

**Report of: Joint report of Director of City Development and Director of Public Health**

**Report to: Scrutiny Board (Sustainable Economy and Culture)**

**Date: Tuesday 9<sup>th</sup> April 2013**

**Subject: Inquiry into the role that leisure and culture plays in promoting public health outcomes**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**1. Purpose of report**

- 1.1 The board has asked for an inquiry into the role that leisure and culture plays in supporting the delivery of the public health agenda and what currently happens in Leeds, given that the responsibility to deliver these services will fall to Leeds City Council from April 2013. This report, compiled with public health colleagues, sets out to highlight the main contributions that are made and also to outline to the board the future opportunities that exist in delivering the Public Health Model for Leeds through leisure and cultural services.

**2. Recommendations**

- 2.1 That board members recognise the valuable contribution that cultural and leisure services play in supporting the delivery of public health outcomes both directly and indirectly
- 2.2 That the Board receives updates on the ongoing development and implementation of Leeds Lets Get Active.

**3. Background information**

- 3.1 Local Government's involvement in public health dates back to Victorian times and it was only relatively recently, in 1974, that the NHS took over most public health functions. Indeed many of the existing leisure functions, for example parks and swimming pools originated directly from the need to improve citizens health. The Government has now introduced the Health and Social Care Act (2012) which, amongst other things, transfers a number of public health functions from Primary Care Trusts (PCTs) to local authorities from April 2013.
- 3.2 From 1<sup>st</sup> April 2013, Leeds City Council will have a new duty to take such steps as it considers appropriate for improving the health of the people of Leeds. To help in this lead role, a range of public health responsibilities, staff and funding will transfer from the NHS to the council. Other functions, staff and funding presently within the PCT's remit will transfer to the NHS Commissioning Board and to Public Health England.
- 3.3 In order to meet these new responsibilities Leeds City Council will develop the Office of the Director of Public Health as an additional corporate function which will be headed up by the Director of Public Health. This office will work on a hub and spoke model whereby staff will be aligned to and located where appropriate in council directorates, corporate functions and localities. Each directorate will have a Public Health consultant aligned to it.
- 3.4 Improving and protecting health and wellbeing of all while improving the health of the poorest fastest will be central to the council's new public health role. This will require the council to focus on what kills people today: tackling unhealthy lifestyles, tackling enhancing the social determinants of health, ensuring equitable and effective health care services; and empowering communities, families and individuals.
- 3.5 Progress on the council's new leadership role with public health will be judged against indicators in the national Public Health Outcomes Framework and the Adult Social Care and NHS Outcomes Frameworks as well as forthcoming work on the Children's Health outcomes.
- 3.6 The Director of Public Health and the specialist public health resources available will support Leeds City Council across all domains of the Leeds Public Health Model. These are;
  - Health improvement - e.g. Smoking cessation, reducing obesity levels, encouraging healthy activity, offering services (e.g. the arts) which have been shown to improve mental health and well-being
  - Health Protection – e.g. ensuring the public is protected from disease and illness through programmes of inoculation
  - Healthcare public health and preventing premature mortality – e.g. to reduce the numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities
  - Wider determinants of health and inequalities - This domain provides recognition that there are a great many factors that will determine whether someone is healthy or not such as housing, education and

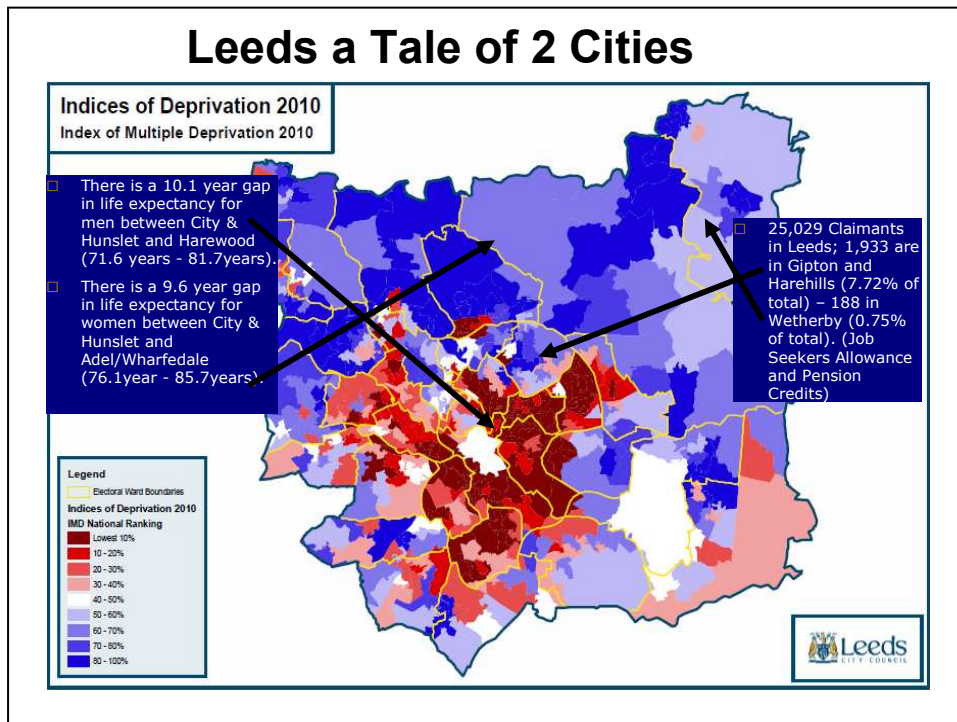
employment. These have been described as policymaking, social, health services, individual behaviour, and genetic.

These domains will be the priority areas for local authorities to deliver against once public health comes into the council.

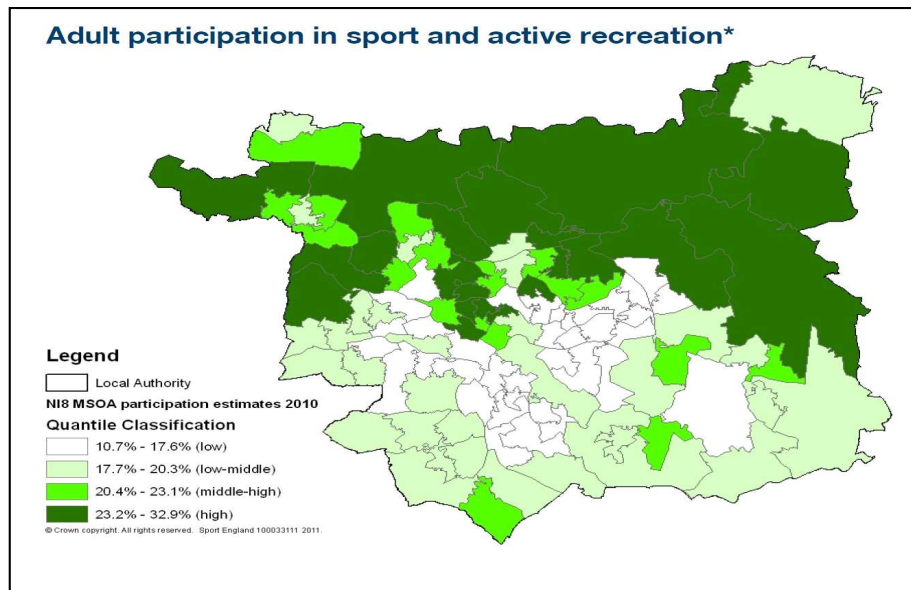
- 3.7 In supporting the delivery of the public health agenda it is important for cultural and leisure programmes to demonstrate how they impact upon these four domains. Whilst this report seeks to outline how these services presently do this, it also hopes to position 'Leeds Lets Get Active' as a suitable project to focus upon, in relation to how culture and leisure's contribution to promoting public health outcomes can be enhanced and improved in future.

#### 4. Health inequalities in Leeds

- 4.1 The city of Leeds has major challenges in terms of health inequality. The map below illustrates the differences in life expectancy across the city



- 4.2 In order to illustrate the direct connection between health inequality and Culture/Leisure the following diagram mirrors participation inequalities in sport (Active People Survey-Sport England) and are likely to also be reflected across other cultural and leisure activities:



4.3 20% of the population of Leeds live in the 10% most deprived Super Output Areas (SOAs) in England accounting for approximately 150,000 people. There is a 10.1 year gap in life expectancy for men between City & Hunslet and Harewood (71.6 years - 81.7years). This highlights the extent of the inequalities and of the challenges that lie ahead for the council.

## 5. Health benefits derived from participation in leisure and cultural activities

5.1 There is considerable evidence to show that cultural and leisure services can contribute to leading healthier and happier lives. This is achieved through the delivery of programmes that promote physical activity, creative activity and social interaction. Culture and Leisure also provides fabulous opportunities to engage with people and promote positive public health messages.

5.1.1 Services that increase **physical activity** have the potential to reduce all-cause mortality and improve life expectancy. Even relatively small increases in physical activity are associated with some protection against chronic diseases, improved mental health and an improved quality of life. Physical activity can also save money by significantly easing the burden of chronic disease on the health and social care services and has the potential to reduce transport costs through the promotion of active travel (*Chief Medical Officer's 'Start Active, Stay Active' – the relationship between physical activity and health (DH 2011) – Appendix 1*). For example, a brisk walk every day in your local park can reduce the risk of heart attacks by 50%, strokes by 50%, diabetes by 50%, fracture of the femur by 30%, colon cancer by 30% and Alzheimer's by 25% (*Dr William Bird 2002*). NICE guidance for Physical Activity (NICE PH8) outlines the amount and type of activity required to improve an individual's health. The recommendations are also outlined in the Executive Summary from the Chief Medical Officer's 'Start Active, Stay Active' report in Appendix 2. Indeed Physical Activity has been quoted by the chief medical officer as being the 'best buy in public health'.

With a third of children overweight or obese in Leeds, increasing children's physical activity levels is crucial to addressing this major health issue. Physical activity is also important to the development of children's cognitive and motor skills and enhances bone and muscular development. It can improve confidence and social skills and raise educational attainment.

- 5.1.2 Services that encourage an individual's **natural creativity** can help build and protect wellbeing and speed up recovery from illness. Potential health gains reaped from taking part in creative activities include a sense of achievement, growth in self-confidence, the development of skills (both physical and cognitive), some control of negative thoughts and feelings of stress. Creative activity can become an occupation to an individual, providing purpose and meaning, structuring time and contributing to self concept and personal identity. It can be a bridge to accessing other groups within the community (*Journal of Mental Health, Griffiths 2008*).
- 5.1.3 In addition to the above benefits, both physical and creative activities can, and often do, promote **social interaction**. Through the delivery of opportunities that promote social interaction cultural and leisure services can reduce an individual's sense of social isolation, which is of significant benefit in improving mental health and wellbeing. Mental health influences how we think and feel, about ourselves and others and how we interpret events. It affects our capacity to learn, to communicate, and to form and sustain relationships. It also influences our ability to cope with change. How we think and feel has a strong impact on physical health. *National Electronic Library for Health: Mental Health*.
- 5.2 Leisure and cultural services can also demonstrate value for money in relation to achieving public health outcomes. For example, the BeActive scheme delivered by Birmingham City Council, which offers free access (at selected off peak times) to leisure services to all Birmingham residents, demonstrates an overall cost - benefits ratio of £1 to £23. Thereby, for every £1 spent the NHS has a return of £22.80 in health care related benefits.
- 5.3.1 It is also worth noting that leisure and culture services often have other associated benefits, so for example, depending on the client group, a targeted culture and leisure (health) programme in an inner city ward won't just have health benefits, it can also have other benefits such as social inclusion, reduction in antisocial behaviour, education etc. These benefits also have a cash value.
- 5.4 Of note to this board is that NICE (National Institute for Clinical Excellence) have been producing national guidelines on public health issues. This is a welcomed move supporting the agenda of prevention. A number of guidelines have been produced during 2012/13 and interestingly one of the very first was physical activity PHB3 (see 5.1.1 above). Other recently published guidance notes are directly relevant and these include behaviour change (PHB7), walking and cycling (PHB8), workplace health (PHB2), health inequalities and

population health (PHB4). An obesity guidance note awaits publication. Attached in Appendix 4 is a copy of a NICE guidance report which was taken to Scrutiny Board (Health and wellbeing and Adult Social Care) in February 2013. This report was produced to provide the Scrutiny Board with an outline of the role of the NICE and recently published guidance aimed at local authorities.

## 6. Leisure and cultural services in Leeds:

- 6.1 This report will primarily focus on those services offered or supported directly by Leeds City Council, however it is important to note that the cultural offer is not simply limited to what the Council provides or supports. The Leisure and Culture sector as a whole helps define the city and that in turn can affect residents' feeling of wellbeing. Therefore the board's attention is drawn to the fact that there is considerable investment made in the culture and leisure infrastructure by many organisations across the city, the majority of which are represented within Leeds Strategic Partnership structures. For example:
- Higher and Further Education
  - 3<sup>rd</sup> sector
  - Voluntary and professional sports clubs
  - Uniformed groups and wider voluntary sector
  - Creative industries
- 6.2 Within Leeds City Council there are a range of services delivering/enabling cultural and leisure activities, including for example parks and open spaces, sports development, leisure centres, children's services, adult social care, libraries, museums, theatres and arts services.
- 6.3 Parks, sports centres, libraries, theatres, schools and museums, as settings, can provide safe places for people to be physically active as well as being places to be mentally stimulated. They also promote social inclusion and thereby reduce feelings of social isolation, a growing issue for an ageing population.
- 6.4.1 Culture and leisure services deliver health benefits to the people of Leeds through both universally available programmes (services open to all) and through activities specifically targeted at individuals and groups with the purpose of addressing health improvement and reducing health inequalities and this can also include people with high dependency needs. Culture and Sport in particular can be especially effective in terms of **engaging** with people in targeted work and can therefore assist in some of the challenging public health issues associated with subjects such as alcohol abuse, drug addiction and sexual health. There is evidence of work in this area both within the council and with partners such as Leeds Rugby Foundation. The universal and targeted approaches are illustrated further below using examples of work within key services in the Council.

## 6.5 Universal Services:

The following outlines the scale of the **universal** services currently available:

### 6.5.1 *Sport and Active Lifestyles:*

- 18 local authority run leisure centres.
- Within this stock of leisure centres there are 13 swimming pools, 11 Bodyline gyms and over 500+ fitness and activity classes being delivered every week. Many of these activities are open to young people as well as adults.
- There were **4.207** million visits recorded to these venues in 2011/12.
- Within the leisure centres 160 gymnastics classes are delivered every week engaging approximately 2000 young people
- Over 200 Leeds Primary schools attend school swimming lessons on a weekly basis, many attending more than once a week.
- The Learn to Swim scheme delivers swimming lessons to 8500 young people per week and over 300 young people have been selected from Learn to Swim to participate in the Swim Training Scheme
- The Sport and Active Lifestyle development team help support the development of both sport and informal sport across the city, working with national, regional and local organisations. Key functions include facilitation and direct delivery of activity programmes, funding advice/ support, sports leader and volunteer development, events, strategic partnership development and facility development in the voluntary sector.

### 6.5.2 *Libraries, Arts and Heritage:*

- 37 libraries with free book lending services, computer access, exhibitions and events, newspapers, journals, specialist services and 24 hour online service.
- Mobile library offering a weekly service and specialist services for children and young people and older people.
- 9 museums with organised events, exhibitions, activities and which host a number of collections.
- 200 concerts per annum delivered through the Leeds International concert season including Leeds Best of Brass Bands in Parks concerts.
- Leeds Film (the second largest film festival in the UK, now an Academy Award qualifying festival, with over 250 screenings over 18 days at venues across the city) including Leeds Young Film
- Large scale communal experiences, for example, Party and Opera in the Park, Torch relay, and other associated Olympic events, the Rugby League World Cup and Yorkshire Grand Depart of Le Tour de France.
- Breeze project which provides cultural activities and events for young people in Leeds
- Leeds Town Hall, the Carriageworks, The Grand Theatre and the Playhouse and other smaller cultural spaces all perform a significant role in increasing wellbeing by delivering a positive collective experience which reduces an individual's sense of personal isolation.

### 6.5.3 *Parks and Countryside:*

- Leeds is one of the greenest cities in Europe with 7 major parks, 62 community parks and 819km of public rights of way. Present figures suggest there are around 69 million annual visits to Leeds parks
- The equivalent of 210,000 hours of volunteering takes place in Leeds parks via 'in bloom groups' and 'friends of' groups. This includes gardening and other horticultural tasks (i.e. local food growing schemes) which require an individual to be physically active
- 96% of Leeds residents visit the local parks with 45% visiting once or twice a week. 61% of people visiting the parks get there by walking
- There are around 3,700 rented plots on 97 allotment sites in Leeds, with 60 managed by allotment associations and 37 directly managed by Parks and Countryside, with plot holders gaining the benefits from gardening as a form of physical activity
- There are 160 open age teams and 264 under 18 teams that play organised football, rugby and other field sports on Parks and Countryside pitches. There are also 2,830 bowling club members in Leeds who regularly participate on organised activity.
- 151 playgrounds, 24 skate parks and 32 multi-use games areas located in these parks and green spaces throughout the city.
- 5km park runs that take place every week at Woodhouse Moor, Roundhay Park and more recently at Temple Newsam. This is organised by 'park run' who also provide 2km timed runs for children. In addition, many running, gyms and athletic clubs organise fitness events in parks throughout Leeds each year.
- There are currently 13 parks used for military fitness type activities, with growing interest in this area
- In order to celebrate the London 2012 Olympic Games, running tracks of various lengths were marked out in 19 community parks across the city. It is planned to mark tracks out in a similar way this coming summer as part of the Olympic legacy.
- More recently there has been the introduction of outdoor gym or 'trim trail' equipment in parks, and there are now 9 parks where this is either in place or planned in the near future.
- The rights of way network, with 819Km in the city allowing opportunity for walking, cycling and horse-riding.

### 6.5.4 *Children Leeds:*

- It is well understood and acknowledged by services, schools and settings, that both emotional and physical health are fundamental to a child's readiness to learn and to participate – in sport, education or other activities. Unique programmes continue to be developed that support a holistic, whole systems approach.
- Programmes in early years/children's' centres to increase physical activity levels. It is well recognised (Marmot report) that early intervention is more likely to result in improved life expectancy.



- A plethora of physical activity programmes and initiatives from breakfast clubs, active playtimes, better breaks, lunchtime and after school activity clubs, festivals, competitions, fixtures and tournaments are delivered in Leeds schools. In total 55% of Leeds school children are active for 3 hours per week in high quality PE and out of hours school sport.
- Physical education leadership and volunteering programmes delivered across Leeds schools.
- Over 200 sports coaches working in Leeds schools in addition to the input from professional clubs, Further Education, Higher Education, Sport and Active Lifestyles and the National Governing Bodies of sport.
- The announcement made by the Prime Minister on March 16<sup>th</sup> 2013 commits resources totalling nearly £1.5m in academic years 2013/14 and 2014/15 for all Primary Schools across Leeds. This affords a real opportunity for Leeds to align our PE and Sport strategy from within the curriculum putting Primary Schools at the heart of providing early PE and sporting experiences. This will complement and support our approach to Leeds Lets Get Active and provide clear pathways and opportunities for our children and young people to access better, healthier lifestyles from an early childhood.
- ArtForms, the Music and Arts team for Children's Services, work closely with schools to deliver a range of projects and programmes which support pupils' active participation across all art forms. These build skills, knowledge, confidence and self-esteem. In addition the arts can be used as a powerful tool for engaging pupils in complex issues such as bullying, sexual health and teenage pregnancy and substance misuse work.
- Leeds continues to lead the way on a national level, with the targeted mental health in schools (TaMHS) programme, supported by joint funds from schools forum, NHS and the council, this will be fully implemented across the city by 2015.
- The beacon award winning healthy schools team have launched a new nationally available Healthy School programme. 70 Leeds schools are already engaged with the '2013 School Health Check' online, which grades provision for physical activity, healthier eating and emotional wellbeing using Ofsted style descriptors.
- One of the five key outcomes in the Leeds Children and Young People Plan (CYPP), is to ensure that 'children and young people choose healthy lifestyles', this includes improving rates of physical activity, healthy eating and sexual health, and reducing substance misuse. The new Leeds Child Friendly City strategy aims to increase the level to which young people participate, and feel they have voice and influence – this strategy is a golden thread through all planning. 'Restorative practice' increasingly features as a leitmotif through action, to increase community ownership in decision-making

## 6.6 Targeted services:

The following gives some examples of the **targeted leisure** and cultural services offered in the city.

### 6.6.1. *Sport and Active Lifestyles:*

The service has placed a much greater emphasis on trying to engage the inactive to increase their participation levels in sport and physical activity. This is achieved through a variety of mechanisms including;

- Older Peoples officer – for example this officer manages a team of voluntary champions that deliver activity sessions in care homes and oversees the Bodyline on Referral scheme (a GP referral scheme that targets ‘those who could benefit from doing more exercise’)
- Women and Girls officer – for example this officer delivers the Active women programmes in leisure centres (targeting inactive women), organises diversionary activities for women engaged in the youth offending service and runs Aquamums, a class for young pregnant women
- Bodyline scheme – A programme initially working with GPs to support people to access leisure service facilities at a subsidised cost. The scheme was initially designed for people identified through the NHS Healthcheck as being at risk of developing Cardio vascular disease, but has now been extended to include all people (without significant medical conditions) over 16 who would benefit from increased activity. As well as offering benefits to patients, the scheme has engaged healthcare professionals in the physical activity agenda. The scheme has also been rolled out to include other lifestyle services such as smoking and alcohol services who have used the scheme as an element of an individual care plan.
- Cardiac rehabilitation programme – working jointly with cardiac nurses, specialist fitness instructors support recent cardiac patients to take up a more physically active lifestyle. This is not a comprehensive exercise referral programme, but provides the fundamentals on which to build
- Heart watch – a GP referral programme for those with heart conditions. Again specialist fitness instructors support those with heart conditions to undertake regular physical activity. This is also an exit route for patients who have been through cardiac rehabilitation.
- Weight management programme and Moving On – jointly working with Leeds Community Healthcare to deliver a weight management service (Weight Ahead) to the city. Specialist fitness instructors support those who are overweight to develop and maintain physical activity within their weight loss programme.
- The Active Lifestyles officers although new to role are already involved in a number of key health programmes including S&E and ENE obesity work led by the locality Health and Wellbeing Partnerships, walking 4 health programmes, Running Investment programme, volunteer leadership training and targeted work with, for example, housing, asylum seekers and employment and skills
- The Sport and Active lifestyles service delivers a comprehensive lifesaving and first aid training programme, a key life skill.
- The service attends the following strategic health partnerships; Ageing Well, Working Well, local health and Wellbeing partnerships and the Health Improvement Board.

- Within leisure centres there are a number of specialist sessions running for previously inactive people including low level exercise classes, the Active Ageing programme, and Active Women . These run across the city.
- Within leisure centres Adult Social Services have hub sites for their customers, providing new places to support their day care provision. These customers are supported at these sites into physical activity opportunities.
- A comprehensive disability Sport programme
- Engagement with hard to reach young people via the Positive Futures programme and supporting related public health issues.

#### 6.6.2 *Libraries, Arts and Heritage:*

- Various dance organisations, such as DAZL, Phoenix Dance, Northern Ballet, RJC and Northern School of Contemporary Dance deliver classes which combat obesity and support active lifestyles.
- Space is made available, and utilised, by organisations delivering activity such as tai chi, ballroom dancing, tea dances and belly dancing, all with very obvious health benefits, at venues such as Pudsey Civic Hall. In addition the service supports and facilitates organisations such as Arts and Minds, an organisation which uses art to promote wellbeing amongst people with mental health issues.
- The Library Service provides space for a wide variety of engagement opportunities. Weight Watchers and Yoga sessions deliver classes which combat obesity and support active lifestyles. Memory Clinics for those experiencing memory loss, or those caring for people suffering the condition. Closed Dementia sessions are aimed at encouraging people with dementia to participate in weekly sessions engaging in creative activity.
- The Love Arts Festival and Love Arts Awards, in association with the Public Health Advisory Service, promotes the health agenda and are designed to challenge the stigma of Mental Health and promote the benefits of creative activity. Activities include the world record for bunting created through community engagement sessions.
- The Museums service contributes to the health and wellbeing agenda by delivering outreach activity with The Mount Psychiatric unit, St Gemma's and Wheatfield Hospices, the annual 3 month exhibition in the Bexley Wing, the outreach sessions of memory cafes/luncheon clubs with the bereavement trust and older person's groups, the reminiscence loan service from Abbey House.
- Leeds Inspired funding streams support organisations that deliver physical activity which support public health outcomes by promoting active lives. For example, Jabadao who deliver dance and movement activities in care homes and dementia care settings across the city

### 6.6.3 Parks and Countryside

- Marketing and promotion of parks and green space including onsite signage and information promoting health and wellbeing messages of the benefits of using the parks
- Health walk leaflets available for Roundhay Park, Temple Newsam, and Kirkstall Abbey, Fulneck bridleway, Calverley bridleway, a heritage time trail and geology trail at Chevin Forest Park, Otley, along with a series of 4 walks promoted and signposted as part of the West Leeds Country Park initiative.
- Development and encouragement of health initiatives using the parks i.e. Park Run, Walking 4 Health, military fitness activities, circuit training, Thai chi and other outdoor sports.
- Feed Leeds was launched in September 2012 with funding support via the Social and Economic Research Council (through Leeds University). As part of the launch, an orchard was planted at Potternewton Park with local school gardening group 'New Shoots'. Where there is opportunity, existing allotment sites will be extended to provide further allotment gardening opportunities to fulfil demand.
- There is a plan to develop ornamental food growing beds in community parks. This will be undertaken by replacing bedding plants with ornamental edibles.

### 6.6.4 Children Leeds

- LCC Extended Services and the School Sports Partnership have worked closely over the last four years with the children's public health Active4Life programme, which engages inactive children from disadvantaged areas in active recreation. This partnership includes both joint programming and match funding of work and continues currently in localities where public health focuses targeted work around childhood obesity.
- Healthy Schools Plus supports schools to develop longer term action plans that address city health priorities, including childhood obesity. Schools analyse local JSNA data and plan to improve universal, targeted and specialist provision. The 'Growing up in Leeds' survey provides year on year data on pupil health behaviours.
- A growing number of clusters in targeted areas of the city have action plans for tackling childhood obesity, Plans are: informed by the evidence base; define baselines using local data; work towards measurable outcomes. Increasingly sophisticated infrastructures occur at cluster level where multi agency panels ensure appropriate pathways and referrals.

6.7 Leeds City Council is also taking steps to promote physical and mental health and wellbeing amongst its own workforce. 'Health is Everyone's Business' is a local scheme for staff at LCC designed to support good health, through raising awareness of factors that impact on health and to enable behaviour change through providing accurate information of available services and activities in an easy to access format. The scheme is supported by the citywide Leeds Let's Change programme.

## **7. What this may mean for leisure and cultural services:**

7.1 The movement of public health into local authorities presents an opportunity to reinforce the role of culture and leisure in supporting public health outcomes, primarily supporting lifestyle behaviour change. Outlined below are some examples of new opportunities that will support culture and leisure services in their promotion of public health outcomes in Leeds:

7.1.1 The introduction of Public Health consultants into each directorate from the 1<sup>st</sup> April should support the process of improved integration of health and leisure/culture professionals. The Leisure and Culture sector needs to be able to talk “health language” with greater proficiency as well as then helping health professionals understand the enormous contribution leisure and Culture plays in health and well being in the city. This will potentially help culture and leisure services prove their value better and secure funding through commissioned activity. Key to this is a better understanding of the evidence public health require to assess the value of project outcomes.

7.1.2 Secure funding (now confirmed) to develop and deliver the ‘Leeds Lets Get Active’ programme which will open up sport and physical activity sessions across the city for free at specified times. The programme will be delivered in all leisure centres and in community venues daily. It will lead to the enhancement of the present Bodyline on Referral Scheme by implementing a greater level of behaviour change support for the new participants. This programme will be branded up as a Leeds Let’s Change initiative. The project will also extend its reach into other community settings e.g. parks and libraries. The LLGA project is explored further in section 8.

7.1.3 Further high level support of the leisure and culture contribution can be gained by influencing the agenda and priorities of the new Health and Well Being Board and the other four Strategic Partnership Boards. This can be achieved by ensuring delivery against the Joint Health and Wellbeing Strategy, connecting with emerging partnership structures, such as the Best City Leadership Network and linking with Area leads.

7.1.4 Whilst the Health and Wellbeing Board is embryonic and developing it is difficult to know how to exert influence, but as structures and priorities are agreed this should become clearer and leisure and culture services need to be ready to respond, with evidence of potential impact and contribution.

7.1.5 Explore with public health colleagues how to best use social marketing tools and expertise to engage with the right target markets whilst promoting the right health and wellbeing messages (and programmes/interventions/opportunities) at the right time.

7.1.5 Support the development and delivery of strategic partnership strategies to ensure health outcomes are addressed i.e. the new Sport

Leeds Strategy. The goal is to be the “most active big city” (as already approved by Executive Board), in support of the Vision for Leeds 2030 ambition to be the best city in the UK.

- 7.1.6 Reopen Middleton Leisure centre in April 2013 with stronger partnerships with health in place. The wider facility will be known as Middleton Active and work is ongoing to develop some innovative programmes as part of a national pilot project, working with the major national governing bodies of sport such as the FA and the RFU.
- 7.1.7 Open Holt Park Active in October 2013– a new leisure facility which is a joint project between Sport and Active Lifestyles and Adult Social Care. This centre is ground-breaking in the way it intends to engage and support users from Adult Social Services. This presents a major opportunity to really “join up” health and leisure services.
- 7.1.8 Further embed the new Sport and Active Lifestyles team with new health partners and establish more joint initiatives and approaches to reducing health inequalities in the city.
- 7.1.9 Continue to support the Ageing Well and Working Well agendas across the wider leisure and culture offer.
- 7.1.10 Work with the Chief Planning Officer and the new public health consultant for City Development to explore ways that Leisure and Culture offer can be enhanced through the planning system.
- 7.1.11 Given that employment leads to better health outcomes, explore the links between leisure and culture and employability, especially in relation to mental health, for example, through the Community Learning Fund with colleagues in jobs and skills.
- 7.1.12 Ensure that all possible development opportunities are exploited in relation to reducing health inequalities through the delivery of large scale events i.e. Rugby League World Cup, Yorkshire Grand Depart Tour de France and Leeds International Film Festival. How can public health contribute to these events both at a local level and at a, Yorkshire-wide, regional level.
- 7.1.13 Ensure that work continues to apply the principles of the NICE guidance notes when developing interventions.

## **8. Leeds Lets Get Active:**

- 8.1 As previously mentioned the Sport and Active Lifestyles service has been successful in securing funding from Sport England and Public Health to implement an exciting new project designed to get the inactive, active. Whilst the project is led by the Sport and Active Lifestyles service it has directly relevant links into the wider leisure and culture offer. It therefore provides an

opportunity for Scrutiny Board to explore Leisure and culture links to public health outcomes as the project develops.

- 8.2 Leeds Lets Get Active seeks to explore methods to remove barriers to participation in sport and physical activity for the least active people in Leeds. Working with the Leeds Let's Change programme, it intends to support a culture change whereby inactive people become active through the introduction of free access to leisure centre activities and community sports within a supported and welcoming environment. The scheme also hopes to embed a process and support mechanism for health professionals and their patients who could 'benefit from doing more exercise'. The offer is citywide, but will be greatest in areas where activity levels are lowest and health inequalities are highest.
- 8.3 The total value of the project is £1.38 million. £500K of funding has been secured through public health and Sport England confirmed a further £500K of funding on Monday 18<sup>th</sup> March 2013. The remainder of the funding is in-kind staffing costs. The key to securing the Sport England funds were in demonstrating through the project that sport can successfully engage inactive people into physical activity and critically evidencing the impact.
- 8.4 Leeds Lets Get Active will be delivered in partnership with an academic research institution. The main focus of this research will be to determine whether a free and/or discounted offer, combined with a supportive environment, can get people who are inactive to be active for 1 X 30 minutes per week. The ability to monitor impact is a key outcome for Sport England and therefore the funding is very much linked to our ability to evidence attendance and participation on programmes.
- 8.5 Leeds Lets Get Active has three key strands. The target audiences for each strand are outlined below:
  - 8.5.1 *Strand 1 and 2: Free gym and swim offer in leisure centres and free multisport community offer in parks and open spaces:*

This strand will target inactive people in Leeds (those doing less than 1 X 30 minutes of sport and/or physical activity per week) with a greater focus on those living in the most deprived areas of the city. Primarily this strand of the project is seeking to break down the barrier that cost has to participation. The session schedule will be planned so that children and young people as well as adults will be able to benefit from the free offers, through provision at weekends and in school holidays.
  - 8.5.2 *Strand 3: Bodyline Access Scheme:*

Building on the existing Bodyline scheme, this strand will target those who are identified through a health care professional intervention who could benefit from 'being more active'. This could include, for example, those at potential risk of CVD or diabetes, those with low mood, those who are overweight or those who are engaged in changing another aspect of their current lifestyle e.g. stopping smoking, reducing alcohol consumption. This audience will not already be achieving 1 X 30 minutes of sport per week and they will not have

pre-existing medical or long term conditions. (For the sake of clarity the LLGA programme will not target people who already have serious long term or pre existing medical conditions. Work continues in parallel to this project to introduce a targeted specialist GP referral scheme working with the Clinical Commissioning Groups).

- 8.6 It is hoped that the scheme will grow in future (into other settings for example), but the initial pilot needs to be manageable and affordable. It is hoped that if the pilot proves to meet its objectives and to be sustainable financially the offer will widen, both in the leisure centres and the community.
- 8.7 In addition LLGA could lead to investment in the treatment of long term health conditions through physical activity via the development of a coherent city wide exercise referral scheme. Significant investment would be required to progress this, so the pilot project will be invaluable in evidencing to health partners that sport and physical activity can support their outcomes. Relationships between health and sport have already strengthened through the process of developing the bid to Sport England and as these links continue to embed it is hoped that other new opportunities for joint working will also emerge.
- 8.8 The pilot project can influence health partners in strengthening the use of sport and physical activity in the health system. It is felt that the pilot is encouraging health to work more closely with the Sport and Active Lifestyle service and that this relationship is already bringing about positive developments in terms of Clinical Commissioning Group (CCG) interest in the potential benefits of physical activity for inactive patients as both a prevention and therapeutic option.
- 8.9 It is recommended that the Board supports the Leeds lets Get Active project by receiving progress reports during its ongoing development and implementation.

## **9. Conclusion:**

- 9.1 The health landscape is changing rapidly and we need to understand direction of travel. The cultural and leisure offer (in terms of health benefits) needs to be better packaged and communicated and championed from within the council if funding is to be accessed either through the public health commissioned route or through CCGs. Culture and leisure's role in care pathways needs to be better exploited by all stakeholders.
- 9.2 The case (and evidence base) for culture and leisure is strong and therefore we need to get a better understanding of the landscape we are operating within and where the potential of the leisure and cultural offer can be more fully exploited.



## **10. Recommendations**

- 10.1 That board members recognise the valuable contribution that cultural and leisure services play in supporting the delivery of public health outcomes
- 10.2 That the Board receives updates on the ongoing development and implementation of Leeds Lets Get Active

## **11. Appendices:**

1. 'Start Active, Stay Active' – Chief Medical Officers report on physical activity from the four home countries – the relationship between physical activity and health outcomes
2. 'Start Active, Stay Active' – Chief medical Officers report on physical activity from the four home countries – Executive Summary
3. Journal of Mental Health, Griffiths 2008 – 'The experience of creative activity as a treatment medium', Sue Griffiths - the conclusion from the study
4. National Institute of Clinical Excellence guidance report for Scrutiny Board (Health and wellbeing and Adult Social Care)
5. National Electronic Library for Health: Mental Health  
<http://www.mhhe.heacademy.ac.uk/links/national-electronic-library-for-mental-health-nelmh>

## APPENDIX 1: Start Active Stay Active

### The relationship between physical activity and health outcomes

Health outcome	Nature of association with physical activity	Effect size	Strength of evidence
<b>All-cause mortality</b>	Clear inverse relationship between physical activity and all-cause mortality.	There is an approximately 30% risk reduction across all studies, when comparing the most active with the least active.	Strong
<b>Cardiorespiratory health</b>	Clear inverse relationship between physical activity and cardiorespiratory risk.	There is a 20% to 35% lower risk of cardiovascular disease, coronary heart disease and stroke.	Strong
<b>Metabolic health</b>	Clear inverse relationship between physical activity and risk of type 2 diabetes and metabolic syndrome.	There is a 30% to 40% lower risk of metabolic syndrome and type 2 diabetes in at least moderately active people compared with those who are sedentary.	Strong
<b>Energy balance</b>	There is a favourable and consistent effect of aerobic physical activity on achieving weight maintenance.	Aerobic physical activity has a consistent effect on achieving weight maintenance (less than 3% change in weight). Physical activity alone has no effect on achieving 5% weight loss, except for exceptionally large volumes of physical activity, or when an isocaloric diet is maintained throughout the physical activity intervention. Following weight loss, aerobic physical activity has a reasonably consistent effect on weight maintenance.	Strong Strong Moderate

<b>Musculoskeletal health</b>	<b>Bone:</b> There is an inverse association of physical activity with relative risk of hip fracture and vertebral fracture. Increases in exercise and training can increase spine and hip bone marrow density (and can also minimise reduction in spine and hip bone density).	<b>Bone:</b> Risk reduction of hip fracture is 36% to 68% at the highest level of physical activity. The magnitude of the effect of physical activity on bone mineral density is 1% to 2%.	Moderate(weak for vertebral fracture)
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Health outcome	Nature of association with physical activity	Effect size	Strength of evidence
<b>Musculoskeletal health(continued)</b>	<b>Joint:</b> In the absence of a major joint injury, there is no evidence that regular moderate physical activity promotes the development of osteoarthritis. Participation in moderate intensity, low-impact physical activity has disease-specific benefits in terms of pain, function, quality of life and mental health for people with osteoarthritis, rheumatoid arthritis and fibromyalgia.	<b>Joint:</b> Risk reduction of incident osteoarthritis for various measures of walking ranges from 22% to 83%.Among adults with osteoarthritis, pooled effect sizes (ES) for pain relief are small to moderate, i.e. 0.25 to 0.52. Function and disability ES are small: function ES = 0.14 to 0.49 and disability ES = 0.32 to 0.46.	Weak Strong
	<b>Muscular:</b> Increases in exercise training enhance skeletal muscle mass, strength, power and intrinsic neuromuscular activation.	<b>Muscular:</b> The effect of resistance types of physical activity on muscle mass and function is highly variable and dose-dependent.	Strong
<b>Functional health</b>	There is observational evidence that mid-life and older adults who participate in regular physical activity have reduced risk of moderate/severe functional limitations and role limitations. There is evidence that regular physical activity is safe and reduces the risk of falls.	There is an approximately 30% risk reduction in terms of the prevention or delay in function and/or role limitations with physical activity. Older adults who participate in regular physical activity have an approximately 30% lower risk of falls.	Moderate to strong Strong

<b>Cancer</b>	There is an inverse association between physical activity and risk of breast and colon cancer.	There is an approximately 30% lower risk of colon cancer and approximately 20% lower risk of breast cancer for adults participating in daily physical activity.	Strong
<b>Mental health</b>	There is clear evidence that physical activity reduces the risk of depression and cognitive decline in adults and older adults. There is some evidence that physical activity improves sleep. There is limited evidence that physical activity reduces distress and anxiety.	There is an approximately 20% to 30% lower risk for depression and dementia, for adults participating in daily physical activity. There is an approximately 20% to 30% lower risk for distress for adults participating in daily physical activity.	Strong Moderate Limited

## APPENDIX 2: Start Active Stay Active Executive Summary

# Executive summary

These guidelines are issued by the four Chief Medical Officers (CMOs) of England, Scotland, Wales and Northern Ireland. They draw on global evidence for the health benefits people can achieve by taking regular physical activity throughout their lives. Regular physical activity can reduce the risk of many chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions. Even relatively small increases in physical activity are associated with some protection against chronic diseases and an improved quality of life.

These benefits can deliver cost savings for health and social care services. However, the benefits of physical activity extend further to improved productivity in the workplace, reduced congestion and pollution through active travel, and healthy development of children and young people.

The four UK home countries all previously had physical activity guidelines. As our understanding of the relationship between physical activity and health has grown, we have evolved the guidelines to reflect the evidence base and address inconsistencies. These new guidelines are broadly consistent with previous ones, while also introducing new elements.

This report emphasises for the first time the importance of physical activity for people of all ages. We have therefore updated the existing guidelines for children and young people and for adults and have developed new guidelines for early years and for older adults. In addition, the report highlights the risks of sedentary behaviour for all age groups. Emerging evidence shows an association between sedentary behaviour and overweight and obesity, with some research also suggesting that sedentary behaviour is independently associated with all-cause mortality, type 2 diabetes, some types of cancer and metabolic dysfunction.<sup>6</sup> These relationships are independent of the level of overall physical activity. For example, spending large amounts of time being sedentary may increase the risk of some health outcomes, even among people who are active at the recommended levels.<sup>6</sup>

These guidelines also allow greater flexibility for achieving the recommended levels of physical activity. Bringing all of these aspects together creates a number of key features of this report, including:

- ◆ a lifecourse approach
- ◆ a stronger recognition of the role of vigorous intensity activity
- ◆ the flexibility to combine moderate and vigorous intensity activity
- ◆ an emphasis upon daily activity
- ◆ new guidelines on sedentary behaviour.

Each of us should aim to participate in an appropriate level of physical activity for our age. Each of the lifecourse chapters provides an introduction, sets out the guidelines for that age

group, summarises the evidence and discusses what the guidelines mean for people. We hope that this report will be read by policy makers, healthcare professionals and others working in health improvement. The guidelines are designed to help professionals to provide people with information on the type and amount of physical activity that they should undertake to benefit their health, in particular to prevent disease. The age groups covered in this report are:

- ◆ early years (under 5s)
- ◆ children and young people (5–18 years)
- ◆ adults (19–64 years)
- ◆ older adults (65+ years).

### **EARLY YEARS (under 5s)**

- 1 Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
- 2 Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
- 3 All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

### **CHILDREN AND YOUNG PEOPLE (5–18 years)**

- 1 All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
- 2 Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
- 3 All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

### **ADULTS (19–64 years)**

- 1 Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
- 2 Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.
- 3 Adults should also undertake physical activity to improve muscle strength on at least two days a week.
- 4 All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

### **OLDER ADULTS (65+ years)**

- 1 Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.
- 2 Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
- 3 For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.
- 4 Older adults should also undertake physical activity to improve muscle strength on at least two days a week.

5 Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.

6 All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Despite the widely reported benefits of physical activity, the majority of adults and many children across the UK are insufficiently active to meet the previous recommendations. There are clear and significant health inequalities in relation to physical inactivity according to income, gender, age, ethnicity and disability.<sup>7-10</sup>

These guidelines apply across the population, irrespective of gender, race or socio-economic status. However, barriers related to safety, culture and access, for example, can have a disproportionate effect upon the ability of individuals to respond to the guidelines; therefore, interventions to promote physical activity must consider this. This is particularly significant where efforts are focused in locations comprising large numbers of traditionally sedentary groups and individuals.

This report sets out clearly what people need to do to benefit their health, and can help them to understand the options for action that fit their own busy lives. There now needs to be careful and planned translation of these guidelines into appropriate messages for the public, which relate to different situations. However, communication alone is not enough: this has to be matched with concerted action at all levels to create environments and conditions that make it easier for people to be active. New aspects of the guidelines also provide fresh opportunities for action.

A new approach that makes physical activity everyone's business is not without challenge – for example, transferring knowledge and understanding to professionals in other sectors, and managing the competing pressures on urban environments to retain green space and promote active travel.

Finally, these new guidelines may require some changes to the way we monitor and report on physical activity.

In conclusion, we know enough now to act on physical activity. The evidence for action is compelling, and we have reached a unique UK-wide consensus on the amount and type of physical activity that is needed to benefit health. This new approach opens the door to new and exciting partnerships and will help to create a more active society.

### **APPENDIX 3:**

**Journal of Mental Health, Griffiths 2008 – ‘The experience of creative activity as a treatment medium’, Sue Griffiths** (a full copy of this research report is available on request).

Please find outlined below the conclusion from the above named report.

#### *Conclusion*

Although the findings are preliminary there are some implications for practice. It is recognized that creative activities should only be used with those for whom they have meaning and value. Where that applies creative activities provide a versatile treatment medium with wide opportunities for choice and self-determination.

Creative activities can be used to facilitate engagement at different levels. They provide opportunity for experiences of flow which can be relaxing, refreshing and peaceful. Strategies to facilitate engagement include discerning and maintaining a balance between perceived skill and perceived challenge, clear expectations, consistent positive feedback and providing a conducive environment. Such an environment has been considered “safe” and provides adequate time, space, privacy and head space.

Potential health gains from using creative activities as a treatment medium include a sense of achievement, growth in self-confidence, the development of skills (both physical and cognitive), some control of negative thoughts and feelings of stress. Creative activity can become an occupation to an individual, providing purpose and meaning, structuring time and contributing to self concept and personal identity. It can be a bridge to accessing other groups within the community.



## APPENDIX 4:



Report author: Steven Courtney  
Tel: 247 4707

### Report of Head of Scrutiny and Member Development

#### Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 20 February 2013

Subject: National Institute for Clinical Excellence guidance

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

### 1 Purpose of this report

- 1.1 The purpose of this report is to provide the Scrutiny Board with an outline of the role of the National Institute for Clinical Excellence (NICE) and recently published guidance aimed at local authorities.

### 2 Main issues

- 2.2 The Health and Social Care Act transfers public health responsibilities to local government from April 2013 and gives NICE new responsibilities to produce guidance for social care. As a result of these changes NICE is now increasingly relevant to those working in local government, whether as an officer, an elected member or councillor, or a member of a Health and Wellbeing Board or Health Overview and Scrutiny Committee.
- 2.3 NICE is looking closely at how it can understand and work more closely with local government, and has created a reference group to help improve that relationship and guide it in developing products that are useful and relevant. NICE has created a new section of its website for those working in local government to keep up to date with its work and to provide a single point to

access information, NICE guidance and other tailored resources for local government.

2.4 NICE has developed public health briefings for a range of different topics. The briefings are meant for local authorities and their partner organisations in the health and voluntary sectors, in particular those involved with health and wellbeing boards. The briefings will be relevant to local authority officers and councillors, directors of public health, and commissioners and directors of adult social care and children's services. Briefings are also likely to be relevant to members of local authority scrutiny committees and may also be used alongside the local joint strategic needs assessment to support the development of joint health and wellbeing strategies.

2.5 The following briefings have been published to date:

Number	Topic	Date Issued
PHB 1	Tobacco	July 2012
PHB 2	Workplace health	July 2012
PHB 3	Physical activity	July 2012
PHB 4	Health inequalities and population health	October 2012
PHB 5	NICE guidance and Public Health Outcomes	October 2012
PHB 6	Alcohol	October 2012
PHB 7	Behaviour change	January 2013
PHB 8	Walking and cycling	January 2013

2.6 Copies of the above guidance/ briefings are available on request and some copies will be made available at the Scrutiny Board meeting for reference purposes. However, the details are likely to be particularly relevant when the Scrutiny Board is undertaking any specific work relevant to the areas identified.

2.7 It should also be noted that there are a number of additional briefings in development, which will be finalised and published in the coming months. These briefings are as follows:

Topic	Expected publication date
Return on investment	TBC
Effective partnerships	TBC
Obesity	March 2013
Contraceptive services	TBC
Health equity audit	TBC
Spatial planning	May 2013

### Previous Scrutiny Board recommendations

- 2.8 It is perhaps worthwhile reminding members of the Scrutiny Board that in May 2010, members of the former Scrutiny Board (Health) identified the following recommendation:

*That, by December 2010, in collaboration with the Director of Public Health, the Director of Adult Social Services (as the lead for Health):*

- (a) Makes an assessment of the extent to which all NICE public health guidance and recommendations (as they relate to local authorities) have been disseminated and used to inform the delivery of services, either directly or through appropriate policies, across the Council.*
- (b) Designs and implements a robust assurance process to ensure the appropriate distribution and consideration of any future NICE guidance, appropriate to the Council.*

- 2.9 The above recommendation formed part of the inquiry report 'Promoting Good Public Health: The Role of the Council and its Partners' published in May 2010. The following response to the recommendation and associated updates were reported during the municipal year 2010/11.

#### **September 2010:**

*This recommendation is agreed. The Scrutiny Board (Health) has noted the important role of NICE in providing national evidence of effectiveness on the promotion of good health and the prevention and treatment of ill health. As part of the Governments White Paper on the NHS and the subsequent review of arm's length bodies, the future role of NICE has been seen as crucial, and will be put on an even firmer statutory footing by establishing it in primary legislation. Its role will expand scope to include social care standards. A member of the NHS Leeds Public Health Directorate will take forward the recommendation from September 2010, working closely with LCC staff. The intention is to complete this work by December 2010. A Public Health trainee has been identified to take forward this work which will commence in September, with completion by December 2010.*

#### **December 2010:**

*Options have now been developed and are under discussion, within NHS Leeds and LCC. The preferred option requires additional resources, which have not been identified at this stage.*

- 1. Dissemination of NICE guidance to NHS Leeds, LCC and VCS contacts (i.e. not a full assurance process).*
- 2. Dissemination with a piloted assurance process in one area (possibly alcohol guidance).*
- 3. Full assurance process for implementing and monitoring NICE guidance, supported by a new NICE Public Health Group as dedicated support officer.*

*A report outlining these options in full has been drafted and will be considered by the Health Improvement Board shortly.*

**April 2011:**

*The options presented in the November 2010 report: 'NICE Public Health guidance: An assurance process proposal for NHS Leeds and Leeds City Council' will be discussed at the next meeting of the Health Improvement Board in May 2011.*

- 2.10 Given the imminent transfer of Public Health responsibilities to the Council (i.e. in April 2013), members of the Scrutiny Board may wish to revisit this recommendation and consider any arrangements likely to be in place from April 2013.

**3 Recommendations**

- 3.1 Members are asked to consider the details presented in this report and discussed at the meeting and determine any appropriate further scrutiny activity at this time.

**4 Background papers<sup>1</sup>**

None used

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<sup>1</sup>The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

