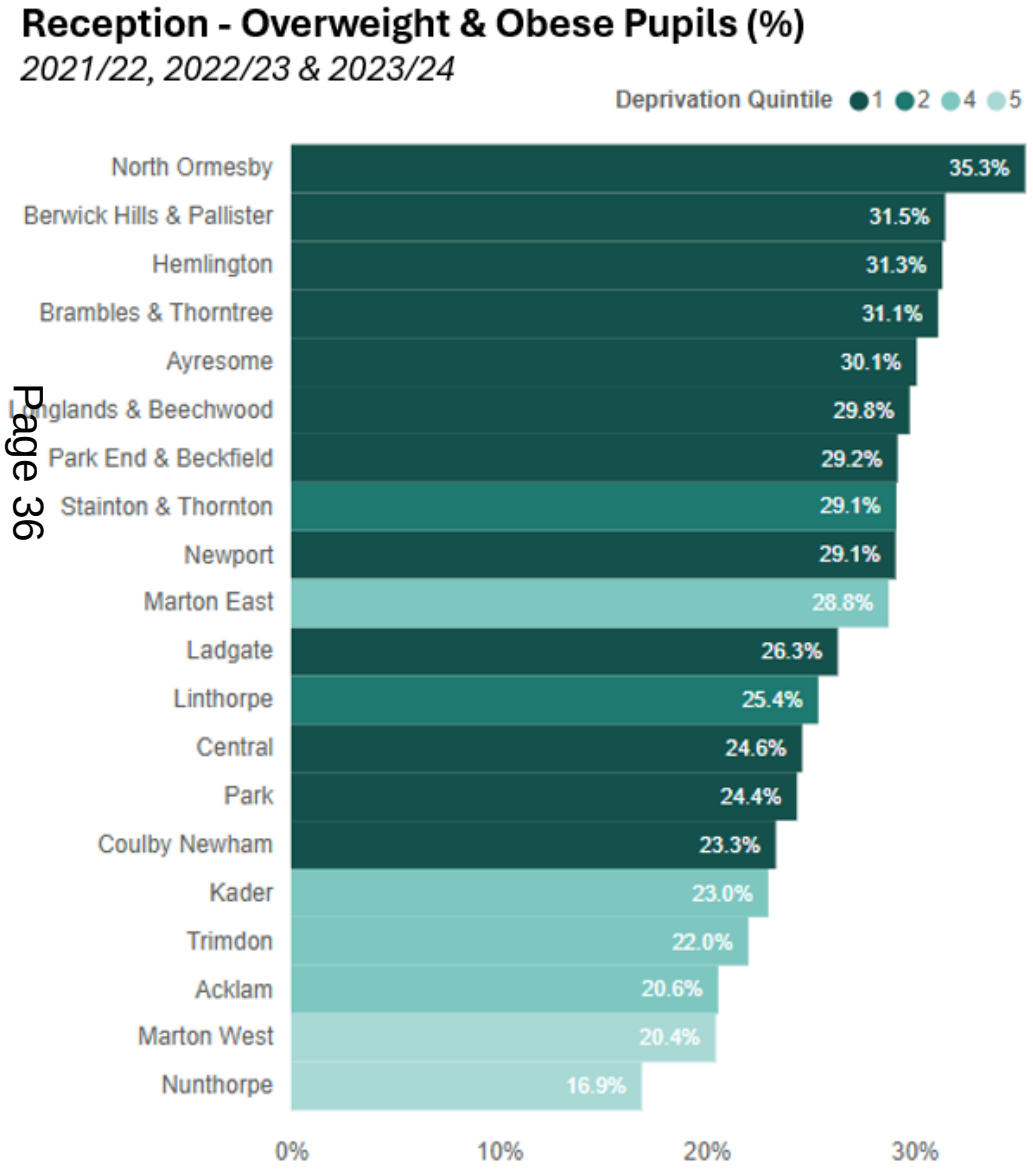
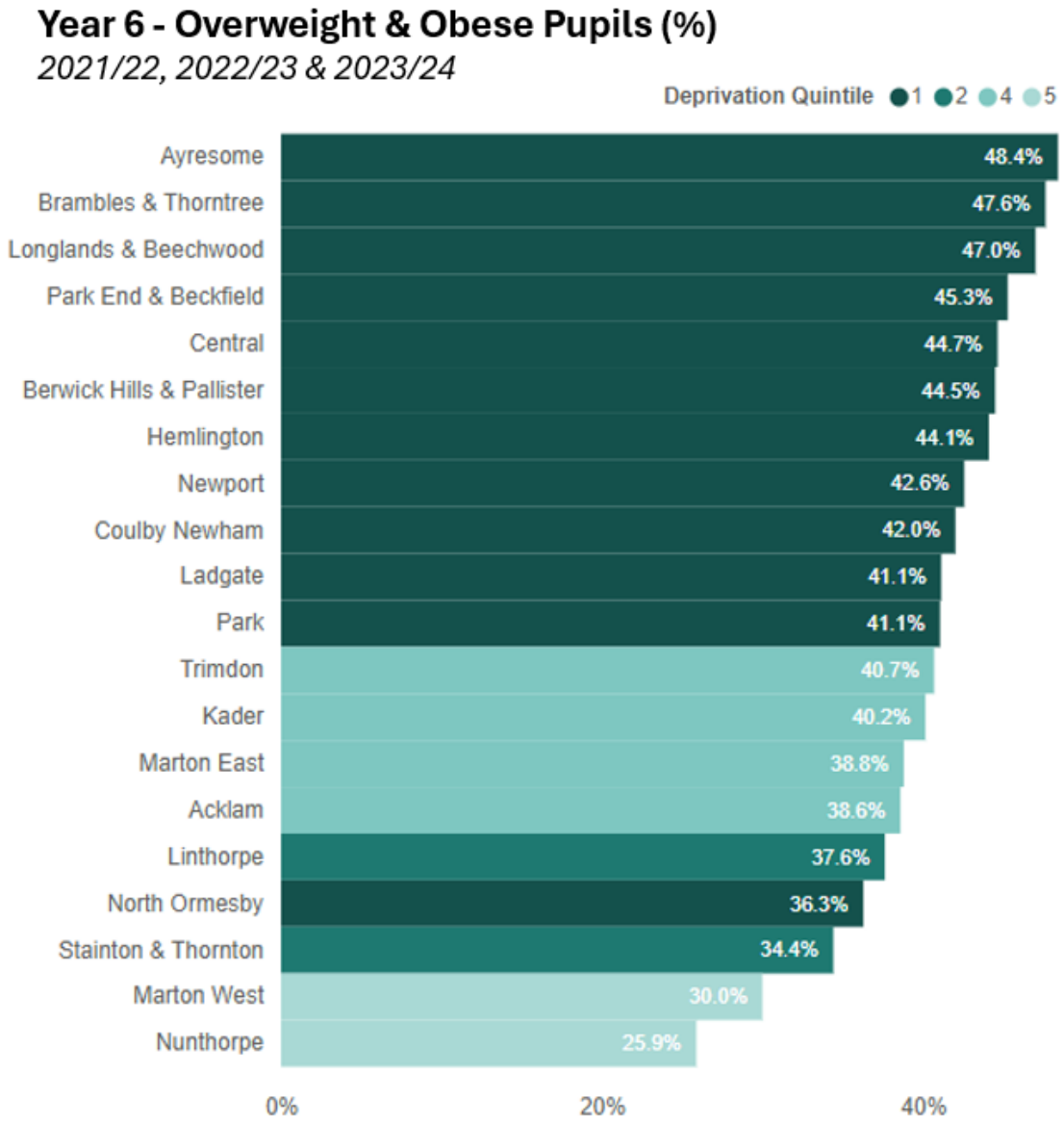
|---|---|---|---|---|
| Significant improvements to public health outcomes | Minor improvements to public health outcomes | No noticeable change to public health outcomes | Minor deterioration of public health outcomes | Significant deterioration of public health outcomes |
| ☐ | ☐ | ☐ | ☐ | ☐ |

# NCMP by levels of deprivation



## How can planning create a healthier food environment?

Planning can influence the built environment to improve health and reduce obesity and excess weight in local communities. Local planning authorities can have a role by supporting opportunities for communities to access a wide range of healthier food production and consumption choices. Planning policies and supplementary planning documents can, where justified, seek to limit the proliferation of particular uses where evidence demonstrates this is appropriate (and where such uses require planning permission). In doing so, evidence and guidance produced by local public health colleagues and Health and Wellbeing Boards may be relevant. Planning policies and proposals may need to have particular regard to the following issues:

- proximity to locations where children and young people congregate such as schools, community centres and playgrounds
- evidence indicating high levels of obesity, deprivation, health inequalities and general poor health in specific locations
- over-concentration of certain uses within a specified area
- odours and noise impact
- traffic impact
- refuse and litter

Paragraph: 004 Reference ID:53-004-20190722

Revision date: 22 07 2019



Source: Planning Practice Guidance | Ministry of Housing, Communities and Local Government

(c) enable and support healthy lives, through both promoting good health and preventing ill-health, especially where this would address identified local health and well-being needs and reduce health inequalities between the most and least deprived communities – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.

**97.** Local planning authorities should refuse applications for hot food takeaways and fast food outlets: - within walking distance of schools and other places where children and young people congregate, unless the location is within a designated town centre; or - in locations where there is evidence that a concentration of such uses is having an adverse impact on local health, pollution or anti-social-behaviour.

**98.** To provide the social, recreational and cultural facilities and services the community needs, planning policies and decisions should:

(a) plan positively for the provision and use of shared spaces, community facilities (such as local shops, meeting places, sports venues, open space, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments;



Source: National Planning Policy Framework | Ministry of Housing, Communities and Local Government

**Policy EC17 Hot Food Takeaways**

Proposals for hot food takeaways (sui generis) will only be permitted where the proposed use would not:

a. result in the proportion of the total commercial units in the defined areas (as identified on the Policies Map) exceeding the following thresholds:

- Town Centre (excluding Linthorpe Road South Secondary Shopping Area) 2%
- Linthorpe Road South Secondary Shopping Area 10%
- District and Local Centres 10% (in each respective centre)

Applications for hot food takeaway uses will only be permitted where the grant of planning permission would not result in this level being exceeded; or

b. result in more than two adjacent hot food takeaway uses; or
c. be located within the Primary Shopping Area; and

in addition to the above criteria, to promote healthier communities:

d. planning permission will not be granted for hot food takeaway uses within 400m walking distance of an entry point to a school unless it is within a defined centre.

To further protect the vitality and viability of retail centres and the amenity of the surrounding area, applications for hot food takeaways should seek to:

i. minimise any potential impact upon the retail character of the centre;
ii. maintain active frontages; and
iii. protect local amenity (having regard to potential impacts in terms of noise, fumes/odours and traffic).

Hot food takeaways will not be permitted outside of defined centres.

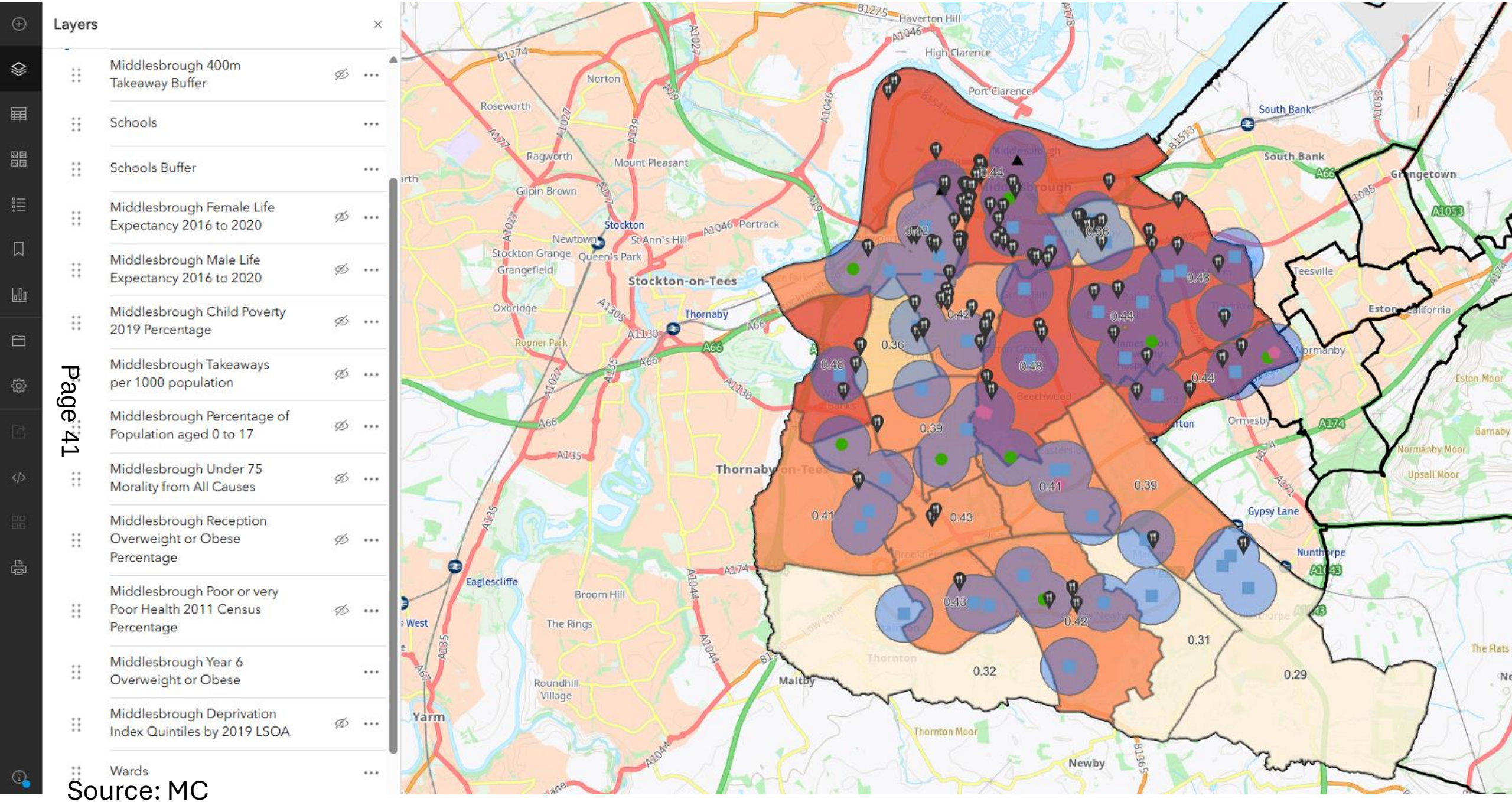


Source: MC

fulfil their primary retail and community function. High proportions and concentrations of hot food takeaway establishments within centres can have a negative impact on their vitality and viability.

4.85 In addition to the negative impacts high proportions of hot food takeaway uses can have on the vitality and viability of centres, there is a strong link between the density of fast-food outlets and deprivation, where the local authorities with a higher deprivation score have a greater density of fast-food outlets. According to the JSNA (2024), there were 184 fast food outlets in Middlesbrough, a rate of 131.1 outlets per 100,000 people, significantly higher than the England rate of England is 96.1 per 100,000.[1]There is also a recognised link between deprivation and obesity. Childhood obesity and excess weight are significant health issues in Middlesbrough, with national evidence[2] identifying Middlesbrough's obesity rates in school children to be higher than the national average. In February 2024, the Council adopted the Healthy Weight Declaration. This is a commitment to promote healthy weight and improve the health and wellbeing of residents. In order to improve health and wellbeing in the Town and encourage healthier eating choices, applications for hot food takeaways in specific locations (for example, within walking distance of schools) will be carefully managed.

4.86 The MRLS states the national average for the number of hot food takeaway in all centres, is approximately 6%. The percentage of hot food takeaways in Middlesbrough's centres is already significantly higher than this. To help to prevent proposals from coming forward which would result in an excessive number and concentration of hot food takeaways, thresholds will be


Layers
Middlesbrough 400m Takeaway Buffer
Schools
Schools Buffer
Middlesbrough Female Life Expectancy 2016 to 2020
Middlesbrough Male Life Expectancy 2016 to 2020
Middlesbrough Child Poverty 2019 Percentage
Middlesbrough Takeaways per 1000 population
Middlesbrough Percentage of Population aged 0 to 17
Middlesbrough Under 75 Morality from All Causes
Middlesbrough Reception Overweight or Obese Percentage
Middlesbrough Poor or very Poor Health 2011 Census Percentage
Middlesbrough Year 6 Overweight or Obese
Middlesbrough Deprivation Index Quintiles by 2019 LSOA
Wards
Stockton-on-Tees
Thornaby
Middlesbrough
Eaglescliffe
Yarm
Norton
Roseworth
Ragworth
Mount Pleasant
Gilpin Brown
Stockton
Newtown
St Ann's Hill
Queen's Park
Stockton Grange
Grangefield
Oxbridge
Ropner Park
Portrack
Haverton Hill
High Clarence
Port Clarence
South Bank
Grangetown
Teesville
Normanby
Ormesby
Eston
Eston Moor
Barnaby
Normanby Moor
Upsall Moor
Gypsy Lane
Nunthorpe
Broom Hill
The Rings
Roundhill Village
Maltby
Thornton
Thornton Moor
Newby
0.44
0.42
0.36
0.48
0.39
0.41
0.43
0.32
0.31
0.29



Source: MC

# Bridging Specialisms for Healthier Places

## Why planning and public health work better together

A PHIRST evaluation

### Why this matters

While healthcare is important, the environment in which a person lives can have a greater long-term impact on their health.

Poor planning can trap people in unhealthy, unsafe and disconnected lives.

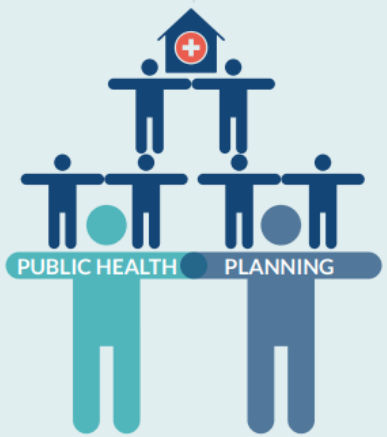
National and local government have the power to change this – but only when health is embedded in every decision about place.

This is recognised in the NHS 10-year plan and the revised National Planning Policy Framework in England – although policy gaps remain.

Planners can find these ambitions challenging to realise in practice

### What Are Hybrid Posts?

Hybrid public health-planning posts connect public health and planning to deliver healthier places.




Posts may be positioned in public health or planning and dedicate all or part of their time to supporting planners.

### What do they do?

Hybrid posts act as connectors and interpreters, helping public health and planners to speak a common language and achieve more than they could alone.


| Area | What They Do | Who It Helps |
|---|---|---|
| Local Plans | Add health evidence and equity focus | Planning policy teams, local residents |
| Planning applications | Improve Health Impact Assessment, design reviews | Development management teams, developers |
| Engagement | Engage community voices in the links between health and place | Councillors, residents, planners |
| Strategy | Align with sustainability, active travel, Integrated Care Systems | Local council leaders, funders |

### What's needed next?

#### For Local Councils

- Establish and protect hybrid roles, with access to public health and planning teams
- Support collaborative learning initiatives between public health and planning
- Involve public health early in policy development and application reviews — avoiding a tick box approach

#### For National Policy & Professional Development

- Strengthen the policy mandate for public health in planning
- Establish funding mechanisms, learning platforms and hybrid career pathways

### Want to Know More?

Access the full briefing report on hybrid public health-planning posts via QR code

Contact your local Director of Public Health about how to get involved in your local area.

# Transport Planning; Healthy Placemaking and Childhood Obesity



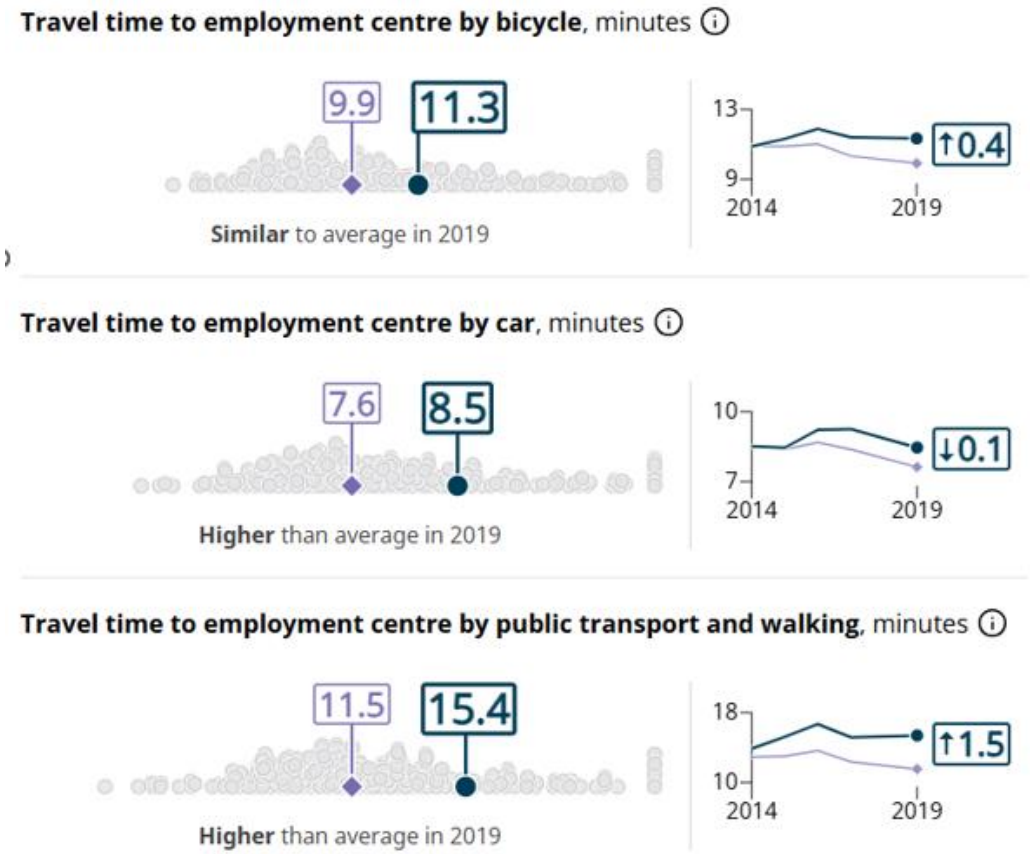


# Transport Context

- Obesity/inactivity levels are high
- Low car ownership – 33.1% of households have no car/van
- Average distance to Primary school – 1.6 miles / Secondary 3.5 (national data)

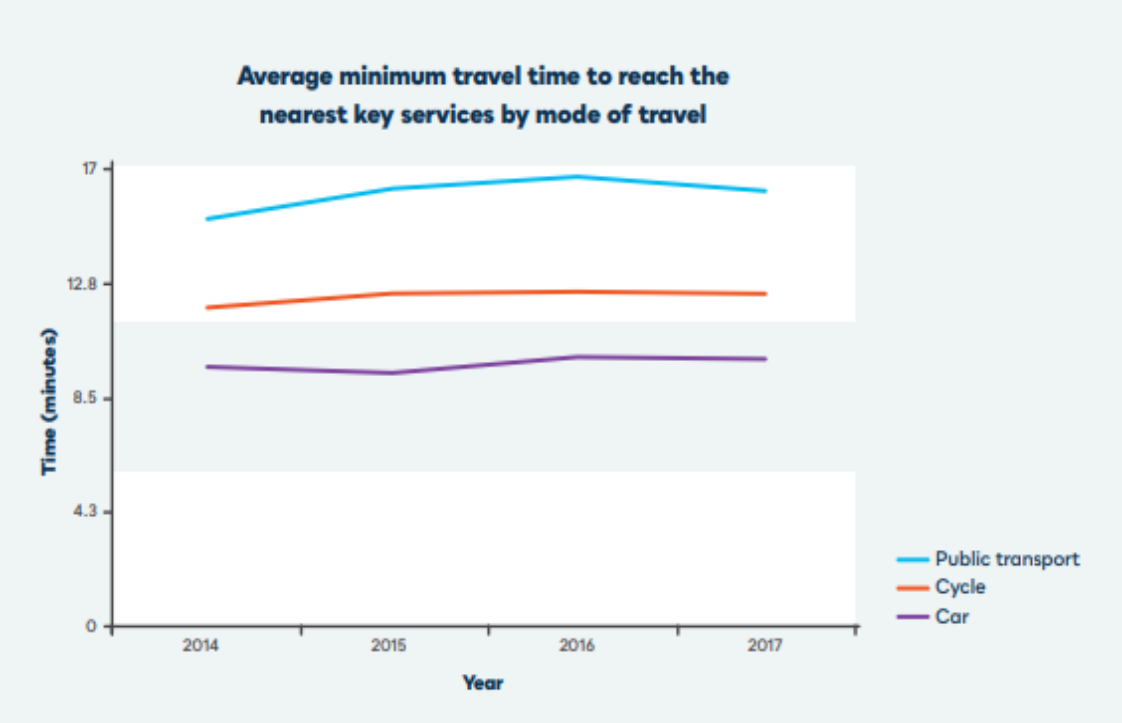
| Mode of Travel | School (%) | Work (%) |
|---|---|---|
| Walk | 46 | 9.1 |
| Cycle | 3 | 2 |
| Car | 35 | 61.7 |
| Public transport | 15 | 4.8 |
| Other | 1 | 22.4 |

| DISTANCE | % OF JOURNEYS IN UK | MODE (WALK & CYCLE) | MODE (OTHER) | TIME TAKEN TO WALK / CYCLE |
|---|---|---|---|---|
| >5 miles | 66 | 23 | 67 | 96 / 25 minutes |
| >2 miles | 38 | 55 | 45 | 38 / 10 minutes |
| >1 mile | 20 | 77 | 33 | 19 / 5 minutes |



# Why do people rely on cars?

- High levels of no car households (33.1%)
- Convenience
- Quicker
- More affordable (once car purchased)
- Spatial gaps in bus network
- Congestion is subjective –network flows relatively well
- Journey time Reliability is poor – network resilience
- Incidents cause issues – accidents/planned and emergency works



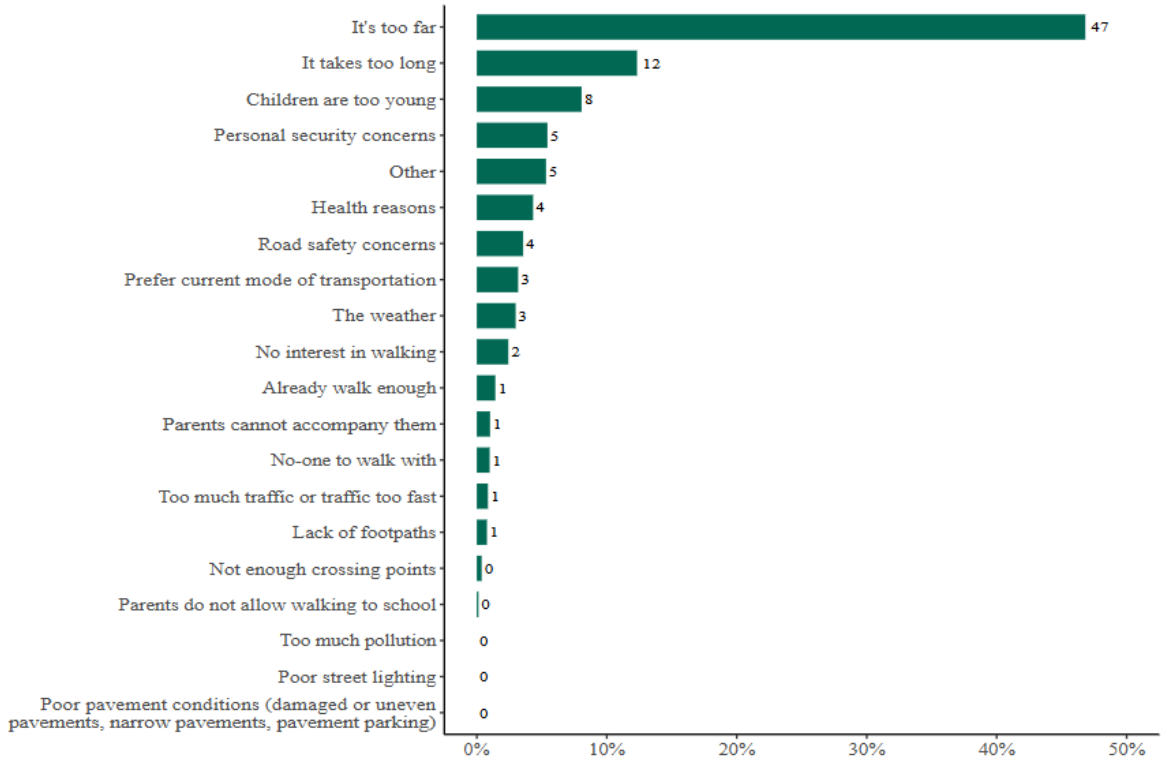
# Why do children not walk to school?

- 46% of children walk to school – lower figures recorded over recent years
- Main barriers are perception based – “it’s too far”
- Average 1.6 miles to primary school / 3.5 miles to secondary (national)
- Middlesbrough is more compact/less average distance and low topography
- Roughly 30 minutes to walk/10 minutes to cycle



## Barriers and encouragements to walking to school

**Chart 28: Main reason for not walking to school more often: England, 2021 (NTS0809)**



# Highway Infrastructure Delivery Plan / Integrated Transport Strategy

- Hierarchy of need – improvements for active modes at the heart of everything
- Improved accessibility/inter-connected journeys
- Improved resilience/journey time reliability
- Modal shift reduces demand / improves efficiency

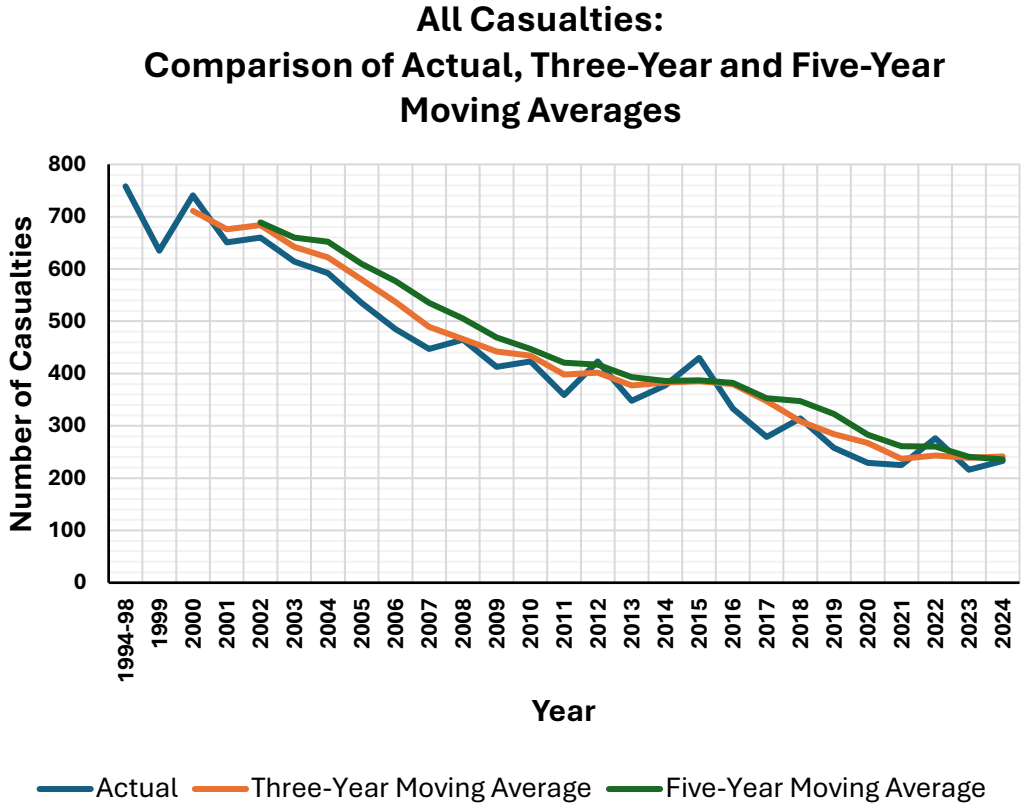


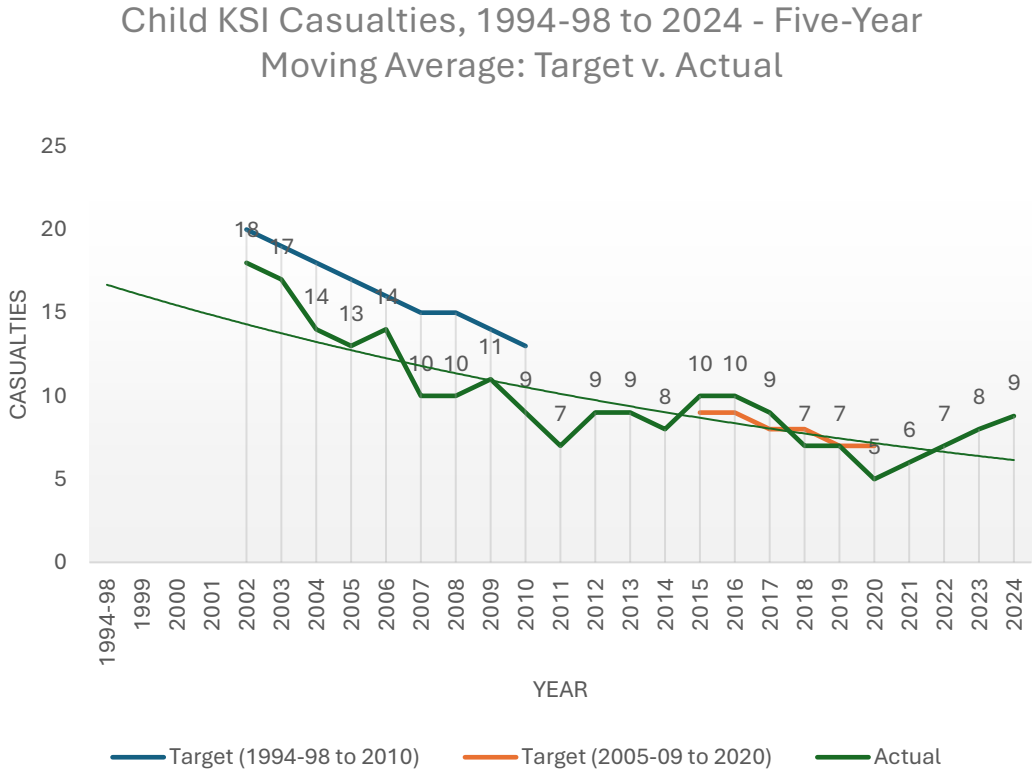

- Operates safely
- Operates efficiently
- Creates more reliable journeys
- Operates sustainably
- Improves the local environment
- Supports public health agenda
- Supports the local economy
- Improves people's lives, creating access to jobs, retail, education, and leisure opportunities
- Supports social mobility

# City Region Sustainable Transport Settlement / Levelling Up Fund

- TVCA regional allocations
- Improvements to sustainable transport (bus/walk/wheel)
- Key transport corridors – destinations and demand
  - **Newport Road**
  - **Longlands Road**
  - **Stainton Way/Parkway Centre**
  - **Green Lane**
- bus/cycle improvements
- “last mile”
- Regional bus routes
- Safe access to schools
- Behaviour change / modal shift

# Road Safety




Downward trend – some anomalies
Slight increase in KSI child figures over last few years
Pandemic figures anomaly

# Road Safety Initiatives; Promotion, Education and Training

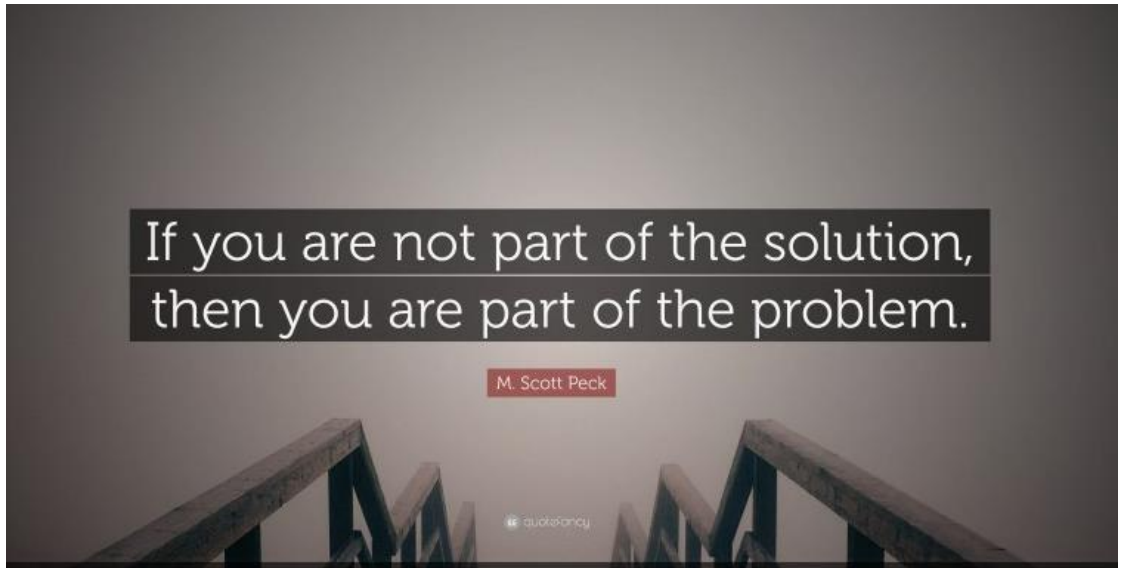

Year 5/6 Bikeability 1259 places
Balanceability – 74 places

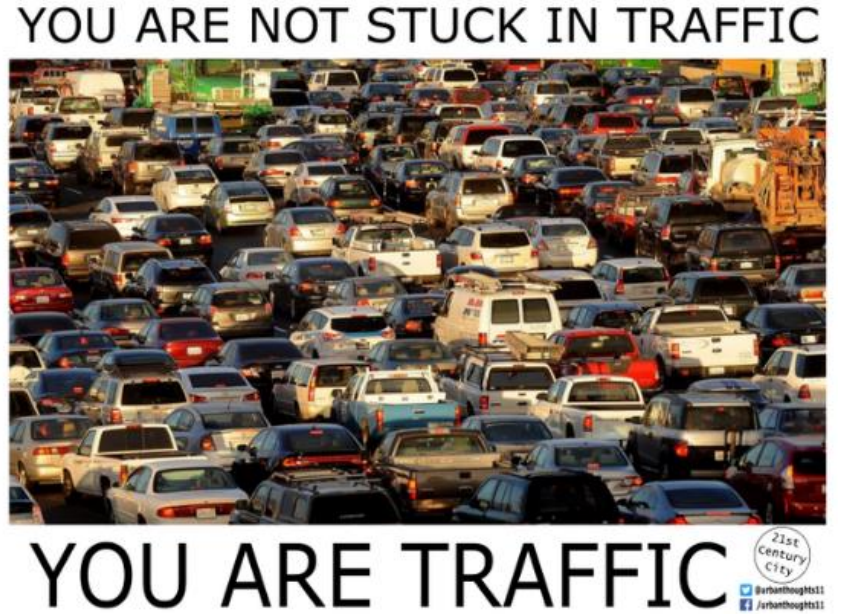
Year 3 – 1057 places

School assemblies
Dr Bike/fix it sessions
Guided Rides
Secure cycle parking

# Summary

- Middlesbrough doesn't have congestion – traffic and network resilience is the issue
- Too many people rely on private vehicles, albeit low car ownership
- Safety numbers in Middlesbrough are good - perception key
- Active transport can play a major role in health improvements
- Behaviour change /modal shift required
- Infrastructure required to encourage / overcome perceptions



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