



## Public Document Pack

**Jeff Hughes**  
*Head of Democratic and Legal  
Support Services*

**MEETING** : HEALTH AND WELLBEING SCRUTINY COMMITTEE  
**VENUE** : COUNCIL CHAMBER, WALLFIELDS, HERTFORD  
**DATE** : TUESDAY 23 JUNE 2015  
**TIME** : 7.00 PM

**PLEASE NOTE TIME AND VENUE**

### **MEMBERS OF THE COMMITTEE**

Councillor Norma Symonds (Chairman)  
Councillors D Abbott, A Alder, S Cousins, H Drake, Mrs D Hollebon,  
J Kaye, M McMullen, P Moore and R Standley

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## DISCLOSABLE PECUNIARY INTERESTS

1. A Member, present at a meeting of the Authority, or any committee, sub-committee, joint committee or joint sub-committee of the Authority, with a Disclosable Pecuniary Interest (DPI) in any matter to be considered or being considered at a meeting:
  - must not participate in any discussion of the matter at the meeting;
  - must not participate in any vote taken on the matter at the meeting;
  - must disclose the interest to the meeting, whether registered or not, subject to the provisions of section 32 of the Localism Act 2011;
  - if the interest is not registered and is not the subject of a pending notification, must notify the Monitoring Officer of the interest within 28 days;
  - must leave the room while any discussion or voting takes place.
  
2. A DPI is an interest of a Member or their partner (which means spouse or civil partner, a person with whom they are living as husband or wife, or a person with whom they are living as if they were civil partners) within the descriptions as defined in the Localism Act 2011.
  
3. The Authority may grant a Member dispensation, but only in limited circumstances, to enable him/her to participate and vote on a matter in which they have a DPI.

4. It is a criminal offence to:

- fail to disclose a disclosable pecuniary interest at a meeting if it is not on the register;
- fail to notify the Monitoring Officer, within 28 days, of a DPI that is not on the register that a Member disclosed to a meeting;
- participate in any discussion or vote on a matter in which a Member has a DPI;
- knowingly or recklessly provide information that is false or misleading in notifying the Monitoring Officer of a DPI or in disclosing such interest to a meeting.

(Note: The criminal penalties available to a court are to impose a fine not exceeding level 5 on the standard scale and disqualification from being a councillor for up to 5 years.)

## AGENDA

1. Appointment of Vice Chairman
2. Apologies
3. Chairman's Announcements
4. Declarations of Interest

To receive any Member's Declaration of Interest and Party Whip arrangements.

5. An Introduction to Public Health (Pages 7 - 36)
6. Work Programme (Pages 37 - 48)
7. Joint Strategic Needs Assessment - Setting the Evidence (Pages 49 - 58)
8. East Herts Health and Wellbeing Strategy 2014-15 - Year End Work Plan: Progress Report (Pages 59 - 84)
9. For Information: (Pages 85 - 94)
  - (A) Minutes: Hertfordshire County Council Health Scrutiny: 25 March and 2 April 2015.
  - (B) Minutes of the Health and Wellbeing Partnership Group: 29 April 2015
  - (C) Minutes of the Local Strategic Partnership (Ageing Well) Sub Group: 17 March 2015

10. Urgent Business

To consider such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration and is not likely to involve the disclosure of exempt information.

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## EAST HERTS COUNCIL

### HEALTH AND WELLBEING SCRUTINY COMMITTEE – 23 JUNE 2015

#### REPORT BY EXECUTIVE MEMBER FOR HEALTH AND WELLBEING

#### AN INTRODUCTION TO PUBLIC HEALTH AND THE ROLE OF THE HEALTH AND WELLBEING SCRUTINY COMMITTEE

WARD(S) AFFECTED: ALL

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#### **Purpose/Summary of Report**

- To give new members of the Health and Wellbeing Scrutiny Committee an overview of public health and how their roles as committee members can positively influence the health of the residents of East Herts.

<b><u>RECOMMENDATION FOR HEALTH AND WELLBEING SCRUTINY</u></b>
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<b>That:</b>
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<b>(A)</b>	<b>the contents of the report be noted.</b>
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#### 1.0 Background

- 1.1 Following the local elections which took place on the 7 May 2015, the membership of the newly promoted Health and Wellbeing Scrutiny Committee has been revised. This report is to act as an introduction for new members into the role of the council in relation to public health and the role of members on the Health and Wellbeing Scrutiny Committee.
- 1.2 Since April 2012 County Councils have had statutory responsibility for public health in two-tier areas and have to employ a Director of Public Health. As district councils run many statutory services that have a direct bearing on the success of public health in two-tier areas it is important that both district and county councils, together with other stakeholders, work in partnership to make public health a success.

## 2.0 What is Public Health?

- 2.1 There are many definitions of public health; while some vary, the core theme is to help people stay healthy, promote their wellbeing and protect them from harm.
- 2.2 Public health is about supporting people in the environment they live in to follow a healthy lifestyle. In this way the preventative and protective factors derived from a healthier environment and living a healthier lifestyle will build up health resilience and a life that is less affected by ill health. Addressing the factors that contribute to health inequalities is a vital part of public health prevention.

## 3.0 The Role of the Health and Wellbeing Scrutiny Committee

- 3.1 Scrutiny Committee Members are there to consider matters relating to health in East Herts and act as public health champions by promoting public health in all areas of their work.
- 3.2 The role of this committee is not to scrutinise NHS provision directly as this is undertaken by the Health Scrutiny Committee at Hertfordshire County Council where the Council is already represented.
- 3.3 Members are also unable to directly scrutinise social care as this has its own inspectorate.

## 4.0 The Role of the Council in Public Health

- 4.1 The Council has an important role to play with regards to public health. **Essential reference papers C and D** set out this role in more detail.

## 5.0 Implications/Consultations

- 5.1 Information on any corporate issues and consultation associated with this report can be found within **Essential Reference Paper A**.

## Background Papers

- Overview and Scrutiny Annual Report 2014/15  
<http://www.eastherts.gov.uk/scrutinyannualreports>
- East Herts Health and Wellbeing Strategy 2013-2018  
<http://www.eastherts.gov.uk/index.jsp?articleid=9326>



Contact Member: Councillor Buckmaster – Executive Member for Health and Wellbeing  
[eric.buckmaster@eastherts.gov.uk](mailto:eric.buckmaster@eastherts.gov.uk)

Contact Officer: Brian Simmonds–Head of Community Safety & Health Services  
01992 531498  
[brian.simmonds@eastherts.gov.uk](mailto:brian.simmonds@eastherts.gov.uk)

Report Author: Paul Thomas-Jones – Environmental Health Manager  
01992 531491  
[paul.thomas-jones@eastherts.gov.uk](mailto:paul.thomas-jones@eastherts.gov.uk)


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## ESSENTIAL REFERENCE PAPER 'A'

### IMPLICATIONS/CONSULTATIONS

Contribution to the Council's Corporate Priorities/ Objectives	<p><b>People – Fair and accessible services for those that use them and opportunities for everyone to contribute.</b> This priority focuses on enhance the quality of life, health and wellbeing of individuals, families and communities, particularly those who are vulnerable.</p> <p><b>Place – Safe and Clean.</b> This priority focuses on the standards of the built environment and our neighbourhoods and ensuring our towns and villages are safe and clean.</p> <p><b>Prosperity – Improving the economic and social opportunities available to our communities</b> This priority focuses on safeguarding and enhancing our unique mix of rural and urban communities, promoting sustainable, economic opportunities.</p>
Consultation:	None
Legal:	None
Financial:	None
Human Resource:	None
Risk Management:	Without correct training, matters which may benefit from scrutiny may be overlooked. The selection of inappropriate topics for review would risk inefficient use of resources. Where this involved partners, it could risk damaging the reputation of the council and relations with partners.
Health and wellbeing – issues and impacts:	The Health and Wellbeing Scrutiny Committee is set up to specifically focus in on issues and topics which have a direct and immediate impact on the health and wellbeing of all those who live, work or study in the district.

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## Introduction to Public Health and the Role of the Health and Wellbeing Scrutiny

Health and Wellbeing Scrutiny Committee  
Tuesday, 23<sup>rd</sup> June 2015

East Herts Council

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## What is Public Health



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## The Role of the Health and Wellbeing Scrutiny Committee

- To consider matters which have a direct and immediate impact on the health and wellbeing of all those who live, work and study in the district.
- To identify training
- To act as public health champions

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### Joint Strategic Needs Assessment (JSNA)

- Internet based resource
  - <http://jsna.hertslls.org/>
- Outlines the differing health and care needs of the people of Hertfordshire
- Overseen by Hertfordshire's Health and Wellbeing Board and managed by the public health department at HCC

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### East Herts Health and Wellbeing Strategy

- The strategy:
  - sets out the public health priorities for the Council
  - facilitates joint working with partners
- Endorsed by the Director of Public Health at HCC



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### Public Health Funding

- Herts County Council's District Offer
  - 2014/15 - £100,000
  - 2015/16 - £100,000
- East Herts Council's
  - £200,000 Funded from the new home's bonus
- Health and Wellbeing Small Community Grants Programme

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### East Herts Council's Services that Deliver Public Health Objectives

- Housing
- Preventing and tackling homelessness
- Planning
- Economic development
- Licensing and community safety
- Benefits
- Leisure and parks
- Environmental health

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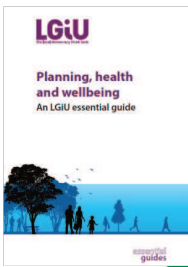
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### Planning, Health and Wellbeing

- New guide to show how planning can influence our wellbeing



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### Principles of Good Public Scrutiny

- Provides 'critical friend' challenge to executive policy-makers and decision-makers
- Enables the voice and concerns of the public and its communities
- Is carried out by 'independent-minded governors' who lead and own the scrutiny role
- Drives improvement in public services

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### Deciding What to Scrutinise

- Members can ask to examine any issue relating to public health that they believe to be:
  - of local public concern
  - linked to the council's vision and priorities
  - capable of being influenced
  - not being scrutinised by another body

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### Questions and Answers



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## District Councils and Public Health: Guide for new councillors

### What is the district council role in public health?

- Since April 2012 county councils have had statutory responsibility for public health in two-tier areas, and have to employ a Director of Public Health.
- District councils run many statutory services that have a direct bearing on the success of public health in two-tier areas.
- District councils and county councils (as well as other stakeholders) need to work in partnership to make public health a success.

### Services district councils provide that deliver public health objectives

- Housing
  - Damp, overcrowded, poor quality housing can cause and worsen poor physical and mental health.
  - Through the regulation of private sector housing and licensing homes in multiple occupation district councils ensure people live in decent rented homes.
  - District councils fund and administer Disabled Facilities adaptations, which keep people independent in their own homes for longer and prevent more costly care in the long-run.
- Preventing and tackling homelessness
  - District councils have statutory responsibility for preventing and tackling homelessness. People who are homeless or have experienced homelessness may have health issues which lead to a significantly lower life expectancy.
  - There are links between people experiencing mental health problems (e.g. depression, post-traumatic stress disorder) and homelessness.
- Planning
  - Planning policy can ensure that development plans for local areas include open and green spaces to play and exercise; encourage the use of public transport or cycling and walking; and that new developments have community facilities and amenities which encourage social engagement.
  - Planners must also identify land that is contaminated, and determine what action needs to be taken to protect the public and support the site's regeneration if appropriate.

- Licensing and community safety
  - Excessive alcohol consumption damages health and can contribute to wider social problems. Licensing committees can take public health into consideration when deciding on licenses for premises serving and selling alcohol.
  - Community safety teams can work with partners to promote responsible drinking and tackle anti-social behaviour which can be alcohol-fuelled.
  
- Benefits
  - People in lower socioeconomic groups statistically have worse health. Frontline officers working in benefits, homelessness and housing teams can all signpost people to initiatives and partners who can support people improve their health in a number of ways e.g. diet and nutrition, physical activity, stopping smoking, more informed alcohol consumption, house insulation and affordable warmth measures. As a ward councillor you may also be able to signpost people who attend your surgeries to these forms of support.
  
- Leisure and parks
  - District councils are responsible for providing leisure facilities. Whether directly owned and operated by the council or not, swimming pools, running tracks, gyms and leisure centres all help people take more exercise, stay active and improve their health.
  - The provision of parks and green spaces give people space to play and exercise, and contributes to improved physical and mental health.
  
- Environmental health
  - Environmental health teams in district councils play a vital role in protecting public health and work with businesses to ensure a healthy workforce.
  - Their role includes:
    - food safety inspections to make sure the food served in restaurants, cafes, nurseries and schools is hygienic and safe;
    - monitoring air pollution which exacerbates respiratory illnesses;
    - monitoring noise complaints and investigating where necessary;
    - ensuring the 200,000 homes not on mains water have safe water supplies;
    - infectious disease control;
    - occupational health and safety;
    - emergency planning.

- Economic development and employment support
  - Being in work is a major factor in health, and economic development teams can contribute to public health outcomes through encouraging businesses to locate and expand in the district, employing local people.

### **Why is public health important?**

- Investing now in public health measures will save the NHS, local government, and central government money in the long-run. Healthier people need fewer costly interventions later on in life.
- Public health provides opportunities to join up services provided by district councils, county councils, the NHS, and voluntary and community organisations; saving money and improving the experience for individuals and families.
- Health impacts on people's ability to get and keep a job. To increase employment and productivity, and reduce unemployment, health must be taken into account, and people with physical and mental health issues offered help to tackle or manage them. People in work are more likely to exercise, have more money to eat a healthier diet, and are less likely to excessively drink alcohol or smoke.

### **What can district councillors do for public health?**

- You can champion public health in your council and to the partners you work with, making sure that your council 'mainstreams' public health through all its services and plans.
- You can use data and public health indicators to identify what the key health issues are in your area, and identify how these can be tackled.
- You can follow the work of the Health and Wellbeing Board and Clinical Commissioning Group(s) in your area, to ensure the needs of your constituents are recognised.
- If you sit on the licensing committee, you could consider public health in the decisions you make about granting licenses for premises selling alcohol.
- If you are on an overview and scrutiny committee you could undertake a review of the public health progress your council is making.
- You can support the Care Quality Commission in its inspections of healthcare settings in your area (hospitals, doctor surgeries, care homes) by sharing local intelligence you have or encouraging your constituents to contact them.
- You can engage with your local Healthwatch, the consumer champion for users of health and social care services and help them understand local needs and engage local people. You can find your local Healthwatch on their website <http://www.healthwatch.co.uk/find-local-healthwatch>.
- You can work with your Director of Public Health so that evidence and information about housing and environmental needs in your area feed into the Joint Strategic Needs assessment, which is the local evidence base which determines local health priorities and commissioning.

### **Want to find out more?**

The District Councils' Network is the organisation representing district councils within the Local Government Association and directly to government. We lobby central government and the Local Government Association to make sure districts are heard. We undertake research, provide support, and share best practice. Find out more about the District Councils' Network's lobbying work, publications and event we run on our website [www.districtcouncils.info](http://www.districtcouncils.info).

We have a series of publications on public health, which set out more information about why district councils are vital to public health and includes case studies on what many district councils are already doing to improve the health of their residents. You can find them here: <http://districtcouncils.info/2014/09/15/dcn-attends-phe-annual-conference-health-publications-refresh/>.

To better understand the NHS in your area, and how the NHS and local government link on public health, you may be interested in the Simple NHS Guide: <http://www.england.nhs.uk/wp-content/uploads/2014/06/simple-nhs-guide.pdf>.

### **Information about your local area**

East Herts District Council Health and Wellbeing Lead Officers:

Simon Barfoot  
Environmental Health Promotions Officer

Paul Thomas-Jones  
Environmental Health Manager

Health and Wellbeing Board Chair:

Councillor Colette Wyatt-Low  
Cabinet Member for Health and Adult Care, Herts County Council

Director of Public Health:

Jim McManus  
Director of Public Health, Herts County Council

# Planning, health and wellbeing

## An LGiU essential guide



# Planning, health and wellbeing

## An essential LGiU guide

**Author: Andrew Ross**

Andrew Ross is a writer and researcher on planning, public health and sustainability. He has co-authored the three main publications to come out of the TCPA's Reuniting Health With Planning programme, most recently *Planning Healthy-Weight Environments* (December 2014). He has also guest edited a special health issue of the magazine *Town & Country Planning* (November 2014). In 2011 he wrote the Local Government Association (LGA) guide *Plugging Health into Planning: Evidence and Practice*. He is an Associate of the Living Space Project, a member of the Spatial Planning and Health Group (SPAHG), and until recently sat on the Sustainable Food Cities Steering Group, contact [andrew.alex.ross@gmail.com](mailto:andrew.alex.ross@gmail.com)

**Edited by Janet Sillett, Briefings Manager, LGiU**

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## Background

The [National Planning Policy Framework](#) (NPPF) and [National Planning Practice Guidance](#) (NPPG) set out a role for planners to consider health and wellbeing in plan-making and decision-taking.

Other organisations and agencies have published a range of supporting guides, and these set out practical ways that council departments can work with each other, and with outside organisations, sectors and communities, to embed an integrated approach to promoting public health and wellbeing through planning.

Since winter 2013 LGiU has published a number of briefings that summarise this guidance. The purpose of this Essential Guide is to pull these together into a single resource for local authority councillors, planners, public health practitioners and others with a stake in planning healthier communities. The briefings have not been exhaustive and LGiU welcomes your feedback on other guides and resources you find useful in your health and planning work.

## What role do planners have to improve health and wellbeing?

According to the [National Planning Practice Guidance](#) (NPPG) the built and natural environments are 'major determinants of health and wellbeing'.

The origins of planning practice are rooted firmly in enabling changes to the physical environment to improve people's health. As Carl Petrokofsky from Public Health England and I noted in a recent editorial for [Town & Country Planning](#):

*"Planning transformed the lives of millions of people in the UK who previously would have died an early death from an infectious disease due to, or exacerbated by, poor housing, sanitation or food, or lack of access to good medical care."*

Local authority planners continue to influence health and wellbeing through the layout of physical environments, but the focus has shifted towards so-called 'lifestyle diseases' which are affected by where we live. In the same editorial we write:

*"It has become increasingly clear that a number of current public health priorities, such as cardiovascular diseases, stroke, respiratory diseases, and mental and physical health, have a significant spatial dimension."*

The NPPG defines a healthy community as a place that 'supports healthy behaviours and supports reductions in health inequalities'. This includes:

- helping to make active healthy lifestyles easy through the pattern of development, good urban design, good access to local services and facilities

- enabling the creation of healthy living environments for people of all ages which supports social interaction.

In numbers: the case for planning healthier communities:	
<b>£900 million</b>	The amount that could be saved in the UK annually if everyone exercised as much as the suggested recommendations, such as walking for 20 minutes 5 days a week ( <a href="#">RIBA, 2013</a> )
<b>40 per cent</b>	The increase in trade that has been reported when places are made more attractive for walking ( <a href="#">Living Streets, 2013</a> )
<b>168:1</b>	The outcomes versus costs when modelling the health benefits of improving cycling infrastructure using 'high-standard' spatial planning ( <a href="#">NICE, 2010</a> )
<b>£7,000</b>	The amount ecotherapy can save the public purse each year for every person with mental health problems that is referred ( <a href="#">Mind, 2013</a> )
<b>£4 million +</b>	The estimated mean annual health benefits that can be attributed to cycling levels in Glasgow ( <a href="#">GCPH, 2013</a> )
<b>£223 million</b>	The total annual health benefit to Copenhagen based on the number of people cycling (City of Copenhagen, <a href="#">cited in 2012</a> )
Source: Reuniting Planning and Health Capacity Building (Belfast Healthy Cities, 2014)	

## Government guidance to support health and wellbeing in planning

The [National Planning Policy Framework](#) (NPPF) is based on the three pillars of sustainable development, which include a responsibility to:

*“create a high quality built environment, with accessible local services that reflect the community’s needs and support its health, social and cultural well-being.”*

Other elements are equally important for maintaining good health and wellbeing, such as minimising waste and pollution and adapting to climate change.

The NPPF also has a whole chapter devoted to [promoting healthy communities](#).

The NPPG has a section called [health and wellbeing](#). This guidance instructs planners to consider health and wellbeing through both the plan-making and decision-making processes. The local plan should:

- promote health, social and cultural wellbeing and support the reduction of health inequalities
- consider the local health and wellbeing strategy and other relevant health improvement strategies in the area
- enable an environment that supports people of all ages to make healthy choices by



promoting active travel and physical activity, access to healthier food, high quality open spaces and opportunities for play, sport and recreation

- promote access to the whole community by all sections of the community, whether able-bodied or disabled.

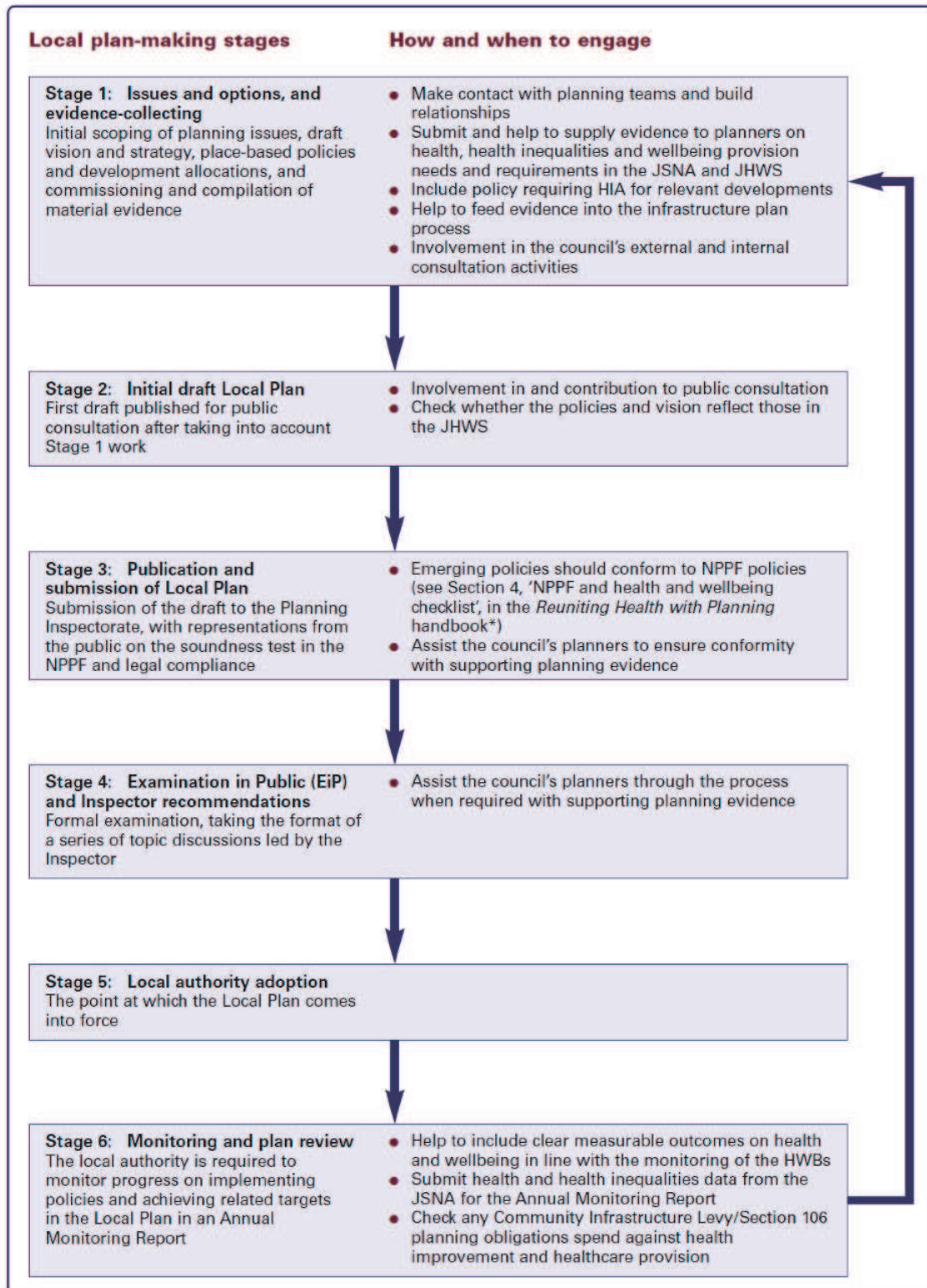


Diagram 1: Consideration for health and wellbeing during stages of preparing local planning documents  
Source: Planning Healthier Places (TCPA, 2013)

Development proposals should:

- support strong, vibrant and healthy communities and help create healthy living environments which should, where possible, include making physical activity easy to do and create places and spaces to meet to support community engagement and social capital
- consider the implications for provision of local healthcare infrastructure
- consider the potential pollution and other environmental hazards that might lead to an adverse impact on human health.

The guidance also advises on who planners should be liaising with to ensure that planning policies reflect the health needs and concerns of the local population. These include:

- director of public health for the local authority (or county in two-tier areas)
- health and wellbeing board members
- clinical commissioning group members and representatives of NHS England (which are listed as consultees for local plans), especially in relation to providing sufficient health infrastructure
- Healthwatch members (as the local group representing users of health and social care services).

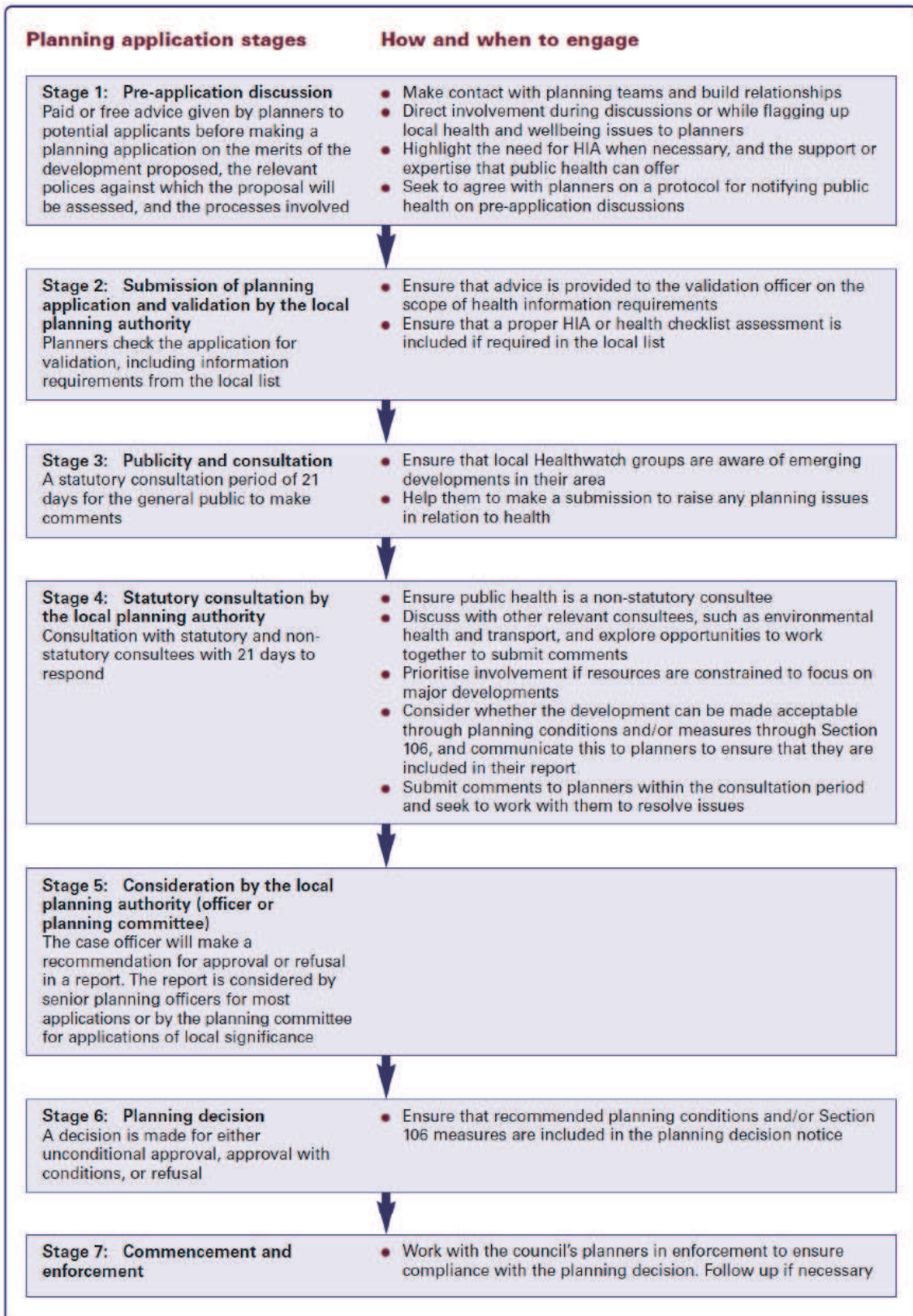


Diagram 2: Considerations for health and wellbeing during stages of the planning application for a development

Source: Planning Healthier Places (TCPA, 2013)

## Guidance and support from other organisations

A number of supporting guides and publications from other organisations have been covered in previous LGiU briefings. For your convenience these are summarised below:

Where to go if you are....	Resource	LGiU briefing
<b>Getting started</b>	Planning Healthier Places (TCPA) - Explains links between health and planning policy	<a href="#">Planning Healthier Places: an update on integrating public health and planning (Dec 2013)</a>
<b>Researching evidence</b>	Increasing Physical Activity and Active Travel (PHE)	<a href="#">Planning healthier places: an update on integrating public health and planning (Dec 2013)</a>
	Regulating the Growth of Fast Food Outlets (PHE)	<a href="#">Planning healthier places: an update on integrating public health and planning (Dec 2013)</a>
	Public Health and Landscape (LI)	<a href="#">Planning healthier places: an update on integrating public health and planning (Dec 2013)</a>
	Planning Sustainable Cities and Community Food Growing (Sustain)	<a href="#">The rise of community food growing: what role for local authorities? (Apr 2014)</a>
	RIBA City Health Check - Based on health and spatial evidence for the nine biggest urban areas in England	<a href="#">RIBA City Health Check: an opportunity for local authorities to save lives and money? (Feb 2014)</a>
	Everybody Active, Everyday (PHE) - Includes evidence on levels of physical activity	<a href="#">Update on public health and planning: Winter 2014 (Dec 2014)</a>
	Planning Healthy-Weight Environments (TCPA) - Includes overview of evidence on obesity and place	<a href="#">Update on public health and planning: Winter 2014 (Dec 2014)</a>
	Claiming the Health Dividend (DfT) - Includes overview of evidence of health and financial benefits of active travel	<a href="#">Economic case for active travel (Dec 2014)</a>

Where to go if you are....	Resource	LGiU briefing
<b>Engaging health professionals</b>	Planning Healthier Places (TCPA) - Includes diagrams on how and when public health can input into planning process	<a href="#">Planning healthier places: an update on integrating public health and planning (Dec 2013)</a>
	Everybody Active, Everyday (PHE) - Instructs organisations to align local plan and health strategies	<a href="#">Update on public health and planning: Winter 2014 (Dec 2014)</a>
	Planning Healthy-Weight Environments (TCPA) - Sets out collaborative process for joint working	<a href="#">Update on public health and planning: Winter 2014 (Dec 2014)</a>
<b>Engaging developers</b>	Planning Healthy-Weight Environments (TCPA) - Sets out collaborative process and elements for developers to consider in development proposals	<a href="#">Update on public health and planning: Winter 2014 (Dec 2014)</a>
<b>Engaging communities</b>	Planning Sustainable Cities and Community Food Growing (Sustain)	<a href="#">The rise of community food growing: what role for local authorities? (Apr 2014)</a>
<b>Thinking about health inequalities</b>	Planning Healthier Places (TCPA)	<a href="#">Planning Healthier Places: an update on integrating public health and planning (Dec 2013)</a>
<b>Writing health and wellbeing policies</b>	Planning Healthy-Weight Environments (TCPA)	<a href="#">Update on public health and planning: Winter 2014 (Dec 2014)</a>
	Natural Solutions for Tackling Health Inequalities (IHE)	<a href="#">Update on public health and planning: Winter 2014 (Dec 2014)</a>
	RIBA Health Check	
	Planning Healthy-Weight Environments (TCPA)	<a href="#">Update on public health and planning: Winter 2014 (Dec 2014)</a>
	Active Planning Toolkit 2 (Gloucestershire Conference)	<a href="#">Update on public health and planning: Winter 2014 (Dec 2014)</a>
	Planning Sustainable Cities and Community Food Growing (Sustain)	<a href="#">The rise of community food growing: what role for local authorities? (Apr 2014)</a>

Where to go if you are....	Resource	LGiU briefing
<b>Assessing development proposals</b>	Active Planning Toolkit 2 (Gloucestershire Conference)	<a href="#">Update on public health and planning: Winter 2014 (Dec 2014)</a>
	Planning Healthy-Weight Environments (TCPA)	<a href="#">Update on public health and planning: Winter 2014 (Dec 2014)</a>
	Planning Sustainable Cities and Community Food Growing (Sustain)	<a href="#">The rise of community food growing: what role for local authorities? (Apr 2014)</a>
<b>Evaluating health impact</b>	Active Planning Toolkit 2 (Gloucestershire Conference - Includes evaluation tools)	<a href="#">Update on public health and planning: Winter 2014 (Dec 2014)</a>
	Everybody Active, Everyday (PHE)	<a href="#">Update on public health and planning: Winter 2014 (Dec 2014)</a>

[Note that the LGiU winter 2014 update briefing also includes the [Town & Country Planning special issue on health and planning](#), which is free to download and includes articles on each of these themes.]

## Putting guidance into practice

The guides above include a number of examples of local authority areas that are trying to integrate health and wellbeing considerations into the local planning process, such as:

- Brighton & Hove (Planning Sustainable Cities and Food Growing): pioneering Planning Advice Note on food growing, and examples of places that have created new spaces for food growing
- Bristol (Planning Healthier Places): the city council wrote a development protocol between public health and planning that sets out the criteria for when development applications should be forwarded to public health for comment
- Knowsley (Planning Healthier Places): there is good cross-referencing between the health and wellbeing strategy, and the draft local plan
- Lincolnshire (Planning Healthier Places): the county has mapped health and wellbeing data by district area on an interactive tool that planners can use
- Medway (T&CP special issue): a collaboration between public health and planning

has generated public health evidence to support planners to develop policies on healthier eating

- Newham (Planning Healthier Places): the council, along with neighbouring boroughs and the Healthy Urban Development Unit, has drafted a healthy urban checklist for development planners
- Stockport (T&CP special issue): the council is integrating health evidence and collaboration into all stages of the planning process, including evaluation
- Stoke-on-Trent (Active Planning Toolkit 2): the council's Healthy Urban Planning Supplementary Planning Document (SPD) includes a healthy planning checklist and guidance on when to conduct health impact assessments – the 'commitment of city council members' has been an important reason for the success of the SPD.

## Challenges and tensions

### Evidence – available, applicable, adaptable?

Evidence is crucial to both public health practitioners and planners. One of the biggest lessons to emerge so far from the increasing amount of collaboration between both professions is that what 'counts' as evidence can vary because of the different ways in which it is being used. Planners need evidence that is robust and can be defended in the judicial elements of the system (planning inquiries and appeals). Public health practitioners need to understand the health and wellbeing of the local population and suitable interventions that might improve health overall and reduce health inequalities. While public health can to some extent embrace trial and error, planning departments get hit with a bill if they get the evidence wrong and lose in the courts. Given what we know about place shaping and the complexity of predicting and responding to evolving information and change, this seems an increasingly ill-suited model, but for now it is the one we are stuck with.

One of the benefits of relocating public health departments into local authorities is to increase the focus on generating evidence that planners can use to defend policy and development decisions based on health and wellbeing concerns.

As Hugo Crombie, Public Health researcher at NICE, writes:

*"Interventions may have a weak evidence base in conventional terms. Therefore, other ways of assessing their value need to be considered. Evidence about the theoretical link between the intervention and its outcome, as well as knowledge derived from natural experiments, observations and experience, will need to be brought together to identify the likely effect of a proposed intervention."*

For an up-to-date snapshot across a range of topics you can download for free a [set of articles published under the sub-title 'public health evidence'](#) as part of a special T&CP issue on health and planning.

## Evaluation

The implication from the above discussion on evidence is that local authorities will also have to devise their own evaluation methods, albeit with very limited resources. This message is reinforced in a number of the resources summarised here, for example the scorecards set out in Active Planning Toolkit 2 (see below). There is an opportunity for public health to devise effective and feasible evaluation, which could form part of the evidence for pushing against business as usual. A helpful framework for taking a case study approach to evaluation of health and planning interventions is the article 'Planning for public health – building the local evidence base' (Anderson et al) that was published in the August 2014 issue of [Town & Country Planning](#) (£paywall).



Scorecard 2 Planning and Designing for Physical Activity	Green Strong positive	Amber partial	Red Weak or no coverage	Mitigation/ Enhancement Measures
Urban Design and Transport Criteria				
The proposals demonstrate that they will result in enhanced facilities for pedestrians and cyclists and will result in increased physical activity				
New developments have a mix of compatible uses that will encourage walking and cycling				
Proposed developments are assessed to ensure that there are a range of everyday services within walking distance				
Street patterns in new developments are connected with short trip distances between common destinations				
There is a network of well-connected foot and cycle paths, and provision for cycle storage/parking				
Walking and cycling routes are legible, continuous and attractive				
There are traffic calming schemes in residential and other areas where pedestrian and cyclists are at risk				
There are a significant number of 20 mph zones in residential, town centre and other areas				
Employment sites and campus type developments are accessible by active travel and provide facilities for cyclists				
Movement around campus sites on foot is easy, convenient and pleasant				
All schools are accessible by safe walking and cycling routes				
Staircases in multi storey buildings are prominent, visible and accessible				
Building design, layout and facilities enable and encourage movement during the day				

**Scorecard evaluation: A sample page from a simple evaluation tool designed to help assess whether policies and proposals are moving in the right direction to promote physical activity.**

Source: Active Planning Toolkit 2 (Gloucestershire Conference, 2014)

## Aligning policy

An important element of developing an integrated health and planning approach within a local authority should be policy that aligns across the local plan and the health and wellbeing strategy. This is proving to be a challenge for many authorities. For example, based on findings for the TCPA project on healthy-weight environments, fewer than a third of joint health and wellbeing strategies made reference to the role of the built environment to reduce obesity, despite obesity being a public health priority. The ability of both service areas to make progress will be hampered by this lack of alignment.

## Viability

Securing environments that will enable people to look after their health is a stated aim of planning policy. But there continues to be a suspicion that developers have the upper hand in the development process, and that as a result the elements that are fundamental to creating a healthy environment, such as affordable housing or high quality green spaces, get squeezed out of planning obligations, even if the local plan is up to date. The most recent report to restate these doubts is the Communities and Local Government Committee's investigation into the operation of the National Planning Policy Framework (see [LGiU briefing](#)).

## Collaboration between health and planning

Multiple projects on health and planning have found that the lack of priority given to collaborative working is hampering the development of a truly integrated health and planning agenda. This is exacerbated in two-tier areas where public health is the responsibility of the county, while most planning functions are carried out by the districts. In some areas there are obvious hurdles, notably a dispersed geographical spread. A lack of understanding of the spatial dimensions of rural health and wellbeing compounds the challenge.

Across authorities of all types there remains a general feeling that collaborative working is something that is 'nice to have', rather than taking seriously the view expressed by the [Marmot Review](#) (IHE, 2010) – and reinforced in many of the resources covered here – that integrating departments across the built environment professions is a necessary precursor to creating healthier environments.

## Final thoughts

This Essential Guide shows that councils have the authority to use planning to improve health and wellbeing. Many are taking on the challenge: for example, more than 100 English local authorities have participated in workshops, roundtables and seminars run by the TCPA Reuniting Health With Planning programme.

But this is a complex area of policy and practice. Some places are already in that messy stage of translating energy, enthusiasm and engagement into plans and policies that are legally robust and that can make a difference; many are earlier on in the process and looking to learn from others.

To keep up to date with the latest advice and learning, check in with the following dedicated websites and support, as well as with regional networks:

- [PHE Healthy People, Healthy Places programme](#)
- [TCPA Reuniting Health With Planning programme](#)
- [Design Council Cobe Active by Design](#)
- [Healthy Places website](#)

## References

[Allen J and Balfour R \(2014\); Natural Solutions for Tackling Health Inequalities; Institute of Health Equity](#)

[Ballantyne R and Blackshaw N \(2014\); Active Planning Toolkit 2; Gloucestershire Conference](#)

[Davis A \(2014\); Economic Case for Active Travel: the health benefits; Department for Transport](#)

[Department for Communities and Local Government \(2014\); National Planning Practice Guidance; CLG](#)

[Department for Communities and Local Government \(2013\); National Planning Policy Framework; CLG](#)

[Landscape Institute \(2013\); Public Health and Landscape: creating healthy places; Landscape Institute](#)

[Marmot Review Team \(2010\); Fair Society, Healthy Lives \(The Marmot Review\); Institute of Health Equity](#)

[Morgan G \(2014\); Planning Sustainable Cities for Community Food Growing; Sustain](#)

[Public Health England \(2014\); Everybody Active, Every Day: a framework to embed physical activity into everyday life; PHE](#)

[Public Health England and Local Government Association \(2013\); Obesity and the Environment: increasing physical activity and active travel; PHE](#)

[Public Health England, Local Government Association and Chartered Institute of Environmental Health \(2013\); Regulating the Growth of Fast Food Outlets; PHE](#)

[Ross A and Chang M \(2014\); Planning Healthy-Weight Environments; TCPA](#)

[Ross A and Chang M \(2013\); Planning Healthier Places; TCPA](#)

[Royal Institute of British Architects \(2014\); City Health Check: how design can save lives and money; RIBA](#)

LGiU (Local Government Information Unit) is a think tank and membership association, with c 200 local authorities and other organisations subscribing to its services. LGiU's mission is to strengthen local democracy to put citizens in control of their own lives, communities and services. LGiU is a registered charity run by its members for its members.

LGiU works with NDPBs, NGOs, and private and voluntary sector partners, as well as councils: providing briefings on emerging national and regional policy, publishing its own policy reports and recommendations, and seeking to influence decision-makers and policy teams locally, regionally and centrally.



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## EAST HERTS COUNCIL

### HEALTH AND WELLBEING SCRUTINY COMMITTEE - 23 JUNE 2015

#### REPORT BY CHAIRMAN OF HEALTH AND WELLBEING SCRUTINY COMMITTEE

#### HEALTH AND WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

WARD(S) AFFECTED: *none*

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#### **Purpose/Summary of Report**

- To review and determine the new Health and Wellbeing Scrutiny Committee's (HWSC) future work programme for 2015/16

<b>RECOMMENDATIONS FOR HEALTH AND WELLBEING SCRUTINY</b>	
<b>That:</b>	
<b>(A)</b>	<b>the work programme shown in this report be agreed; and</b>
<b>(B)</b>	<b>the interim report on the implementation of projects within the East Herts Health and Wellbeing Strategy be presented to Members only as an exceptions report, should problems arise.</b>

#### 1.0 Background

- 1.1 Items previously required, identified or suggested for the Panel work programme are set out in **Essential Reference Paper B**.
- 1.2 To support members in their reading of health and wellbeing related reports and in discussions with speakers from partner agencies the attached **Essential Reference Paper C** offers a quick checklist to the abbreviations and acronyms in common use. Updates and corrections made since the previous version of this publication are shown in italics.
- 1.3 On 20 May 2015, at Annual Council, Members agreed to establish a Health and Wellbeing Scrutiny Committee (effectively replacing

the previous Health and Wellbeing Panel) in recognition of the importance placed by the Authority on the health and wellbeing of its residents. The Scrutiny Committee's terms of reference can be found in the Council's (updated) constitution.

## 2.0 Report

- 2.1 The draft work programme, as presented here in **Essential Reference Paper B**, was considered to be comprehensive and cover all the main issues at this time. The timing of some items may have to change depending on availability of external speakers and essential data.
- 2.2 At the 24 February 2015 meeting, the predecessor body (the Health and Wellbeing Panel) agreed that it would like a presentation/report on the integration of public health agenda into the council's benefits service. This has been included in the October meeting's work programme.
- 2.3 At the 14 October 2014 meeting, the Health and Wellbeing Panel agreed that Officers continue to integrate the public health agenda into the council's core services (housing, planning, community safety and environmental health) and that baseline data identified at that time would be used to monitor future progress. A report on the extent of integration achieved after the first year is scheduled for the 8 December meeting.
- 2.4 The importance of the public health agenda has increased due to funding being devolved to the authority from Herts County Council (a District offer of £100,000 in 15/16 and 16/17) and this is being matched funded by the council. Thirteen projects have been grant-aided to date and it is important that this work is scrutinised by councillors on behalf of local residents. A report on progress of these individual projects is scheduled for February 2016.

- 2.6 It had been the wish of the Health and Wellbeing Panel to receive an annual report on the implementation of projects within the East Herts Health and Wellbeing Strategy plus an interim report in December. With project information now available online, Members can monitor these throughout the year. The new committee is asked whether the interim report should be an “exceptions report” and only be submitted if any problems are becoming apparent. This would release space on the committee’s agenda for more substantive items.
- 2.7 Members are asked whether there are any additional topics they wish to put forward at this time for consideration in the Forward Plan for 2015/16. It has been agreed that scrutiny topics should be those where there is real scope for influencing change and where measurable benefits for residents can be seen but after that Members can ask to examine any issue that they believe to be:
- Of local public concern
  - Linked to the council’s vision and priorities
  - Capable of being influenced
  - Not being scrutinised by another body
- 2.8 This year, communications released a press release explaining the role of scrutiny and inviting suggestions from residents. This was distributed to partners and tweeted. No new topics for scrutiny have been received from the public to date.
- 2.9 Members are also asked whether they wish to extend an invitation to one or more Executive members to attend a particular meeting or for a specific agenda item.
- 3.0 Implications/Consultations
- 3.1 Information on any corporate issues and consultation associated with this report can be found within **Essential Reference Paper ‘A’**.

#### Background Papers

None

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## ESSENTIAL REFERENCE PAPER 'A'

### IMPLICATIONS/CONSULTATIONS

<p>Contribution to the Council's Corporate Priorities/ Objectives</p> <p>(2015/16 wording)</p>	<p><b>People – Fair and accessible services for those that use them and opportunities for everyone to contribute.</b> This priority focuses on enhancing the quality of life, health and wellbeing of individuals, families and communities, particularly those who are vulnerable.</p> <p><b>Place – Safe and Clean.</b> This priority focuses on the standards of the built environment and our neighbourhoods and ensuring our towns and villages are safe and clean.</p> <p><b>Prosperity – Improving the economic and social opportunities available to our communities</b> This priority focuses on safeguarding and enhancing our unique mix of rural and urban communities, promoting sustainable, economic opportunities.</p> <p>Effective use of the scrutiny process contributes to the Council's ability to meet one or more of its corporate objectives.</p>
<p>Consultation:</p>	<p>Potential topics for scrutiny are always invited from the Executive and all Members and the public are asked through an annual item in the 'council tax' edition of LINK magazine which is delivered to every household.</p> <p>Members of each scrutiny committee are consulted at every meeting as their work programme is a standing item on the agenda.</p>
<p>Legal:</p>	<p>According to the Council's constitution, the scrutiny committees are responsible for the setting of their own work programme in consultation with the Executive and in doing so they shall take into account wishes of members on that committee who are not members of the largest political group on the Council.</p>
<p>Financial:</p>	<p>Any additional meetings and every task and finish group has resource needs linked to officer support activity and time for officers from the services to make the required input.</p>
<p>Human Resource:</p>	<p>none</p>
<p>Risk Management:</p>	<p>Matters which may benefit from scrutiny may be overlooked. The selection of inappropriate topics for review would risk inefficient use of resources. Where this involved partners, it could risk damaging the reputation of the council and relations with partners.</p>
<p>Health and wellbeing – issues and impacts:</p>	<p>The broad remit of scrutiny is to review topics which are of concern to the public, many of which have an indirect impact on the general wellbeing of residents of East Herts.</p> <p>The Health and Wellbeing Scrutiny Committee is set up to specifically focus in on issues and topics which have a direct and immediate impact on the health and wellbeing of all those who live, work or study in the district.</p>



Health and Wellbeing Scrutiny - Proposed Work Programme 2015/16

2015/16 Meeting	CIVIC YEAR Date	Topic	Contact officer/lead	Next Exec
Meeting 2/4 in 2015/16	13 October 2015	<ul style="list-style-type: none"> <li>Presentation &amp; report on integration of public health agenda into delivery of the Council's Benefits service (15 min + Q)?</li> </ul>	<ul style="list-style-type: none"> <li>Benefits Manager</li> </ul>	3 Nov 2015 1 Dec 2015
		<ul style="list-style-type: none"> <li><i>Report – Update on Actions under Ageing Well agenda (moved from Community Scrutiny meeting 22/9/2015)</i></li> </ul>	<ul style="list-style-type: none"> <li>Lead officer</li> </ul>	
		<ul style="list-style-type: none"> <li>Minutes from HCC Health Scrutiny Committee and any updates</li> </ul>	<ul style="list-style-type: none"> <li>Chairman of HWB</li> </ul>	
		<ul style="list-style-type: none"> <li>Scrutiny work programme</li> </ul>	<ul style="list-style-type: none"> <li>Scrutiny officer</li> </ul>	
		<ul style="list-style-type: none"> <li>Minutes from Local Strategic Partnership (LSP) Health and Wellbeing Officers group</li> </ul>	<ul style="list-style-type: none"> <li>Lead officer</li> </ul>	
		<ul style="list-style-type: none"> <li>Minutes from LSP Ageing Well group - dementia initiative</li> </ul>	<ul style="list-style-type: none"> <li>Exec member or Scrutiny officer</li> </ul>	

## Health and Wellbeing Scrutiny - Proposed Work Programme 2015/16

2015/16	CIVIC YEAR			
Meeting	Date	Topic	Contact officer/lead	Next Exec
Meeting 3/4 in 2015/16	8 December 2015	<ul style="list-style-type: none"> <li>Any external visitors?</li> </ul>	<ul style="list-style-type: none"> <li>TBC</li> </ul>	5 January 2016 2 February 2016
		<ul style="list-style-type: none"> <li>Report on integration of Public Health into the council's core services – Scrutiny to look at progress since October 2014</li> </ul>	<ul style="list-style-type: none"> <li>Lead manager or officer</li> </ul>	
		<ul style="list-style-type: none"> <li>Interim progress report – EH Health and Wellbeing Strategy 15/16 action plan</li> </ul>	<ul style="list-style-type: none"> <li>Lead Officer</li> </ul>	
		<ul style="list-style-type: none"> <li>Consultation on projects for inclusion in 2016/17 HWB action plan - SB does post it note exercise - time permitting</li> </ul>	<ul style="list-style-type: none"> <li>Lead Officer</li> </ul>	
		<ul style="list-style-type: none"> <li><i>Review of fees and charges relevant to 'HW' remit: calculations and levels – if there are any when new remit is defined??</i></li> </ul>	<ul style="list-style-type: none"> <li>TBC</li> </ul>	
		<ul style="list-style-type: none"> <li>Minutes from HCC Health Scrutiny Committee and any updates</li> </ul>	<ul style="list-style-type: none"> <li>Chairman</li> </ul>	
		<ul style="list-style-type: none"> <li>Scrutiny work programme</li> </ul>	<ul style="list-style-type: none"> <li>Scrutiny officer</li> </ul>	
		<ul style="list-style-type: none"> <li>Minutes from Local Strategic Partnership (LSP) Health and Wellbeing Officers group.</li> </ul>	<ul style="list-style-type: none"> <li>Lead Officer</li> </ul>	
		<ul style="list-style-type: none"> <li>Minutes LSP Ageing Well group dementia initiative</li> </ul>	<ul style="list-style-type: none"> <li>Scrutiny officer/Exec members</li> </ul>	

Health and Wellbeing Scrutiny - Proposed Work Programme 2015/16

2015/16 meeting	CIVIC YEAR date	topic	Contact officer/lead	Next Exec
Meeting 4/4 in 2015/16	16 February 2016	<ul style="list-style-type: none"> <li>Any visitors?</li> </ul>		8 March 2016 5 April
		<ul style="list-style-type: none"> <li>Report on District offer Grant-funded health and wellbeing projects – 6 month update</li> </ul>	<ul style="list-style-type: none"> <li>Lead Officer</li> </ul>	
		<ul style="list-style-type: none"> <li>Report, review, approval of 2016/17 EH HWB Strategy action plan</li> </ul>	<ul style="list-style-type: none"> <li>Lead Officer</li> </ul>	
		<ul style="list-style-type: none"> <li>Minutes from HCC Health Scrutiny Committee and any updates</li> </ul>	<ul style="list-style-type: none"> <li>HWP Chairman</li> </ul>	
		<ul style="list-style-type: none"> <li>Minutes from Local Strategic Partnership (LSP) Health and Wellbeing Officers group</li> </ul>	<ul style="list-style-type: none"> <li>Lead officer</li> </ul>	
		<ul style="list-style-type: none"> <li>Minutes on Ageing Well dementia initiative</li> </ul>	<ul style="list-style-type: none"> <li>Scrutiny officer or Exec member</li> </ul>	
		<ul style="list-style-type: none"> <li>Scrutiny work programme – planning for 2016/17</li> </ul>	<ul style="list-style-type: none"> <li>Scrutiny Officer</li> </ul>	

The four principles of good public scrutiny:

- *provides 'critical friend' challenge to executive policy-makers and decision-makers*
- *enables the voice and concerns of the public and its communities*
- *is carried out by 'independent-minded governors' who lead and own the scrutiny role*
- *drives improvement in public services*

### Health and Wellbeing Scrutiny Committee

To consider matters relating to health in East Herts, in particular to:

1. scrutinise local health issues in the East Herts area;
2. scrutinise partner actions to reduce health inequalities in the East Herts area;
3. scrutinise arrangements for the provision of health care in the East Herts area;
4. make recommendations to the Executive on health and wellbeing issues; and
5. consider matters referred to it by the Executive

## ESSENTIAL REFERENCE PAPER C

### Abbreviations and Acronyms which may be used in HWB reports

CCG	Clinical Commissioning Group
CDAT	Community Drug and Alcohol Team
CMHT	Community Mental Health Trust
CMS	Countryside Management Service
CQC	Care Quality Commission
CRI	Crime Reduction Initiative
<i>DPH</i>	<i>Director of Public Health</i>
DH (DoH)	Department of Health
DQHH	Delivering Quality Healthcare for Hertfordshire
EHO (EHPO)	Environmental Health (Promotion) Officer
E&NHT (E&NHHT)	East and North Hertfordshire NHS Trust (East and North Herts Hospitals Trust)
ENCCG	East & North Herts Clinical Commissioning Group
<i>EHHWBS</i>	<i>East Herts Health and Wellbeing Strategy 2013-2018</i>
FCCARS	First Contact & Community Referral Scheme
FSA	Food Standards Agency
GP	General Practitioner
HCC	Hertfordshire County Council
HCT	Hertfordshire Community Health Trust
HEEP	Herts & Essex Energy Partnership
HIA	Home Improvement Agency
HPAA	Hertfordshire Physical Activity Alliance
HPFT	Hertfordshire Partnership Foundation Trust
HSP	Herts Sports Partnership
HVCCG	Herts Valley Clinical Commissioning Group
HLWB	Herts Legacy & Wellbeing Board
JCPB	Joint Commissioning Partnership Board
JSNA	Joint Strategic Needs Assessment
LAA	Local Area Agreement
HWH	Healthwatch Hertfordshire
LSP (EHLSP)	(East Herts) Local Strategic Partnership
<i>Life course</i>	<i>Set of priorities based on the recommendations of the Professor Marmot Health Inequalities review. Life course describes the journey through life from birth to death and how supporting and enabling the best life opportunities for individuals can lead to improved health and wellbeing at each stage of life.</i>
LG	Locality Groups – Groups of GP Practices which form part of the wider Clinical Commissioning Groups

MIU	Minor Injuries Unit
NCMA	National Childminders' Association
NICE	National Institute for Health & Care Excellence
OOH	Out of Hours
PAH	Princess Alexandra Hospitals NHS Trust
PALS	Patient Advice and Liaison Services
PCSO	Police Community Support Officer
PHSE	Personal Health and Social Education
<i>PHE</i>	<i>Public Health England</i>
Q1/Q2/Q3/Q4	Quarter 1, 2, 3 & 4
QEII	Queen Elizabeth II Hospital
QIPP	Quality, Innovation, Productivity & Prevention
QOF	Quality and Outcomes Framework
RSPH	The Royal Society for Public Health
SCG	Specialist Commissioning Group
SCP	Southern Country Park
SCS	Sustainable Community Strategy
SFBB	Safer Food, Better Business
SHA	Strategic Health Authority (NHS East of England)
SLM	Sports and Leisure Management Ltd
UCC	Urgent Care Centre
UH	University of Hertfordshire
WHHT	West Hertfordshire Hospitals NHS Trust



## EAST HERTS COUNCIL

### HEALTH AND WELLBEING SCRUTINY – 23 JUNE 2015

#### REPORT BY EXECUTIVE MEMBER FOR HEALTH AND WELLBEING

#### JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) – SETTING THE EVIDENCE SCENE

WARD(S) AFFECTED: ALL

#### **Purpose/Summary of Report**

- To give new Members on the Health and Wellbeing Scrutiny Committee an insight into the Joint Strategic Needs Assessment (JSNA) and health data and its application to their role in scrutiny of public health areas and outcomes.

#### **RECOMMENDATIONS: FOR HEALTH AND WELLBEING SCRUTINY COMMITTEE**

**That:**

<b>(A)</b>	<b>JSNA and health data sources are acknowledged as being a central focus of the evidence required for effective scrutinising of public health areas and outcomes;</b>
<b>(B)</b>	<b>Members encourage use of these data sources at local level and encourage Parish and Town Councils to promote this information on their websites;</b>
<b>(C)</b>	<b>Members identify further training needs regarding the JSNA or health data sources; and</b>
<b>(D)</b>	<b>Members agree the feedback on the usability and possible improvements to the JSNA</b>

#### 1.0 Background

On 16 October 2013 the Council approved its second Public Health Strategy, the East Herts Health and Wellbeing Strategy 2013-2018. The new strategy combines the public health wellbeing, prevention and protection principles of the first East

Herts Public Health Strategy alongside the life course approach linked with the central aspects of environmental, social, health economic and population factors. This strategy seeks to mainstream the public health role within the Council and its partners, recognising the contribution and joint working by different services (both inter-departmental and external). .

1.2 The role of the JSNA and health data as means of evidence to help inform and direct delivery of projects and support partners health and wellbeing outcomes is essential. By using health data and other sources of local knowledge a more defined and connected picture can be built up of a local area and its health characteristics. If this information is understood well, then it can help to make decisions about where to focus particular projects and which sections of the East Herts community can benefit most.

## 2.0 Report

2.1 The JSNA presentation has been produced to help Members to see the range of information available to them. The aim is to see the value and relevance of health data to their new roles.

2.2 Recognising the importance of the JSNA, the previous Health and Wellbeing Panel requested to receive a presentation on the JSNA at the first Health and Wellbeing Scrutiny Committee meeting.

2.3 To effectively scrutinise public health matters then an understanding of health data and public health approaches is required. In particular an understanding of the way in which health inequalities can be reduced through tackling different health determining factors is important.

2.4 The impact of strategic health prevention on reducing acute admissions and addressing the long term health of the population is vital. Applying this knowledge to see when health outcomes have been effectively met is an important scrutiny attribute. This introduction seeks to build a foundation on which this knowledge base can be added to and provides a number of additional health information sources to research further.

## 2.5 Presentation format

The presentation consists of the following sections listed below:

- What can the JSNA do for us?

- HWB Scrutiny and its role in impacting health inequalities
- Sources of Health data
- HWB Scrutiny Committee task to complete (prior to 23/06/15 meeting)
- Feedback from members
- Summary

Full details of the content can be seen in the **Essential Reference Paper 'B'**.

### 3.0 Implications/Consultations

3.1 Information on any corporate issues and consultation associated with this report can be found within **Essential Reference Paper 'A'**.

### Background Papers

- East Herts Public Health Strategy ([link](#))
- East Herts Health and Wellbeing Strategy 2013-2018 ([link](#))

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## ESSENTIAL REFERENCE PAPER 'A'

### IMPLICATIONS/CONSULTATIONS

<p>Contribution to the Council's Corporate Priorities/ Objectives :</p>	<p><b>People – Fair and accessible services for those that use them and opportunities for everyone to contribute</b></p> <p>This priority focuses on delivering strong services and seeking to enhance the quality of life, health and wellbeing, particularly for those who are vulnerable.</p> <p><b>Place – Safe and Clean</b></p> <p>This priority focuses on sustainability, the built environment and ensuring our towns and villages are safe and clean.</p> <p><b>Prosperity – Improving the economic and social opportunities available to our communities</b></p> <p>This priority focuses on safeguarding and enhancing our unique mix of rural and urban communities, promoting sustainable, economic opportunities and delivering cost effective services.</p>
<p>Consultation:</p>	<p><i>This is carried out with members, partners and population/community participants as appropriate in relation to the feedback and evaluation of health and wellbeing project delivery.</i></p>
<p>Legal:</p>	<p><i>The East Herts Health Wellbeing Strategy Equality Impact Assessment has been produced and relates to the equality and diversity approaches as part of an inclusive public health delivery approach. It is available on request.</i></p>
<p>Financial:</p>	<p><i>The East Herts Health and Wellbeing Strategy and the delivery of workplan projects is facilitated by three main funding streams:</i></p> <ul style="list-style-type: none"> <li><i>• Core Environmental Health Budgets including the Public Health Projects Delivery code which has a total annual budget of £6800.</i></li> <li><i>• LSP funding opportunities available to the LSP Health and Wellbeing group upon application; and other external partnership or awarding bodies for sums in the range of £5000 to £20000 for example.</i></li> <li><i>• The District Offer Public Health Outcomes capability which means that the Council has £100,000 for 2014/15 and £100,000 for 2015/16 to</i></li> </ul>

	<i>deliver public health outcomes for East Herts residents working with local partners.</i>
Human Resource:	None.
Risk Management:	N/A
Health and wellbeing – issues and impacts:	<i>The Health and Wellbeing impact is as a result of the Strategic and deliverable aspects of the East Herts Health and Wellbeing Strategy and associated annual workplan.</i>



### Joint Strategic Needs Assessment (JSNA) and Health Data

1. What can the JSNA do for us?
2. HWB Scrutiny and its role in impacting health inequalities
3. Sources of Health data
4. HWB Scrutiny Committee task – please complete before 23/06/15 meeting
5. Feedback from members
6. Summary

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### What is the JSNA?

- contains data which can influence decisions and increase knowledge of particular areas
- provides health data to help understand which needs are not being met for local areas

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### JSNA- how should we look to use it?

- To increase our local knowledge and soft intelligence
- To use health data to understand success
- To provide evidence of need for local groups applying for grants
- To build a health picture of your local ward

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### HWB Scrutiny and its role in impacting health inequalities

<p style="text-align: center;"><b>Health Inequalities – gaps in health outcomes between places and people</b></p>	<p style="text-align: center;"><b>Smoking</b></p> <p style="text-align: center;">Life expectancy</p> <p style="text-align: center;">Cancer</p> <p style="text-align: center;">Physical inactivity</p> <p style="text-align: center;">Educational attainment</p> <p style="text-align: center;">Mental health and wellbeing</p> <p style="text-align: center;">Deprivation</p> <p style="text-align: center;">Diabetes</p> <p style="text-align: center;">Health conditions</p>	<p style="text-align: center;">Aim: Improved lifestyle health throughout life (prevention)</p> <p style="text-align: center;">Better health also enables management of health conditions (disability free life expectancy)</p> <p style="text-align: center;">Impacts on treatable diseases and time spent in hospital treatment (acute)</p>
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### Health information sources

- Herts JSNA – range of info  
<http://jsna.hertslls.org/>
- Health profiles  
<http://fingertips.phe.org.uk/profile/health-profiles>
- Local health profiles  
<http://www.localhealth.org.uk/>
- National Office for Statistics  
<http://www.ons.gov.uk/ons/index.html>
- Health and Social Care Information System  
<http://www.hscic.gov.uk/>
- Alcohol profiles  
<http://fingertips.phe.org.uk/profile/local-alcohol-profiles>
- CCG/General Practice Profiles  
<http://fingertips.phe.org.uk/profile/general-practice>

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### HWB Scrutiny Committee task

Please complete this prior to the HWB scrutiny committee meeting on 23<sup>rd</sup> June.

<ol style="list-style-type: none"> <li>1. Access the Herts JSNA <a href="http://jsna.hertslls.org/">http://jsna.hertslls.org/</a></li> <li>2. Browse the topics/local areas menu to familiarise with the layout</li> <li>3. Go to local areas and select "East Herts"</li> <li>4. Select "Local Health profile for East Herts" under Nationally produced tools and reports</li> <li>5. When box appears click save and open folder.</li> </ol>	<ol style="list-style-type: none"> <li>6. Open the pdf file, Health profile 2014 East Hertfordshire</li> <li>7. On page 2 Deprivation a National view, what percentage of East Herts is considered to be deprived?</li> <li>8. Health Inequalities changes over time – is the trend for male early deaths from heart disease and stroke above or below the England average?</li> <li>9. Pick out two health indicators on page 4 that interest you, one average and one better than average indicator. Think about whether these indicators match your expectations from what you know locally or not?</li> </ol>
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### Your opportunity to feedback!

- Your first impressions of the JSNA?
- How easy was it to use?
- Would you use it again?
- Improvements for JSNA review team

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### Summary

- JSNA is one of a number of sources of health data that can be used
- Health data captures a snapshot in time
- The JSNA needs further improvement
- Explore other data sources
- Aim to understand what the data is and is not saying
- Use different evidence sources to build a more complete picture

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## EAST HERTS COUNCIL

### HEALTH AND WELLBEING SCRUTINY – 23 JUNE 2015

#### REPORT BY EXECUTIVE MEMBER FOR HEALTH AND WELLBEING

#### EAST HERTS HEALTH AND WELLBEING STRATEGY: 2014/15 YEAR END WORKPLAN PROGRESS REPORT

WARD(S) AFFECTED: ALL

#### **Purpose/Summary of Report**

- To update Members on the Council's Public Health work for the 2014/15 Year End Workplan that is associated with the East Herts Health and Wellbeing Strategy.

#### **RECOMMENDATION FOR HEALTH AND WELLBEING SCRUTINY**

**That:**

<b>(A)</b>	<b>the Committee scrutinise the content of the East Herts Health and Wellbeing Strategy Year End Workplan for 2014/15.</b>
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#### 1.0 Background

On October 16 2013 the Council approved its second Public Health Strategy, the East Herts Health and Wellbeing Strategy 2013-2018. The new strategy combines the public health wellbeing, prevention and protection principles of the first East Herts Public Health Strategy alongside the life course approach linked with the central aspects of environmental, social, health economic and population factors. This strategy seeks to mainstream the public health role within the Council and its partners, recognising the contribution and joint working by different services (both inter-departmental and external). It will enable us to deliver projects and partnership approaches that contribute to the areas highlighted as being of greater importance to East Herts residents, based on statistical data that is available.

1.2 At the start of each year, the Council approves a workplan which supports the priorities identified in the East Herts Health and Wellbeing Strategy. The workplan lists projects that the Council will undertake. The workplan runs for the 12-month period and currently is reviewed after six months of work and at the end of the fiscal year; after which a new workplan is approved.

## 2.0 Report

2.1 The 2014/15 Year End workplan contained 35 projects that the Council planned to undertake before the end of March 2015. The plan seeks to address the priorities of the East Herts Health and Wellbeing Strategy. These are:

- Healthy children starting off well
- Empowering children, young people and adults to achieve their life potential
- Creating health and work together
- Promoting positive health and wellbeing life quality for all
- Healthy places and sustainable communities
- Pro-active health prevention
- Council's Power of Influence

## 2.2 Project Tracking and Progress

As of the 31st March 2015, 33 out of 35 planned projects undertaken by the Council and external partners have been delivered resulting in approximately 15,128 people based interactions. This represents a 94% completion rate. These interactions are estimates based on submitted numbers or a probable prediction of the potential interactions, e.g. 4 within one family group. Some of the larger interaction figures are related to a significant range of projects delivered by external partners. In addition, 2 projects have not been delivered, see **Essential Reference Paper 'B'** and the exceptions report for a more detailed explanation.

2.3 With the introduction of the online project tracking and evaluation approach the interim report may not be necessary. In reference to

the Workplan programme report section 2.6, the new committee is asked whether the interim report usually presented at the December meeting should in future take the format of an “exceptions report” and only be submitted if any project delivery factors were of significant risk.

2.4 The projects undertaken have involved various different levels of interaction from a population/community level to a more personalised or group level utilising a range of public health models and ways of working. More details as to status and progress of the projects are shown in the format of a Highlight and Exception Report found in **Essential Reference Paper ‘B’**.

### 3.0 Implications/Consultations

3.1 Information on any corporate issues and consultation associated with this report can be found within **Essential Reference Paper ‘A’**.

### Background Papers

- East Herts Public Health Strategy ([link](#))
- East Herts Health and Wellbeing Strategy 2013-2018 ([link](#))

Contact Member: Councillor Eric Buckmaster, Executive Member for Health and Wellbeing  
[eric.buckmaster@eastherts.gov.uk](mailto:eric.buckmaster@eastherts.gov.uk)

Contact Officer: Brian Simmonds, Head of Community Safety and Health Services – Extn 1470  
[brian.simmonds@eastherts.gov.uk](mailto:brian.simmonds@eastherts.gov.uk)

Report Author: Simon Barfoot, Environmental Health Promotion Officer – Extn 1471  
[simon.barfoot@eastherts.gov.uk](mailto:simon.barfoot@eastherts.gov.uk)

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## ESSENTIAL REFERENCE PAPER 'A'

### IMPLICATIONS/CONSULTATIONS

<p>Contribution to the Council's Corporate Priorities/ Objectives :</p>	<p><b>People – Fair and accessible services for those that use them and opportunities for everyone to contribute</b></p> <p>This priority focuses on delivering strong services and seeking to enhance the quality of life, health and wellbeing, particularly for those who are vulnerable.</p> <p><b>Place – Safe and Clean</b></p> <p>This priority focuses on sustainability, the built environment and ensuring our towns and villages are safe and clean.</p> <p><b>Prosperity – Improving the economic and social opportunities available to our communities</b></p> <p>This priority focuses on safeguarding and enhancing our unique mix of rural and urban communities, promoting sustainable, economic opportunities and delivering cost effective services.</p>
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**East Herts Health and Wellbeing Strategy  
Year End workplan 2014/15**

**Highlights**

A selection of five public health projects have been selected to enable closer overview and scrutiny.

## 2014/15 C001 - Promote smoking prevention and education to organisations and public

### Project Overview

East Herts has had a long history of delivering tobacco control prevention work championing smokefree eating guides as a precursor to introduction of the smokefree law in 2007.

Modes of delivery include one to one conversations, targeted prevention activities and projects.

### Project Outcomes & Measures

To support, inform, prevent and protect through a variety of tobacco control approaches by:

1. reducing smoking incidence working with organisations and public utilising different campaigns and methods
2. promoting targeted tobacco control prevention projects
3. promoting tobacco control media opportunities
4. supporting referral of quitters to Herts NHS Stop Smoking Services
5. supporting the Member and Officer Tobacco Champion role.

### Organisation Leading Project & Key Partners

East Herts Environmental Health Promotion co-ordinates direct activities as well as working with various agencies including NHS Stop Smoking Service, HCC Public Health Tobacco partnership work, Secondary Schools and media learning companies.

### Target Audience

Supporting those sustained smokers to give up as well as promoting smokefree living amongst adults and families.

### Links to the East Herts Corporate Priorities

1. People - Fair and accessible services for those that use them and opportunities for everyone to contribute

### Project Outcomes, Review & Sustainability

1. Utilised various options and events to engage with public about giving up smoking including 1000 year 6 students as part of May 2014 Bishop's Stortford

### Links to the East Herts Health & Wellbeing

<p><b>Strategy Priorities (2013 – 2018)</b></p> <ol style="list-style-type: none"> <li>1. Empowering children, young people and adults to achieve their life potential</li> <li>2. Pro-active health prevention</li> </ol>	<p>Crucial Crew.</p> <ol style="list-style-type: none"> <li>2. Been involved in ASH Clear Assessment procedure and Tobacco Control Policy Declaration update with HCC colleagues to contribute to local East Herts Tobacco control role and knowledge insight.</li> <li>3. Taken part in Herts Tobacco Conference and Alliance Partnership meetings promoting YASF project and also recently joined Young People’s Smoking prevention project group</li> <li>4. Taken advantage of wide range of opportunities to support smokers to quit through around 80 1-2-1 conversations as part of National No Smoking Day and health events.</li> <li>5. Officer and member Champions have worked to support and enhance Tobacco control research and good practice networking opportunities.</li> </ol>
<p><b>Links to Healthier Herts - A Public Health Strategy for Hertfordshire Priorities (2013/17)</b></p> <ol style="list-style-type: none"> <li>1. Longer, healthier lives</li> <li>2. Make public health everyone’s business</li> </ol>	
<p><b>Links to Health &amp; Wellbeing Board Hertfordshire Strategy (2013 – 2016)</b></p> <ol style="list-style-type: none"> <li>1. Healthier living – reducing the harm from tobacco</li> </ol>	

## 2014/15 C017 - Parks and open spaces contribution to East Herts health and wellbeing

### Project Overview

East Herts Environmental Health Promotion has worked closely with Parks and Open Spaces over the last 6 years to connect the Health and Wellbeing delivery aspects.

Management methods involve park and open space infrastructure management, conservation and optimising usage of these areas for the benefit of all users.

### Project Outcomes & Measures

To deliver Parks and Open Spaces Health and Wellbeing by:

1. identifying projects to support this and Ageing well delivery
2. enabling better connections between minor sites in towns and major parks planning
3. improving the play value of existing parks through innovation for young people
4. developing partnerships and encouraging local groups utilisation of open spaces
5. reviewing signage and interpretation boards and exploring media promotion opportunities.

### Organisation Leading Project & Key Partners

East Herts Environmental Services Open Spaces team lead this project fulfilling the aims of its Parks and Open Spaces Strategy 2013-2018. One of the partner agencies involved is the Countryside Management Service who run health walks in East Herts on behalf of the council, see C021.

### Target Audience

All ages from very young to older people in particular encouraging families, children and young people to be more active and enjoy the outdoors.

### Links to the East Herts Corporate Priorities

1. Places – Safe and Clean

### Project Outcomes, Review & Sustainability

1. Over 800 attended two Get Park Active

**Links to the East Herts Health & Wellbeing Strategy Priorities (2013 – 2018)**

3. Empowering children, young people and adults to achieve their life potential
4. Promoting positive health and wellbeing for all
5. Healthy places and sustainable communities

**Links to Healthier Herts - A Public Health Strategy for Hertfordshire Priorities (2013/17)**

3. Longer healthier lives

**Links to Health & Wellbeing Board Hertfordshire Strategy (2013 – 2016)**

2. Healthier living – promoting healthy weight and increasing physical activity

events held in Love Parks Week 2014 - encouraged families to visit the parks and get active with free fun fitness trail challenges and activities including guided bug hunts, orienteering and new for 2014 'slacklining'.

2. Created new circular signposted walking routes in Bishop's Stortford linking five parks and open spaces; developed as part of the Southern Country Park & Beyond management plan actions.
3. Improvements to play areas continue as part of the on-going Play Area Development Programme. New toddler play area created at The Bourne, Ware. New Multi use games area (MUGA) and additional play equipment installed at Gt Innings play area in Watton-at-Stone.
4. A new Friends of Hartham Common group established, in partnership with the council and CMS. Two very successful Friends groups continue to complete practical tasks and run events in our parks – Friends of Pishiobury Park in Sawbridgeworth and Friends of Southern Country Park in Bishop's Stortford.
5. New signage and interpretation boards have been developed and installed at Foxholes Woodland and Hartham Common in Hertford, in partnership with the local community, CMS

and with external funding.

## 2014/15 C004 – Developing Drug and Alcohol Healthy Lifestyle Cross Connections

### Project Overview

CRI Project update (Crime Reduction Initiative/Spectrum)

In relation to partner support the LSP Health and Wellbeing Group has led on developing a £2600 project with (CRI) clients which will address Lifestyle Recovery.

- It is a six week programme with specifically designed resources and additional elements which will focus on a practical healthy eating component and health walks.
- The resources have been designed to include the five ways to wellbeing concepts as an evidenced based approach.
- The project is due to commence in January 2015, a full evaluation will follow at the year end report stage.

### Project Outcomes & Measures

1. To equip alcohol and drug recovery clients with the resources and behavioural tools to live a healthier lifestyle
2. To increase confidence, self-efficacy, self-esteem and improve mental health and emotional wellbeing.
3. To determine ways of measuring these more subjective measures through improvement in terms of outlook and skills learning as well as attainment of behavioural lifestyle goals.
4. To seek to review and update the Healthy Lifestyle course and embed into the main programme delivery of CRI, also exploring the opportunity for volunteers in the service to deliver components of the course alongside tutored support.

### Organisation Leading Project & Key Partners

East Herts Environmental Health Promotion has led this project with input and support from

### Target Audience

Drug and Alcohol recovery clients who have been through the treatment phase of the CRI growth and life stages looking to build on their treatment success of living a continuing healthy lifestyle.

### Links to the East Herts Corporate Priorities

1. People - Fair and accessible services for those that use them and opportunities for

### Project Outcomes, Review & Sustainability

- 150 attendances over the 12 week course

<p>everyone to contribute</p>	<p>with a core group of around 12 attendees for the teaching component and around 6 regular attendees for the healthy eating components.</p> <ul style="list-style-type: none"> <li>• A clear commitment to the different sessions, contributing and mutual sharing of experiences between clients and tutors</li> <li>• Application of the theory and practical sessions into lives through goal setting and being empowered to take on new opportunities</li> <li>• Feedback from clients and staff at CRI has been open and supportive, enabling the course to be updated and complimented as it has been delivered.</li> <li>• The key wellbeing aspects of give, connect, take notice, be active and keep learning being reflected throughout the sessions by clients</li> <li>• Potential for the integration into the Health Walks programme to be a continued catalyst to healthy living and acquiring new skills including volunteering as walk leaders</li> <li>• For a £2600 investment it appears that this been a positive example of partnership health and wellbeing work</li> <li>• Evaluation analysis, review of the course, production of version 2 and ways in which it can be further integrated are due to take place over the summer months 2015.</li> </ul>
<p><b>Links to the East Herts Health &amp; Wellbeing Strategy Priorities (2013 – 2018)</b></p> <ol style="list-style-type: none"> <li>1. Empowering children, young people and adults to achieve their life potential</li> <li>2. Pro-active health prevention</li> </ol>	
<p><b>Links to Healthier Herts - A Public Health Strategy for Hertfordshire Priorities (2013/17)</b></p> <ol style="list-style-type: none"> <li>1. Start healthy and stay healthy</li> </ol>	
<p><b>Links to Health &amp; Wellbeing Board Hertfordshire Strategy (2013 – 2016)</b></p> <ol style="list-style-type: none"> <li>1. Healthier living – promoting healthy weight and increasing physical activity</li> </ol>	



## 2014/15 C020 - Young and Smokefree Project

### Project Overview

The Young and Smokefree Phase I project was a multi-agency smoking intervention, delivered in 2010 to year 9 at Herts and Essex High School for Girls. In 2012 funding was received from Herts County Council Public Health to develop the project in an interactive web format to benefit schools and young people's settings across Hertfordshire.

The interactive web format

[www.youngandsmokefree.org.uk](http://www.youngandsmokefree.org.uk) was launched on January 29<sup>th</sup> 2015 alongside a promotional video at the Herts Tobacco Control Conference.

### Project Outcomes & Measures

**Aim:** To look at why boys/girls smoke in school and encourage awareness and prevention of smoking

**By:**

1. Increasing access and usability by students and staff, and developing a web portal interface so that the Young and Smokefree phase I project resources can be accessed simply
2. Working with public health professionals to deliver the project and provide evidence for the Herts JSNA.

### Organisation Leading Project & Key Partners

East Herts Council Public Health is the lead partner in the project co-ordination with specialist input from Create Media and Learning Ltd and other supporting partners such as HCC Tobacco Alliance and NHS Stop Smoking Services.

Key delivery partners include specific and generic schools and young people's support agencies.

### Target Audience

- Targeting areas where smoking prevalence is higher and the schools/young people's settings located in those areas.
- Reducing teenage girls/boys smoking uptake and to support those who do smoke to give up smoking through interactive education and learning

### Links to the East Herts Corporate Priorities

2. Place, People, Prosperity (Addressing health inequalities)

### Project Outcomes, Review & Sustainability

- £7000 funded support from Herts County Council and East Herts County Council to support project development and delivery.

### Links to the East Herts Public Health Strategy

<p><b>(2008 – 2013)</b></p> <p>6. Reducing Smoking incidence</p>	<ul style="list-style-type: none"> <li>• Young and Smokefree project launched January 2015 with google analytics to track user rates. 648 users with 798 page views since launch. 60% users in 18-34 age category.</li> <li>• Showcases East Herts expertise in developing quality resources impacting District/Borough Council areas in Hertfordshire promoting young and Smokefree living in schools and youth settings.</li> <li>• Been promoted on Teacher resources website in Herts and nationally as well as Youth Connexions and promoted via Herts Schools bulletin.</li> <li>• Project to be promoted via Herts Smokefree Schools toolkit and looking at presenting to PHSE/Secondary Heads to encourage increased uptake and use of Smokefree resources.</li> </ul>
<p><b>Links to Healthier Herts - A Public Health Strategy for Hertfordshire Priorities (2013/17)</b></p> <p>4. Longer, healthier lives</p> <p>5. Narrowing the gap between the most and least healthy</p>	
<p><b>Links to Health &amp; wellbeing Board Hertfordshire Strategy (2013 – 2016)</b></p> <p>3. Reducing the harm caused by tobacco.</p>	

## 2014/15 N005 – Participate in local Crucial Crews events

<p><b>Project Overview</b></p> <p>Crucial Crew is a year 6 life skills project which aims to educate and inform children on a range of topics to better equip them to deal with safety, danger and lifestyle issues.</p> <p>East Herts Environmental Health has taken part as key contributor in the Hertford and Ware scheme for over 5 years.</p> <p>Delivery is via 10 minute engaging scenario based activities which aim to target 1000 children.</p>	<p><b>Project Outcomes &amp; Measures</b></p> <p>To plan and deliver an interactive 10 minute scenario which addresses public health themes and promotes the role and function of Environmental Health by:</p> <ol style="list-style-type: none"> <li>1. participating in the Hertford and Ware/Buntingford Crucial Crew for one week</li> <li>2. participating in the Bishop's Stortford Crucial Crew for the first time for one week</li> </ol>
<p><b>Organisation Leading Project &amp; Key Partners</b></p> <p>Various agencies such as the Police, Network Rail, Fire and Rescue Service, RNLI, Dogs Trust, Samaritans, Road Safety, UK Power Networks including East Herts Environmental Health promotion.</p>	<p><b>Target Audience</b></p> <p>Year 6 primary school children are targeted through various scenarios which aim to engage, instruct and prepare them for many varied situations they will face as they transfer to Secondary school the following September.</p>
<p><b>Links to the East Herts Corporate Priorities</b></p> <ol style="list-style-type: none"> <li>1. People - Fair and accessible services for those that use them and opportunities for everyone to contribute</li> </ol>	<p><b>Project Outcomes, Review &amp; Sustainability</b></p> <ol style="list-style-type: none"> <li>1. 1800 Year 6 children from the surrounding area participated in the February 2014 Hertford and Ware Crucial Crew. This was held at Morgan's Primary School and involved a range of scenarios designed to teach and equip children to adjust with their development to the wider world and transfer to secondary school in September 2015. East Herts delivered for the second time the Enviro-City map scenario which explores the opportunity for activity and</li> </ol>
<p><b>Links to the East Herts Health &amp; Wellbeing Strategy Priorities (2013 – 2018)</b></p> <ol style="list-style-type: none"> <li>1. Healthy Children starting off well</li> </ol>	
<p><b>Links to Healthier Herts - A Public Health Strategy for Hertfordshire Priorities (2013/17)</b></p>	

1. Protect our communities from harm	
<b>Links to Health &amp; Wellbeing Board Hertfordshire Strategy (2013 – 2016)</b> 1. Flourishing communities – helping all families to thrive	healthy living in a sustainable environment, seeking to promote greener and active travel. East Herts took part in the second week engaging with approx. 1000 year 6 children. 2. 1000 year 6 children participated in May 2014 Bishop’s Stortford Crucial Crew, East Herts delivering a Smokefree living interactive scenario. This was well received and the children engaged well in a difficult subject particularly when members of their family smoke which brings emotional and heartfelt concerns to the forefront of the minds of 10/11 year olds. A number of other partners took part providing a wide range of life skills activities to empower and prepare year 6’s for facing new challenges at Secondary School and in life generally.

## List of Year end 14/15 Core and New project outcome updates.

**C= Core project; N = New/updated project; P = Partnership project with one or more agencies.**

Project Reference	Project Name	Project Status	Project Outcomes Update
N001	Develop a staff health and wellbeing offer with logo and intranet page to include promotion of staff running/badminton clubs, staff wellbeing days, other health opportunities etc.	N	See detailed update in interim 2014/15 Workplan report. Project launched in February 2015.
C001	Promote smoking prevention and education to Organisations and Public	N	See Highlight project report.
C002	Continue to work with RSPH and their public health expertise	c	As East Herts was reassessed as part of RSPH 2014 Award process there was no opportunity to assess other organisations. East Herts has received RSPH support in the form of District Offer assistance by Graham Rushbrook who was also our assessor.
C007	Assist with processing of Disabled Facility Grants (DFG)	c	In 2014/15 all grants were determined within target time of 7 weeks from full application. An officer completes the application form and means test information in the applicant's home where needed, and provides a point of contact for enquiries. Disabled Facilities Grants have been promoted through various outlets, seeking to address the decreasing numbers of referrals received.
C016	Organising and delivering public events at East Herts Parks and Open spaces	c	Over 800 attended two Get Park Active events held in Love Parks Week 2014 - encouraged families to visit the parks, with free fun fitness trail challenges, orienteering and 'slacklining' activities.
C017	Parks and Open Spaces contribution to East Herts health and wellbeing	N	See detailed update in interim 2014/15 Workplan report. For update on full year see Highlight project report.
C022	Promotion of and referral to Herts Stop Smoking Services	c	This priority has been combined with C001, see Highlight project report above.

N006	Supporting Families, Young people and Older People to cook healthy, wholesome food and explore potential use of mobile phone apps	N	See detailed update in interim 2014/15 Workplan report.
C003	Positioning East Herts as a key public health influencer through co-ordination of HWP, attendance at HCC Scrutiny meetings and responding to relevant health consultations	c	East Herts has continued to demonstrate its expertise attending a number of Herts and National Public Health conferences as well as be an active contributor to the Healthwatch GP access survey, delivered and organised four HWP meetings and the Chair attending the related HCC scrutiny meetings.
C004	Developing Healthy lifestyle connections through Drugs and Alcohol Awareness	c	See Highlight project report
C005	Signposting to additional health and wellbeing services	c	See detailed update in interim 2014/15 Workplan report.
C006	To promote and develop air quality and related services	c	<ul style="list-style-type: none"> <li>A behavioural change approach to encouraging sustainable journeys and increasing awareness about air quality has been delivered through the Cleaner Air for Schools project, teaming up with the London Sustainability Exchange and Richard Hale School. The project worked with year 12 students as influential members of their school community and families and recognised their capacity to change and promote air quality issues as they progress to the next stage of life at University.</li> </ul>
C008	Promoting energy conservation and efficiency	c	<ul style="list-style-type: none"> <li>Keep Warm Stay Well scheme re-launched as Herts Healthy Homes (HHH), a joint partnership between local authorities and third sector organisations in Hertfordshire aimed at ensuring vulnerable residents remain warm, safe and well in their own homes. HHH promoted across East Herts during Christmas 2014 via a “bin hanger” promotion; though joint working with GP’s &amp; pharmacies; and, direct contact through Citizens Advice &amp; local charities.</li> <li>Home visits provided to all residents requesting assistance and included installation of physical insulation measures and advice on grants, giving an average yearly energy saving of £214 per resident assisted.</li> <li>Loft and Cavity Wall insulation schemes also promoted to all</li> </ul>

			residents on an ongoing basis and grants offered to those residents where national free insulation measures not available.
C009	Enabling health access and support for migrant and BME communities	c	<ul style="list-style-type: none"> <li>• 80 members of the Bishop's Stortford Community attended the Health MOT event, organized and delivered by BEHCVS. The partnership event provided support and advice on healthy lifestyles for members of the Bishop Stortford Community.</li> <li>• 2014 MOVE Week was a key success involving over 400 residents representing all sections of the community, including BME residents.</li> <li>• Whilst no specific projects took place to target migrant and BME communities a small amount of work was completed with some Polish and Muslim groups and as indicated above is part of the inclusive approach taken by CVS and supporting partner agencies.</li> </ul>
C010	Food Safety course delivery	c	<ul style="list-style-type: none"> <li>• 47 candidates achieved a 100% pass rate with 4 out of 7 courses being delivered. One of these was an external training course and three were cancelled due to lack of demand most likely linked to wide availability of competitive and accessible online food safety training options.</li> </ul>
C011	Developing multi-partner obesity interventions	c	See Exceptions report section below
C012	Allocation of Public Health Partnership Funds Grants to community groups and organisations to promote physical activity access, sport and recreation opportunities	c	<ul style="list-style-type: none"> <li>• 131 capital and revenue discretionary grants were awarded in 14/15. 15 of these were awarded to projects that improved sports or physical activity provision</li> <li>• 26 were awarded to talented young people achieving excellence in their chosen area; Performance to Excellence.</li> <li>• 16 grants were awarded to groups organising sport and recreational activities for children and young people over the summer holidays last year</li> <li>• East Herts Council has continued to support voluntary groups improving quality of life for residents in East Herts, especially those who are vulnerable.</li> </ul>

C013

Active East Herts action plan implementation (Increasing Sports participation included under AEH and HSP joint work together)

c

- Increased participation for 14-25 year olds – Established 9 satellite “after school” clubs in conjunction with local sports clubs. The objective of satellite clubs is to encourage the transition from school to community sport club and create participation as a habit for life.
- Increased participation for 20-25 year old – Achieve a grant from Sport England to deliver “Sporty Mum’s”, aimed at encouraging parents to take part in physical activity after they have dropped the children off at school. Planning has started and the project will commence delivery in September 2015
- Increase participation for 50+ year old – Delivered “Get Active” seated exercise programme at Charlton Court. The instructor volunteered to hold a monthly refresh session to keep them motivated and 6 members of the group continue to meet regularly (at least weekly) to exercise together. Wrote the delivery plan element of EHC bid for funding from Community Sport Activation Fund
- Promote activities to encourage inclusivity – Created opportunities in conjunction with EH Special Olympics for people with additional needs to participate in canoeing, golf, horse riding and cycling.
- Increase participation for children – All EH primary schools are now part of the School Games initiative. 5398 children participated in festivals and competitions between Sept 2014 – March 2015 and 452 senior pupils have been trained as Sports Leaders.
- MOVE week 2014 – Delivered 14 different sporting activities and attracted 450 people to participate. Planning is now underway for MOVE week 2015



C014	Active Together promotion of physical activity for older adults	c	<ul style="list-style-type: none"> <li>• The Active Together Project in East Herts currently offers 9 exercise and dance classes in the district that attract 232 people, achieving a wide range of health and wellbeing outcomes for older adults.</li> <li>• Many of these groups are fully sustainable and are now run by local volunteers with the support of Herts Sports Partnership.</li> <li>• Strong local partnership working with Ware and Buntingford U3As has been a critical success factor to the project.</li> <li>• A key challenge going forward for the project is increasing the number of men participating. HSP continue to work in partnership with the EHC and other partners locally to achieve this.</li> </ul>
C015	Promoting greater physical activity, sustainable travel and healthy lifestyle opportunities through adaptation of the built environment	c	<ul style="list-style-type: none"> <li>• Through a consideration of development proposals against the policies of the National Planning Policy Framework (NPPF) the requirement to ensure that development is sustainable is always factored into decision making.</li> <li>• The most significant impacts can be had through larger site development proposals and this is being encompassed in emerging District Plan policies and through development management decisions in relation to these sites.</li> </ul>
C018	Promotion and development of East Herts health walks	c	<p>2014-2015:</p> <ul style="list-style-type: none"> <li>• Health Walks offered in Sele Farm, Hartham Common, Bengoe, Ware and Bishop's Stortford.</li> <li>• Participations: 2310</li> <li>• 110% increase on 2013-2014. Hertford was a new scheme in 2013</li> <li>• Walks offered : 235, 16% increase on 2013-2014</li> <li>• Walk Leaders: 27, 8% increase on 2013-2014</li> </ul>
C019	JSNA Public health evidence contribution/usage	c	Health and Wellbeing projects continue to reference and contribute to health intelligence data as a means of more targeted provision.

C020	Young and Smokefree phase II interactive	c	See Highlight project report
C021	Tobacco Control Leadership by member and officer	c	See Highlight project report, this priority has been combined into C001.
C023	Sport and Leisure Management promotion of physical activity to residents at East Herts leisure centres	c	<ul style="list-style-type: none"> <li>• In 2014/15 over 750,000 visits were made to the local leisure centres and football pitches managed by East Herts Council.</li> <li>• Everyone Active continue to promote physical activity within the gym and pool environment and also delivered outreach activities at Supermarkets and carnivals.</li> <li>• SLM also encourage physical activity outside the built environment and have developed apps to assist in further motivation.</li> </ul>
N002	Developing Ageing Well Partnership project (Hornsmill Community Lunch Club)	N	See Exceptions report section below
N003	Explore the potential for a bid for the Community Sports Activation Fund (dependent on matched funding contribution from EHC)	P	See detailed update in interim 2014/15 Workplan report. Submission of CSAF made, awaiting outcome of funding decision.
N004	Supporting Public Health partners through delivery of Health and Wellbeing priorities (CCG, NHS Mental Health etc)	P	See detailed update in interim 2014/15 Workplan report.
N005	Participate in local Crucial Crews	P	See Highlight project report
P001	East Herts Children's Centres contribution to health and wellbeing	c	There has been a major contract re-negotiation and aligning of services during 14/15. Now these arrangements are nearly formalised the important contribution of East Herts Children's Centres can be received again into the workplan evaluation process.
P002	Active East Herts Promotion of MOVE week 2014 across East Herts	P	See detailed update in interim 2014/15 Workplan report.
P003	CAB Joining up the Dots - advice and information improvement for	P	See detailed update in interim 2014/15 Workplan report. Potential consideration for 2016/17 District Offer.

	16-19 and older people (+75)		
P004	East Herts GreenAiders gardening scheme	N	See detailed update in interim 2014/15 Workplan report. Awaiting approval as District Offer 15/16 project.

## Exceptions

Reasons as to the non-completion or non-viability of projects for the year 2014/15 are presented below in the following table.

C011	Developing multi-partner obesity interventions	c	This has been an aspiration of East Herts for some time. With the new transfer of Public Health responsibilities to Herts County Council (HCC) Public Health then opportunities for HCC and East Herts to address these aspects through Leisure provision and other health partners may become more available. Limited development has happened in 2014/15 although the scope for further work in 15/16 is being explored.
N002	Developing Ageing Well Partnership project (Hornsmill Community Lunch Club)	N	This project concept was always dependent on a committed group of volunteers to prioritise this action amongst other considerations. The decision was taken that currently there was not sufficient interest and capacity to take this forward.

# Agenda Item 9

**To: All Members of the Health Scrutiny Committee  
All Chief Officers**

**From: Legal, Member & Statutory Services**

**Ask for: Laura Shewfelt**

**Ext: 25452**

cc: All officers named for 'actions'  
Democratic Services

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## HEALTH SCRUTINY COMMITTEE 25 MARCH & 2 APRIL 2015

### MINUTES

25 MARCH 2015

### ATTENDANCE

### MEMBERS OF THE COMMITTEE

J R Barfoot, S A Batson, R H Beeching, D Hart, N A Hollinghurst, D J Hewitt, S L C Johnston, L R Kercher, S Quilty (Chairman), R G Tindall

### DISTRICT COUNCILLORS

J Green (North Herts), M Gardner (Stevenage), B Gibbard (St Albans), F Guest (Dacorum), G Nicholson (Broxbourne), N Symonds (East Herts), F Thomson (Welwyn Hatfield)

### Other Members In Attendance

T W Hone, A Joynes, G McAndrew, P A Ruffles, C J White

### MINUTES

The Minutes of the meeting of the Committee held on 21 January 2015 were confirmed as a correct record and signed by the Chairman.

### PART 1 ('OPEN') BUSINESS

#### 1(A) SCRUTINY OF THE NHS IN HERTFORDSHIRE'S BUDGET AND FRANCIS FOLLOW UP

[Officer Contact: Charles Weir, Scrutiny Officer (Tel: 01438 843630)]

- 1.1 The Chairman welcomed all members and officers present to the Committee's scrutiny of the health trusts in Hertfordshire's budgets and follow up to the outcomes of the Francis report.

Action

- 1.2 Members received an introduction to the scrutiny; a summary by the Scrutiny Officer, reminding members of the format for the Committee's scrutiny; and an overview from NHS England focusing on the direction for the NHS over the following 5 years.
- 1.3 Questions from Members were invited and responded to. It was agreed that NHS England be requested to return to a future meeting or provide the Committee with a seminar, in order for it to examine the 5 Year Plan in more detail.
- 1.4 The Committee then adjourned to gather its evidence.
- 1.5 The Committee adopted a 'scrutiny café' style approach to gathering its evidence and focussed on two CCG's, five local trusts and Herts Urgent Care; paired up as follows:-
- Herts Valleys Clinical Commissioning Group (HVCCG) and West Herts Hospital Trust (WHHT)
  - East and North Clinical Commissioning Group (ENCCG) and East & North Herts Hospital Trust (ENHT)
  - Herts Partnership Foundation Trust (HPFT) and Herts Community NHS Trust (HCT)
  - East of England Ambulance Trust (EEAST) and Herts Urgent Care (HUC)
- 1.6 Members of the Committee were divided into 4 'Member Groups', with each group being assigned an area of questioning based on the following key themes:-
- Workforce
  - Patient and Carers Experience
  - Parity
  - Quality and Innovation
- 1.7 All members of the Council had been notified of the scrutiny and invited to attend. A number of members had accepted this invitation and participated in the 'evidence gathering' part of the scrutiny.
- 1.8 At the end of the evidence gathering process the session closed.

***The Committee reconvened on 2 April 2015 to consider its recommendations, information requests and additions to the work programme.***

**2 APRIL 2015**

**ATTENDANCE**

**MEMBERS OF THE COMMITTEE**

J R Barfoot, S A Batson, R H Beeching, D J Hewitt, N A Hollinghurst, D J Hewitt, S L C Johnston, L R Kercher, S Quilty (Chairman), R G Tindall

**DISTRICT COUNCILLORS**

J Aron (Watford), J Green (North Herts), M Gardner (Stevenage), B Gibbard (St Albans), F Guest (Dacorum), G Nicholson (Broxbourne),

**Other Members In Attendance**

T W Hone, G McAndrew, P A Ruffles, R H Smith

**1B) SCRUTINY OF THE NHS IN HERTFORDSHIRE'S BUDGETS AND FRANCIS FOLLOW UP: DRAFT REPORT**

[Officer Contact: Charles Weir, Scrutiny Officer (Tel: 01438 843630)]

1.9 The Committee considered a draft report summarising the conclusions, recommendations, information requests and suggested future scrutinies proposed as a result of the Committee's evidence gathering session on 25 March.

1.10 As a result of lengthy discussion on the report, it was agreed that the report be revised to reflect the views expressed at the meeting; with the final wording being agreed by the Committee's Chairman, Vice-Chairman and Labour Group Spokesman.

**Conclusions**

- 1.11
1. Members thanked the NHS organisations for the responses they had provided to the Committee which had contributed to a very successful scrutiny and to the input Healthwatch had made to the event.
  2. The Committee agreed:-
    - (a) that the Committee's report be revised to reflect discussion

at the meeting and that the final wording be agreed by the Chairman, Vice-Chairman and Labour Group Spokesman\*;  
and

(b) that the final report be sent to all Members of the Committee at the earliest opportunity.

3. The Committee agreed that it should receive a report at its meeting in June 2015 reviewing the process used for this year's budget scrutiny/Francis follow up.

*\*Note: The agreed wording for the recommendations, future scrutinies, and information requests are attached as Appendices 1, 2 and 3 to these Minutes*

**Charles  
Weir/Laura  
Shewfelt**

**Charles  
Weir/Laura  
Shewfelt**

## **2. THE WORK PROGRAMME**

[Officer Contact: Tom Hawkyard, Head of Scrutiny (Tel: 01992 555300)]

2.1 The Committee considered its work programme 2015 - 2017.

### **Conclusion**

2.2 The Committee approved the Health Scrutiny Committee Work Programme 2015 – 2017 attached to the report, as amended by the decisions reached in item 1 above and attached as Appendix 2 to these Minutes.

**Charles  
Weir/Laura  
Shewfelt**

## **REPORT TO COUNTY COUNCIL**

A summary of all items of business will be reported to the County Council at its meeting on 21 July 2015.

**KATHRYN PETTITT  
CHIEF LEGAL OFFICER**



**HEALTH AND WELLBEING PARTNERSHIP GROUP  
EAST HERTS TOGETHER**

**Notes of meeting held on Wednesday 29th April 2015 10am – 12.00pm**

BEHCVS, Nigel Copping Community Building  
Sanville Gardens, Stanstead Abbots. SG12 8GA

**Attendance:**

Simon Barfoot, Environmental Health Promotion Officer, EHC  
Marianne McWhinnie – Engagement and Community Partnerships Officer.  
Zoe Hopkinson – Homestart EastHerts  
Steve Probyn – Herts Mind Network  
Emma Metcalfe – Guideposts Trust  
Michal Siewniak – Broxbourne and East Herts CVS  
Lucy Eldon – Practice Based Commissioning Group Central  
Jan Stock – Wodson Park Manager and Active East Herts  
Lindsey Day – Sustainable Travel Team, HCC  
Joe Liggett – Leisure Development Manager  
Jacqui Brown – Circle Housing South Anglia

**1. Welcome and Introductions**

- SB Welcomed everyone to the meeting and introductions were made.

**2. Apologies**

- Debra Field, Christine Gillham, Sandra Conte

**3. Minutes of last meeting**

- Minutes of the January 2015 were accepted with no amendments.

**4. Work of Guideposts Trust**

Emma Metcalfe

- Emma Metcalfe gave a helpful and informative presentation on the work of Guideposts Trust outlining the provision of services including Children with special needs and Adults with Learning Disabilities. Emma gave an overview of the types of projects that Guideposts is involved in locally and then went on to explain in further detail how different groups benefit from the range of services offered.
- A number of questions were raised which resulted in input and further connections being made between members of the group seeking to assist those with Learning Disabilities.
- Please find a scanned pdf version of the presentation attached with the minutes.

**5. CRI feedback and PHPF re-allocation**

SB and All

- Following on from the last group meeting, Herts Mind Network had kindly agreed to steward £2500 of remaining funds unspent from the PHPF 2013/14.
- In connection with this allocation it was suggested that one of the areas which the Group had not directed their funding was Young People. SB had asked Emma to consider prior to the meeting and her presentation how a pot of funding might be used to benefit Young People at Guideposts Trust.

- Emma suggested some options for the group to consider and with input from the group a general consensus was reached about supporting a project commitment of £2500. The project identified would focus on enabling young people and their carers to keep active including the essential ingredients of making it fun such as dance with an instructor who understood the needs of young people with learning difficulties. **Action: Emma Metcalfe agreed to write a proposal which would be circulated via email to group members for feedback.**

#### 6. District Offer Progress

- SB updated the group on the progress of the District Offer Year One supported projects, explaining the timescale for the Year one phase and the planning process for the year two projects which would take place between April 2015 and November 2015 with proposed start of projects December 15/January 2016.
- With the match funding of £200, 000 by East Herts Council there was also opportunity for larger scale projects and continued support of year one/two projects if judged successful in their delivery of health outcomes.

#### 7. Group Update on Health and Wellbeing Matters

- In addition to the matters already discussed, a number of smaller updates were given by group members. SB also agreed to further explore the opportunity for small organisational updates to be included in the EHC community newsletter which is produced by Communications.

#### 8. Agenda items for next meeting

- Mind in MidHerts to give presentation
- Update on Fellas Fitness
- District Offer Progress
- Update on Guideposts Trust proposal

#### 9. AOB

Information points were raised and fed back to the group

- SB thanked all those who had attended and closed the meeting.

**Date of 2015 meetings:** All 15/07/15 and 14/10/15.

**PLEASE ADD TO YOUR OUTLOOK CALENDARS/DIARIES.**

## **Ageing Well Working Group**

**Tuesday 17 March at 10:00 a.m. in Room 1:11 at Wallfields, Pegs Lane, SG13  
8EQ**

### **Minutes**

#### **Introductions & apologies**

Present: Cllr Linda Haysey (LH), Mekhola Ray (MR), Claire Pullen (CP), Marianne McWhinnie (MM), Carolyn Gale (CG), Sally Marlow (SM), Angela Alder (AA), Jan Wing (JW), Joseph Liggett (JL), Sally Millett (SMEH)

Apologies: Claire Garrad, Sarah Wren, Mark Kingsland, Kate Belinis, Tim Hayward-Smith, Debra Field, John Milton, Cathy Baker, Jan Stock, Jane Brown

#### **Minutes of the meeting held on October 2014**

Amended to reflect attendance of Jane Brown

#### **Action from the previous meeting**

JW visited Dementia Café, the theme - bulbs and seeds planting, everyone went away with something to plant. JW commented it was a vibrant group with a lovely atmosphere.

#### **Dementia Action Alliance**

SMEH – East Herts has now registered on the DAA website and submitted an action plan. We encourage other organisations to submit action plans.

DAA banner will appear on the TV screens in both council receptions.

LH – How do we check with partners that they are doing something? How do we ensure we act as a cohesive action alliance?

**ACTION ALL**

#### **Dementia Initiatives**

MM is now fully trained as a Dementia Friends Champion and can deliver the Dementia Friends training.

MM approached local businesses in Hertford town centre Waitrose, Specsavers, Boots, M&S, Tesco, Serendipity, Co-op Chemist to deliver free training. It will take a few approaches to break through the barriers - MR and MM will do the work on the ground.

**ACTION: MM**

**Action: SM will find out through Alheimers Society which businesses are signed up nationally and feed this back to MM.**

MM has started work with Hertford Theatre and Rhodes Arts Complex to deliver training and is liaising with East Herts HR to deliver sessions for staff with some places allocated for members of the public.

AA has requested training for volunteers at Hailey Centre Sawbridgeworth and Apton Centre Bishops Stortford.

**ACTION: MM & AA**

LH suggested speaking to Paradise Wildlife Park

**Action: MM**

MM encountered problems with initial contact with Whistling Duck.

**Action: LH will take this forward.**

LH informed the group that East Herts is looking to write a policy which will incorporate help for those living with dementia.

### **Bishops Stortford Dementia Café**

Costs per annum £3500 – supported by LH EHC has provided £1500 – HCC will provide match funding. Bishops Stortford Baptist Church is the location a familiar venue which holds existing activities.

Bishops Stortford Rotary might support

**Action: MR will look into for future funding.**

Only looking at B/S and Ware at the moment. JW – Dementia Café started in Cheshunt, numbers too low, now joining Ware.

## **Update on incorporating Arts and Music in Dementia activities**

The Reminiscence Project working with HCC and Riversmead - Memory Boxes - Tea Party at Hertford Theatre 30 March 2015. Catherine Davis is now teaching wardens how to carry the project on. This is a good example of partnership working.

LH – Circle Anglia is keen to do a similar initiative.

AA – Help for Singing for the Brain at Apton Centre

**Action: HCC music services might have spare instruments LH will follow up.**

## **Community Sports Activation bid**

MR – the bid is for £185K explained the reasoning behind local activator post reducing to .5 Engagement & Partnerships Team would be involved in promotions, delivery and monitoring and evaluation all working with activator.

LH – Public Health money is to be spent on projects not employing someone.

Deadline for submission is 20<sup>th</sup> April 2015.

MR – if bid is successful good – if not successful still have match funding expect projects to start in September.

Sawbridgeworth Table Tennis Pilot – will form part of the evidence base to be included in the application.

Looking to have a launch – invite volunteers targeting voluntary organisations

LH – if bid is unsuccessful - with Public Health money EHC can do own projects with focus on wellbeing instead of pure sport.

## **Public Health Offer**

LH – EHC £100K in Public Health money over 2 years – money not time specific to ensure sustainability – to be monitored in house.

JL – change in legislation – new for local authorities EHC will have Public Health responsibility. We have to use that resource best way we can. We have to come up with projects.

LH – CCG want to drive medical agenda EHC want to drive wellbeing agenda

JW – address people on the edge before they move in the wrong direction

CP – district offer Simon Barfoot has put together a paper 17 projects to consider rationale is clear prevention of poor health

JW – is it possible to share Simon’s paper so we can understand what is being said

**ACTION: CP to circulate Simon Barfoot’s paper.**

LH agreed to topslice £10K small communities grant pot for small charities to promote health and wellbeing – possibly £500 not drawn up yet

AA – Health Inequalities Fund – still have a project running that benefited from this initial seed money

CP Looking for community activators & community hubs to promote this agenda

## **AOB**

### **Timebanking**

JW wondering about progress – public meeting in Ware well attended volunteers eager. Is Timebanking tool available for these volunteers?

**Action: MR will speak to JW separately no reason we couldn’t start in Ware if there is already a demand.**

MR - We have become members of Timebanking UK free with membership is access to software package Time-ON-line. We have recruited 2 fully trained members of staff from North Herts with strategic and delivery experience. An action plan will be developed as soon as Kat (strategic) starts. Timebanking will also be looked at separately for staff.

CG – 4 districts already running Timebank looking to run countywide.

### **Date of next meeting To be confirmed**

~~Tuesday 12 May, 10am, at Sawbridgeworth Town Council.~~