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Chairman and Members of the
Council

Your contact: Martin Ibrahim
Ext: 2173
Date: 10 October 2013

cc. All other recipients of the Council
agenda

Dear Councillor

COUNCIL - 16 OCTOBER 2013: SUPPLEMENTARY AGENDA NO 1

Please find attached the following reports which were marked "to follow" on the agenda for the above meeting:

9. Executive Report - 1 October 2013 (Pages 3 - 10)

To receive a report from the Leader of the Council

(A) Parks and Open Spaces Strategy 2013-18

Minute 260 refers

(B) East Herts Health & Wellbeing Strategy 2013 – 18 (Pages 11 - 36)

Minute 261 refers – the revised Strategy including amendments made since the Executive meeting is attached.

(C) Review to Update East Herts Private Sector Housing Enforcement Policy

Minute 262 refers

(D) Risk Management Strategy

Minute 263 refers

Note – Members are asked to bring their copy of the Executive agenda to the meeting.

16. Human Resources Committee: Minutes - 2 October 2013 (Pages 37 - 42)

Chairman: Councillor C Woodward

Please bring these papers with you to the meeting next Wednesday.

Yours faithfully

Martin Ibrahim
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Democratic Services
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MEETING : COUNCIL
VENUE : COUNCIL CHAMBER, WALLFIELDS, HERTFORD
DATE : WEDNESDAY 16 OCTOBER 2013
TIME : 7.00 PM

MINUTES OF A MEETING OF THE
EXECUTIVE HELD IN THE COUNCIL
CHAMBER, WALLFIELDS, HERTFORD ON
TUESDAY 1 OCTOBER 2013, AT 7.00 PM

PRESENT: Councillor A Jackson (Chairman/Leader)
Councillors M Alexander, M Carver,
L Haysey and S Rutland-Barsby.

ALSO PRESENT:

Councillors D Andrews, E Buckmaster,
S Bull, M McMullen, P Moore, M Newman,
N Symonds and J Thornton.

OFFICERS IN ATTENDANCE:

Claire Bennett	- Manager of Housing Services
Simon Drinkwater	- Director of Neighbourhood Services
Martin Ibrahim	- Democratic Services Team Leader
George A Robertson	- Chief Executive and Director of Customer and Community Services
Adele Taylor	- Director of Finance and Support Services

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PARKS AND OPEN SPACES STRATEGY 2013-18

The Executive Member for Health, Housing and Community Support submitted a report reviewing the Parks and Open Spaces Strategy and proposing a new Strategy for 2013 – 18. She explained that the results and

achievements against the existing Strategy had been considered by Environment Scrutiny Committee in September 2011, where it had been requested that a thorough review should be undertaken in order to update the Strategy.

The Executive Member detailed the outcome of the public consultation in the report now submitted and thanked the friends groups whose role had been fundamental to the success of the Strategy.

Councillor M Newman commented on the need to ensure that small open spaces in villages did not get lost in the process and that parish councils should be encouraged to take on more responsibility. The Executive Member responded by complimenting the many parish councils that managed open spaces and stating that dialogue with Officers was ongoing. She also commented that some parish councils would have access to New Homes Bonus funds, which could be used to fund open spaces management.

The Executive supported the recommendations as now detailed.

RECOMMENDED – that (A) the Parks & Open Spaces Strategy 2013 – 2018 be formally adopted, and

(B) the draft High Level Action Plan be agreed.

261 **EAST HERTS HEALTH & WELLBEING STRATEGY
2013 – 18**

The Executive Member for Health, Housing and Community Support submitted a report seeking approval for a new five year Health and Wellbeing Strategy. Following the success of the Council's first Strategy and work associated with it as part of an annual action plan, there was now a need to review it to ensure it still met the needs of the residents of East Herts and that it supported

the objectives of the Hertfordshire Health and Wellbeing Board's Strategy.

The Executive Member detailed the outcome of the public consultation in the report now submitted and advised that various changes arising from the consultation still needed to be made. Therefore, she suggested an additional recommendation authorising Officers, in consultation with her, to make final amendments to the Strategy, before submission for approval by Council. This was supported by the Executive.

The Executive Member referred to the important role played by various partners and their significant input into reviewing the Strategy. She thanked them and various Officers for their hard work in carrying out the review.

Councillor, N Symonds, as Chairman of the Health and Wellbeing Panel, echoed these thanks and expressed slight disappointment that the Panel had not been given an opportunity to consider the Strategy first. The Executive Member commented that the draft high level action plan, as now submitted, would be scrutinised by the Panel.

In response to a comment by Councillor J Thornton commending the work of the New Economics Foundation on individual wellbeing, the Executive Member stated that this would be taken on board and considered for incorporation into the action plan.

The Executive supported the recommendations as now detailed.

RECOMMENDED – that (A) the East Herts Health & Wellbeing Strategy 2013-2018, as now submitted, be adopted; and

(B) authority to make final amendments to the Strategy, be given to Officers, in consultation with the Executive Member for Health, Housing and

Community Support.

262 **REVIEW TO UPDATE EAST HERTS PRIVATE SECTOR HOUSING ENFORCEMENT POLICY**

The Executive Member for Health, Housing and Community Support submitted a report reviewing the Council's Private Sector Housing Enforcement Policy and seeking approval for the draft revised policy.

The Executive Member detailed the proposed changes to the policy and explained that consultation was still ongoing. As a result of a comment received from a neighbouring local authority, she suggested an amendment to paragraph 14.8 of the policy relating to Houses in Multiple Occupation (HMO) licensing, so that it read as follows:

Licences will normally be valid for 5 years from the date the licence was required i.e. from when evidence has demonstrated to the satisfaction of the Council that the property first became a licensable HMO with the current owner. To avoid impractically short licence periods, the minimum period of such a licence will normally be 2 years. Where an HMO has been operating without a licence we will, depending on the circumstances, normally give the opportunity to apply for a licence before considering formal action, in the form of a Simple Caution or prosecution. If the Landlord has pro-actively approached the Council for a licence an informal approach will be adopted so long as the application is duly made within 21 days. Exceptional circumstances that have resulted in a delayed application will be considered by the Environmental Health Manager.

The Executive supported the revised policy as now detailed.

RECOMMENDED – that the draft revised policy for

private sector housing enforcement, as now detailed, be adopted.

263 **RISK MANAGEMENT STRATEGY**

The Leader of the Council submitted a report seeking approval for the updated Risk Management Strategy. He advised that both Corporate Business Scrutiny Committee and Audit Committee, at their meetings held on 27 August and 18 September 2013 respectively, had supported it.

The Leader drew Members' attention to the revised risk matrix detailed in the Strategy, which detailed revised impact and likelihood scoring criteria for 2013/14.

The Executive recommended the Strategy as now submitted.

RECOMMENDED – that (A) the comments of Corporate Business Scrutiny Committee and Audit Committee be received; and

(B) the updated Risk Management Strategy be approved.

264 **APOLOGIES**

Apologies for absence were submitted on behalf of Councillors P Phillips and M Tindale.

265 **MINUTES**

RESOLVED – that the Minutes of the Executive meeting held on 3 September 2013 be confirmed as a correct record and signed by the Leader.

266 **ISSUES ARISING FROM SCRUTINY**

The Executive received a report detailing those issues referred to it by the Scrutiny Committees. Issues relating to

specific reports for the Executive were considered and detailed at the relevant report of the Executive Member.

RESOLVED – that the report be received.

267 HOMELESS AND HOMELESS PREVENTION STRATEGY

The Executive Member for Health, Housing and Community Support submitted a report seeking approval for the East Herts Homeless Strategy 2013 – 18 for the purposes of public consultation. The Executive noted that, since the last Homeless Strategy had been adopted, significant changes had given rise to the need for a review. The most significant recent changes impacting on homelessness had been the Localism Act 2012 and the significant welfare reform changes primarily affecting benefit eligibility. The updated Strategy provided more detail on the actual changes resulting from these two pieces of legislation which were likely to have a direct and indirect effect on homelessness.

In response to comments of Members, the Executive Member referred to the “Here to Help” element of the Council’s Corporate Priorities and the role all Members had in reminding residents of the advice available to them.

The Community Scrutiny Committee, at its meeting held on 24 September 2013, had supported the Strategy. Following the consultation period, it was noted that the Strategy would be submitted to the Council meeting in December 2013, via the Executive, for approval.

The Executive approved the proposals as now detailed.

RESOLVED – that (A) the comments of Community Scrutiny Committee be received; and

(B) the East Herts Homeless Strategy 2013-18 be approved for the purposes of consultation.

268 MONTHLY CORPORATE HEALTHCHECK - AUGUST 2013

The Leader of the Council submitted an exception report on finance and performance monitoring for East Herts Council for August 2013. He provided a verbal update in respect of waste indicators NI191 and NI192.

In respect of the Castle Weir Micro Hydro capital scheme, the Executive noted that positive progress was being made and that a planning application was about to be submitted.

In respect of performance indicator EHPI 2.4 relating to fly-tips removal, the Chief Executive and Director of Customer Services undertook to provide Councillor M Newman with a written response on the meaning of the value used.

The Executive approved the proposals as now detailed.

RESOLVED – that (A) the budgetary variances set out in paragraph 2.1 of the report submitted, be noted; and

(B) the re-profile of £45,000 for the Capital – Energy Efficiency & Carbon Reduction Measures budget to 2014/15, as detailed at paragraph 2.26 of the report submitted, be approved.

The meeting closed at 7.41 pm

Chairman
Date

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East Herts Health and Wellbeing Strategy

2013-2018

Foreword

Once the Strategy has been adopted by the Council, we will seek endorsement from Duncan Selbie (Chief Executive of Public Health England) or Jim McManus.

Preface

East Herts Council has a long history of and is still actively protecting public health through the statutory duties placed upon it and through its work with regards to clean air, sanitation, housing standards and food hygiene to name a few. In addition the Council has an established history of health promotion, addressing the non-statutory aspects of public health like lifestyle behaviours and health improvement projects as well as providing excellent sports and recreational facilities. To bring all of this good work together and provide focus to the Council's and our Partner's work, the Council published its first East Herts Public Health Strategy in 2008.

The adoption of this, the East Herts Health and Wellbeing Strategy 2013 – 2018, will build on the strengths of the previous public health work whilst also adapting to the new public health setup and the opportunities that it presents. Recognising that no single agency can address the range of public health needs alone, East Herts Council will continue to work with partners to improve the health and wellbeing for residents of East Herts.

Councillor Linda Haysey
Executive member for Health, Housing and Community Support

Working in Partnership

Once the Strategy has been adopted by the Council, we will seek endorsement from key partners.

Clinical Commissioning Groups (CCG's)

Acute Trusts

Hertfordshire County Council Public Health

Complimentary partnership approaches

As East Herts Council works with its key health partners the aim will be to focus on complementary priority areas, whenever possible. The opportunity for increased discussion and input into these decisions will seek to maximise preventative approaches. With a genuine appetite amongst these organisations to work together even more closely in the future the health needs of local people can be more effectively met.

Local partnership priorities

The Clinical Commissioning Groups (CCG's) which cover the East Herts Council geographical boundaries are the Upper Lea Valley and Stort Valley and Villages Locality Groups, see <http://www.enhertsccg.nhs.uk/locality-groups> to access local priorities.

Hertfordshire County Council Public Health linking to the Health and Wellbeing Board and Strategy priorities:

<http://www.hertsdirect.org/your-council/hcc/partnerwork/hwb/>

East and North Herts Trust Priorities: <http://www.enherts-tr.nhs.uk/>

Princess Alexandra Hospital NHS Trust Priorities: <http://www.pah.nhs.uk/>

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Setting the Scene

What is public health?

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. 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 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.

Why do we need this strategy?

The scope of public health is very broad with numerous government bodies, organisations and voluntary groups all playing important roles in its delivery. It is easy to spend money on projects in an uncoordinated way, but we should be working together to deliver projects in a way that helps the evidenced health needs of the majority of people to be met.

East Herts Council believes that a strong focus and sustainable approach to public health and improved lifestyle choices requires continued support from a range of partners. This strategy helps partners and others identify where they can help improve the public health of those that live, work and visit East Herts.

Who is it this Strategy for?

This strategy is to help East Herts Council, Herts County Council, the Clinical Commissioning Groups (CCGs), NHS trusts, volunteer organisations and others combine their resources and skills to help improve the public health of those people who live, work and visit East Herts. Through this strategy we can also help deliver projects which support the Health and Wellbeing Board Hertfordshire's priorities.

It is only through partnership working that East Herts Council and others can support and empower individuals throughout their life so they can maximise their own potential for a healthy life.

Understanding the make up of individuals, communities and the resources they have access to, are vital in achieving improved health outcomes for all. With greater understanding of these variables and the influences they have, a more informed public health approach can be taken to help people and the places they live in to be more healthy.

Factors affecting public health

Smoking, obesity and physical inactivity continue to be lifestyle indicators for individuals and communities. Drugs and alcohol usage as well as community safety perception and assurance will also affect a person's health and wellbeing. However,

health is personal to the individual and without suitable support to take people forward, encourage achievement of health goals and help with the right tools for behavioural change, people can often lose motivation and revert back to their previous, unhealthy lifestyle choices.

East Herts Council's Public Health Role

When people think about their health, they may think about exercise, diet, visiting their GP, but most will not think about their local Council. While it is true that East Herts Council does not get involved directly with an individual's medical treatment, it does influence your health on a daily basis; how it does this will depend on the services you use. Below is a brief outline of practical public health interventions which contribute to the environmental, health and wellbeing quality of life for an individual.

Environmental Health

The Environmental Health service is an essential ingredient in maintaining and improving public health through its advice, regulation and enforcement roles. It crosses boundaries and influences health by ensuring food hygiene is maintained in commercial premises, that employees health and safety is protected, improving air quality for everyone in the district, correcting issues of poor sanitation, resolving poor housing or nuisance issues, enforcing appropriate conditions if needed in houses of multiple occupation, reducing fuel poverty and converting empty homes back to use for those who need somewhere to live or adaptation of a property to aid those living with disabilities.

In addition the department has an active health promotion role, being pro-active in supporting people to make informed healthy living choices as well as ensuring the implementation of the East Herts Public Health Strategy.

Licensing Service

With responsibility for regulating Temporary Event Notices, licensed premises, the sale of alcohol and overseeing the licensing of taxis and private hire vehicles, East Herts Council decisions have a marked influence on public health.

Community Safety

Community safety means crime, disorder and anti-social behaviour. East Herts Council leads the partnership of agencies which deals with these issues, making East Herts one of the safest places to live in the entire country. Community safety plays a major public health role sustaining a neighbourhood and environment in which people can live safely and healthily.

Engagement and Partnerships

Community Engagement means working to support and empower people to achieve action for their community. Effective partnership support for the voluntary and community sector includes provision of discretionary grants for health and wellbeing activities. Representative community action is key to enabling communities and the individuals who represent them to pursue health and wellbeing across the life course.

Environmental Services

The Council is committed to creating and maintaining the outdoor environment to a high standard across the district. Cleansing operations in our streets and parks ensure that getting out and about is a pleasant experience. Environmental Services have developed a comprehensive plan of action which continues improving facilities to give residents more opportunities for keeping active and healthy. The department manages a range of operations which have a positive effect on everyday healthy living including management of the districts two leisure centres and joint provision school swimming pools and gyms, street cleansing, refuse collection, recycling, the reduction of waste, parks and open spaces maintenance and conservation, pest control intervention, minimising environmental crime and protecting trees and hedgerows across the district.

Development Management

Through its planning policy work, primarily the District Plan, the Council is able to consider the formulation of a range of policies to be taken into consideration when new development proposals come forward. The range and extent of these must be compatible with the national planning context, most particularly the National Planning Policy Framework, published by the government in March 2012. Policies can cover issues such as the provision of walking and cycling routes, access to community facilities and provision for children's play and recreation for all ages. The Council currently anticipates the publication of its draft District Plan early in 2014. Once finalised, the adopted policies will be taken into account in decision making, undertaken by the development management service, when development proposals come forward in the future.

Why does the Council care about public health?

As you can see, the Council directly delivers an abundance of services which directly impact on public health and mean that individuals are helped to have a healthy environment and make healthy choices. While the Council has a statutory duty to provide some of these services, others are provided because it wants to actively improve opportunities for individuals. The Council believes that everyone should be given the opportunity to live a healthier life and recognises that this work cannot be done without close partnership working.

East Herts Council and the Link to Other Public Health Priorities

The Council has a vision to “Improve the quality of people’s lives and preserve all that’s best in East Herts”. To help deliver this, the Council has three priorities, all of which will positively impact on public health and support the objectives of the Public Health Outcomes Framework^[1] and the Health and Wellbeing Hertfordshire’s nine priorities^[2]. The Council’s priorities are:

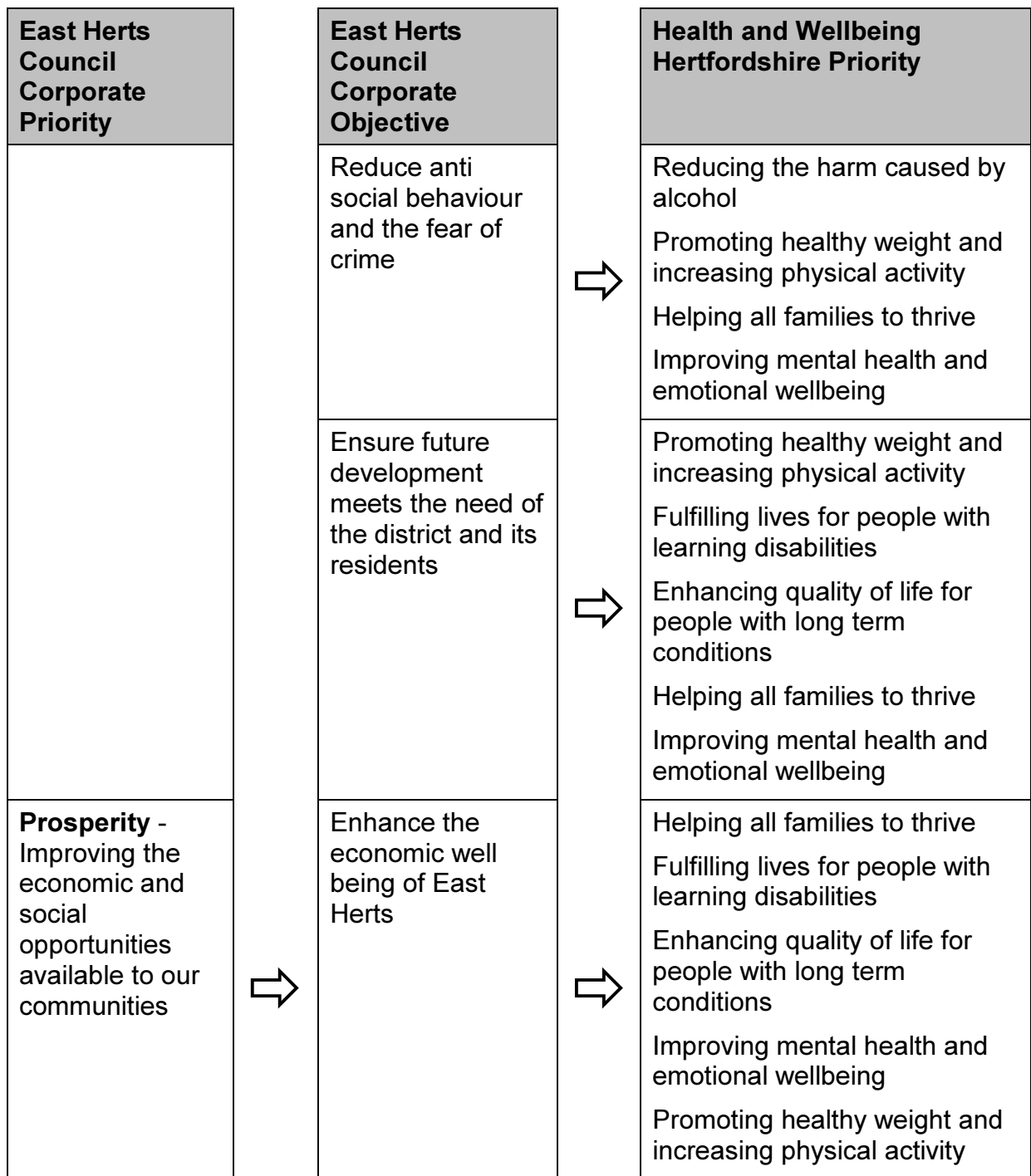
People - Fair and accessible services for those that use them and opportunities for everyone to contribute. This priority focuses on enhancing the quality of life, health and wellbeing, particularly those who are vulnerable and delivering strong services.

Place – Safe and clean. This priority focuses on sustainability, the built environment and ensuring our towns and villages are safe and clean.

Prosperity – Improving the economic and social opportunities available to our communities. This priority focuses on safeguarding and enhancing our unique mix of rural and urban communities, promoting sustainable, economic opportunities and delivering cost effective services.

The table on the next page illustrates the links between East Herts Council corporate priority objectives and the Health and Wellbeing Strategy Hertfordshire priorities. As illustrated, many of the Council’s objectives directly support the aims of the Health and Wellbeing Boards priorities.

East Herts Council Corporate Priority	East Herts Council Corporate Objective	Health and Wellbeing Hertfordshire Priority
<p>People - Fair and accessible services for those that use them and opportunities for everyone to contribute</p>	<p>Reduce health inequalities, for example, by addressing obesity, smoking and physical inactivity</p>	<p>Reducing the harm from tobacco</p> <p>Promoting healthy weight and increasing physical activity</p> <p>Fulfilling lives for people with learning disabilities</p> <p>Enhancing quality of life for people with long term conditions</p> <p>Helping all families to thrive</p> <p>Improving mental health and emotional wellbeing</p>
	<p>Reduce fuel poverty</p>	<p>Helping all families to thrive</p>
	<p>Improve outcomes for vulnerable families and individuals</p>	<p>Reducing the harm caused by alcohol</p> <p>Fulfilling lives for people with learning disabilities</p> <p>Supporting carers to care</p> <p>Helping all families to thrive</p> <p>Improving mental health and emotional wellbeing</p>
<p>Place - Safe and Clean</p>	<p>Maintain our parks, play areas and open spaces</p>	<p>Promoting healthy weight and increasing physical activity</p> <p>Fulfilling lives for people with learning disabilities</p> <p>Enhancing quality of life for people with long term conditions</p> <p>Helping all families to thrive</p> <p>Improving mental health and emotional wellbeing</p>



Health Inequalities

What are health inequalities?

Health Inequalities are differences in health outcomes between the advantaged and disadvantaged populations in society. These types of health inequalities are influenced by factors across the social, environmental and economic landscape. Some of these examples include smoking, educational attainments and social deprivation. The difference in life expectancy can vary significantly between the least and most socially deprived areas.

For East Herts, the main life expectancy inequality shows a difference of six years for males and three years for females when comparing the most and least advantaged areas.

Why do health inequalities exist?

Health inequalities come about because of a range of inter-related contributors such as social, environmental, health, attainment, employment, deprivation and housing factors. According to the social background and make up of people in a particular place, the health of the population in that same place can be affected very differently.

Factors include how poor area an area is, how many people work and what jobs are available or what standard the houses are in. A person living in one place can have far better health outcomes than a person living just a short distance away.

Reducing this “health gap or inequality”

The idea that every person should receive access to the same life chances and the opportunity to have the best chance of having good health throughout their life is not new. Making it happen is the challenge. ‘Fair Society, Healthy lives’^[3] is a review written by Professor Michael Marmot which includes examples, evidence and a set of approaches about reducing these health gaps or inequalities. The East Herts Health and Wellbeing Strategy seeks to embrace the Marmot recommendations and approaches to reducing health inequalities.

East Herts Council Strategic vision for Health Inequalities

The Council is committed to tackling health inequalities within the East Herts district. Whilst East Herts is considered to be a good, healthy place to live in and its residents generally benefit from better health outcomes in comparison to some neighbouring districts and boroughs, there are still variations and differences in health outcomes across the district which are not acceptable and require a co-ordinated approach to address these.

The Council, as already mentioned in this Strategy, influences and contributes to public health in a number of ways. Working with likeminded partners to address

these health differences and target the population accordingly through projects and interventions to improve health outcomes is the firm intention of the Council.

The East Herts Health and Wellbeing Strategy 2013-2018 is the catalyst for the practical delivery and implementation of the Council's desire to reduce health inequalities.

The public health role of the Council through the work of its various departments will be reflected in the content of the corporate service plans. Within the strategy as part of the "Creating health and work together" priority there is also an objective which seeks to recognise the public health contribution that employees make. The intention is that each employee whether their role revolves around a greater or lesser health and wellbeing contribution will see their connection and importance to the overall public health work of the Council. The whole Council ethos is that through its councillors, officers and the residents it serves we will all understand the vital part we play in maximising our health outcomes and continue to reduce the inequalities in health that do exist within East Herts.

A Snapshot of the East Herts Health Picture

The health of people in East Hertfordshire is generally better than the England average^[4]. Over the last 10 years, deaths from all causes have fallen together with the premature death rate from heart disease and strokes. For the following health indicators, East Herts is deemed to be significantly better than the England average:

- Hospital stays among under 18s
- Teenage pregnancy
- GCSE attainment
- Breastfeeding uptake rates
- Alcohol related hospital stays by under 18s
- Smoking in pregnancy
- Estimated levels of adult 'healthy eating', physical activity and obesity
- Rates of sexually transmitted infections
- Road injuries and deaths
- Smoking related deaths
- Hospital stays for alcohol related harm
- Life expectancy for both men and women.

There are however still areas of concern:

- Whilst deprivation is lower than average, about 2,500 children live in poverty
- Life expectancy is 6.4 years lower for men and 3.2 years lower for women respectively in the most deprived areas of East Hertfordshire compared to the least deprived areas
- About 14.5% of Year 6 children are classified as obese
- Helping the increasing older population maintain their health

The East Herts Health Challenges Now and in the Future

The major health challenges are still very much as they have been over recent years with smoking, physical inactivity and weight management all remaining prominent health problems. Alcohol misuse (2246 hospital stays for alcohol related harm in East Herts) and providing education and awareness on this health aspect is vital and also can be linked with affluent and more deprived lifestyles. Various cancers (141 early deaths in East Herts) are linked to lifestyle behaviour. Poverty for children in East Herts (2500) and families coping with the impact of the new benefit changes are important areas of concern. Those diagnosed with Diabetes (4668) in East Herts are an important population.

What do we need to focus on and why?

- Smoking is still the single biggest killer with all the health problems it causes.
- Diabetes is linked to inactivity and poor diet.
- Obesity and weight management are all connected in terms of promoting bodily health and wellbeing. Physical frailty and lack of mobility, balance, co-ordination and flexibility are factors to be addressed to prevent falls.
- Heart disease, lung disease, circulatory issues are all linked to smoking and dietary and other lifestyle factors.
- Alcohol and substance misuse can be a contributing factor in abusive relationships including domestic violence resulting in breakdown of relationships.
- Good mental health and emotional wellbeing are vital and essential to the whole functioning and life opportunity of an individual. The ability of a person to live and cope strongly influence other health issues such as giving up smoking or finding a job or being more active.

Medium and long term prevention

All these factors to greater or lesser degrees are strongly associated with each other in terms of multi-factor connections of illness and poor health; therefore they continue to require real focus and resources to aid healthier living and more disability free-living.

The life course approach of working with populations and addressing the wider social, environmental and economic factors provides opportunity for individuals in East Herts to be empowered to address these lifestyle conditions that are so prevalent.

East Herts Health and Wellbeing Strategy Priorities

The East Herts Health and Wellbeing priorities have been based on the Marmot Review Health Inequalities Priorities^[5] and compliment the Council's corporate objectives. These have been chosen because they support the life course approach which is directed at people maximising their health potential throughout their lives from beginning to end. This evidenced based approach focuses on preventative action to enable people to start, develop, work, live and age well and seeks to look holistically at all the different health factors which can affect a person's health outcomes.

1. Healthy children starting off well

Sound health foundations are essential for a child to prosper, so that he or she can be given a supportive lift off for the rest of their life.

Achieved through the following objectives:

- Valuing each child and supporting projects and initiatives which facilitate their best development needs including increasing physical activity levels and promoting healthy eating and a healthy weight and addressing obesity
- Working with Schools and Children's Centres and other partners who educate and nurture children promoting good emotional health and wellbeing

2. Empowering children, young people and adults to achieve their life potential

Encouraging the ability of an individual to use their own resources and skills and seek external support when appropriate is key to fulfilling life potential.

Achieved through the following objectives:

- Supporting children and young people^[6]^[7] in their formative years to access good health outcomes and opportunities including:
 - increasing physical activity
 - promoting healthy eating and a healthy weight
 - promoting emotional health and wellbeing^[8]
 - reducing smoking incidence
 - education about alcohol
 - Supporting education and learning around healthy living

- Supporting adults^[7] over the life course to champion their own health and seek support from various health organisations to maximise this potential focusing on:
 - increasing physical activity
 - promoting healthy eating and a healthy weight
 - promoting mental health and emotional wellbeing^[8]
 - reducing smoking incidence
 - awareness and education on alcohol usage
 - supporting learning about healthy living
- Empower older people to live a life of increasing independence and support ways to enable this by:
 - increasing opportunities for social interaction and reducing isolation
 - Increasing physical activity opportunities to maintain physical function and reduce decline in later years.

3. Creating health and work together

An environment in which health and work^[9] flourish is good for individual and corporate health

Achieved through the following objectives:

- Promoting work places as healthy environments through increased physical activity, healthy eating, alcohol, and smoking awareness and good mental health and wellbeing
- Encouraging Senior Managers and staff to recognise their public health contribution in their work role and the value of a health balanced work environment

4. Promoting positive health and wellbeing life quality for all

Health and wellbeing for all is to be encouraged and pursued as well as facilitating support for those most in need

Achieved through the following objectives:

- Promoting events, projects and initiatives which facilitate health and wellbeing quality for all ages including increasing physical activity levels and promoting healthy eating, giving up smoking and reducing alcohol usage

- Promoting interventions which enable good mental health and wellbeing
- Providing appropriate support for vulnerable groups and individuals as part of an inclusive public health approach

5. Healthy places and sustainable communities

The place in which you live and the people you live with are essential factors in creating a healthy environment

Achieved through the following objectives:

- Developing and sustaining mutually supportive environments which seek to encourage health, wellbeing and community
- Supporting individuals and people in their built and social environment to start well, develop well, live well, work well and age well
- Understanding the relationship between economy and health
- Addressing the wider determinants of health
- Functions delivered by the Council, such as:
 - Food safety
 - Housing
 - Parks and open spaces
 - Local air quality management
 - Communicable disease outbreaks, water sampling
 - Pollution control
 - Health and safety
 - Sustainable transport
 - Energy efficiency
 - Development Management
 - Waste Recycling and Environmental monitoring, Pest control
 - Leisure Services
- Supporting the vulnerable and those with disabilities by adaptation of their home environment to promote independent living such as disabled facilities grants

6. Pro-active health prevention

Encouraging people and places and health factors which promote health first are essential

Achieved through the following objectives:

- Encouraging pursuit of personal health goals through behavioural changes and social marketing models
- Recognising the importance of supportive environments in facilitating people to live well and reduce the amount of resources allocated to reactive secondary acute care treatment
- Working with individuals and communities to understand their health resources and needs so barriers to poor health can be overcome

7. The Council's Powers of Influence

The process, challenge and influence of the Council.

Achieved through the following objectives:

- The Health and Wellbeing Panel meeting as a focus for health matters including oversight of the East Herts public health role
- Developing and progressing the East Herts public health role reacting to and learning from the current health structures
- Being an active respondent to relevant health consultations
- Engaging with Herts County Council Public Health Directorate, Public Health Partnership Board, Health and Wellbeing Board Hertfordshire, Clinical Commissioning Groups, Acute Trusts, Healthwatch and other health partners involved with the new health approaches
- Providing training and development for members and officers who are part of the Health and Wellbeing Panel process

East Herts Health and Wellbeing Principles

The East Herts Public Health Strategy 2008-2013 evolved its original guiding principles so that it could respond to national and local health developments.

Additional considerations included a family project focus, pursuing external funding sources, building sustainability into projects and keeping the health evidence base relevant and informed.

Gaining an award for health promotion and community well-being confirms that our work has supported the 1986 Ottawa Health Promotion Charter principles^[10] which have been adopted as applied principles to keep the delivery of the strategy focused.

The East Herts Health and Wellbeing Strategy seeks to reflect:

- The six Marmot core principles aimed at reducing health inequalities over the life course
- The Public Health White Paper^[3] and measurement domains of the Public Health Outcomes Framework^[1]
- The Health and Wellbeing Hertfordshire Strategy priorities^[2]
- Trusted public health principles and models of working
- The foundational principles of the East Herts Public Health Strategy 2008-2013
- The importance of the Joint Strategic Needs Assessment (JSNA) and the value of contributing health evidence to it
- Effective partnership working to reduce health inequalities
- The internal and external health resources available to individuals and communities and to empower their use of these
- Maximised partnership working to deliver successful public health outcomes

National Recognition

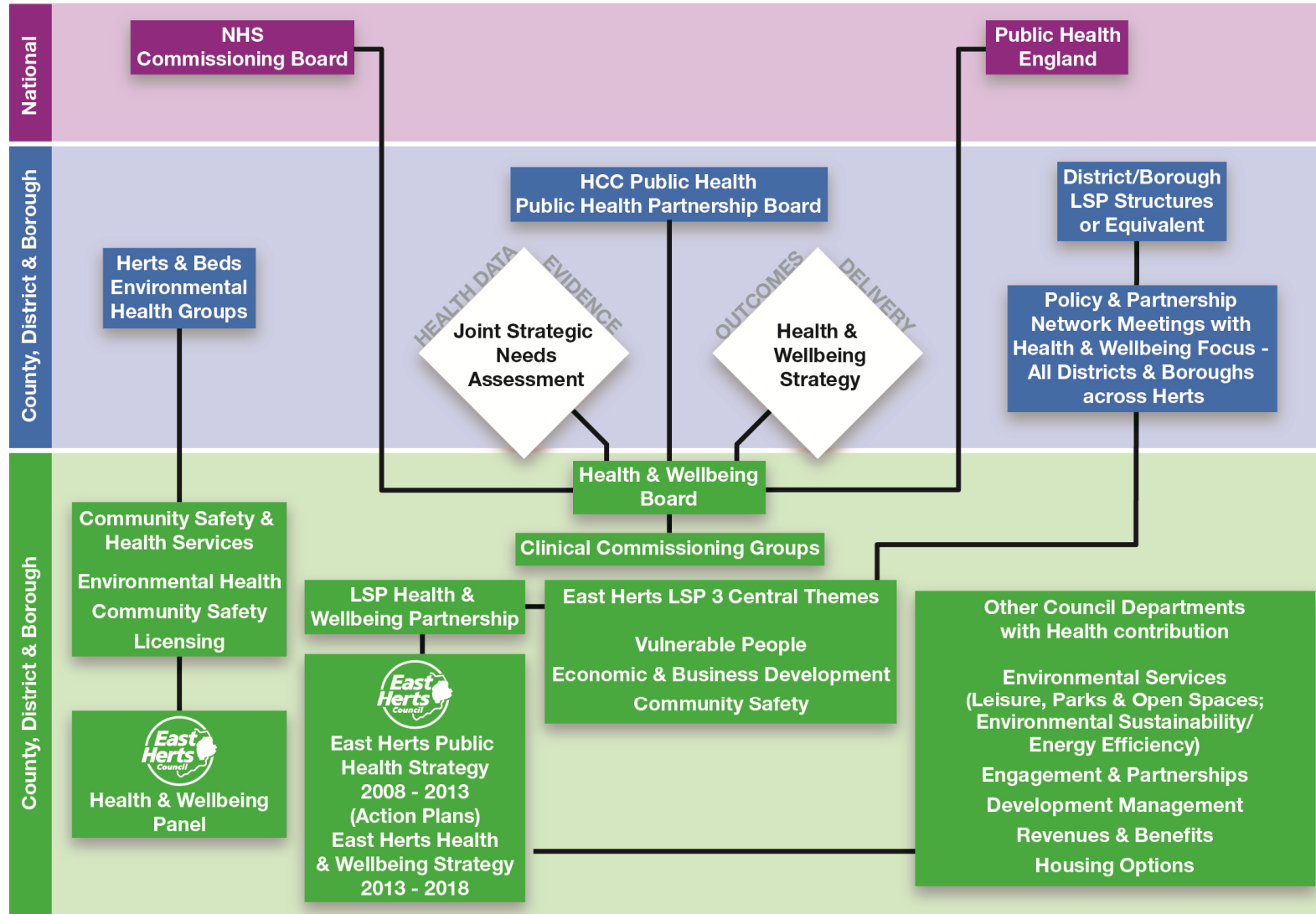
East Herts Council was delighted to be a recipient of the Royal Society for Public Health (RSPH) 2011 Health Promotion and Community Wellbeing Organisation and Partnership Award for their partnership led health promotion work across the district. The Council achieved the highest level of award classification on the evidence of their full submission to the RSPH ^[11]. The award was for three years and related in particular to the range of Public Health activities completed since the launch of the East Herts Public Health Strategy 2008-2013. Over 190 projects and initiatives have been delivered over the last five years undergoing consistent progression and evaluation with a number of newly inspired projects and innovative ways of reaching target audiences.

The assessment panel highlighted a number of key strengths of the work of East Herts Council:

- Strong and effective partnership working
- Good involvement and engagement with elected members
- Clear strategic support and individual leadership of the Public Health role

The Award has meant that East Herts Council has been able to work with the RSPH to further develop and improve its Public Health effectiveness and targeted work in reducing health inequalities for local East Herts residents. This has included the opportunity to be involved in assessment of the subsequent Award Winners and access training and development opportunities through working with RSPH and its associates.

Health Structures: National and Local Connections



Implementing the Health and Wellbeing Strategy

How will the approach work?

Annual action plans will target and measure our work and projects that appear according to the defined strategy priorities. The action plans can contain projects that the Council or its partners work on. The recording of the information will feature a targeted outcome, outcome progress and evaluation measurement.

How will the action plan link to the Strategy themes?

The Action plan will feature each of the seven aims and the projects will appear under each area according to the best fit of the project objective. Due to the nature of the seven priorities there is likely to be crossover between aspects as all priorities are designed to encourage a health inequality reducing approach.

What will the action plan seek to achieve?

The action plan will seek to reduce health inequalities locally by delivering projects which meet the aims of the strategy. Projects will be evidenced based in their application and be evaluated as part of the review process.

What will be the measurement tools for achieving success?

For the targets to be SMART, (specific, measurable, achievable, realistic and targeted).

A range of other National and local indicators and measurement systems will be used where relevant and necessary to indicate progress and achievement of local public health outcomes.

Examples of likely evaluation and measurement sets:

- Public Health Outcome Framework National Indicators
- Health and Wellbeing Strategy Hertfordshire Priorities
- Local data and health intelligence

Action Plan Project Inclusion and Exclusion criteria

Projects and initiatives should:

- Target populations, communities, groups or individuals with generic or specific intervention taking account of health need and supporting data.
- Demonstrate meaningful and measurable public health outcomes
- Be based on evidence of effective practice
- Include effective means of recording defined variables and softer outcomes to demonstrate health improvement and prevention
- Enable the opportunity for innovation and creative approaches to address health need
- Combine a sustainable approach so wider benefit is realised
- Be family focused where relevant
- Uses financial resources, both internal and external to facilitate outcomes
- Give opportunity for constructive dialogue and facilitate partner or recipient feedback
- Promote personal empowerment and responsibility for health

A project or initiative at any one time should reflect the majority of these criteria. Not all projects will meet every criterion, however these objectives will be used to provide a sound framework for evaluating the progress and continuing feature of a project or initiative in the Action Plan. Visible criteria will enable internal and external projects to be assessed and give increased accountability for decisions on inclusion or exclusion in the Action Plans.

References

- ¹ Public Health Outcomes Framework for England 2013-2016; January 2012. Department of Health. <https://www.gov.uk/government/organisations/public-health-england/series/public-health-outcomes-framework>
- ² Health and Wellbeing Board Hertfordshire and Health and Wellbeing Strategy Hertfordshire; February 2013. <http://www.hertsdirect.org/your-council/hcc/partnerwork/hwb/>
- ³ Healthy Lives, Healthy People: Our strategy for public health in England; November 2010. HM Government. <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>
- ⁴ Data sets and descriptions referenced from East Herts Council Local Authority profile 2012. Available at www.healthprofiles.info as part of Public Health England resources.
- ⁵ “Fair Society, Healthy Lives” - Strategic Review of Health Inequalities in England post-2010; The Marmot Review, February 2010. www.ucl.ac.uk/marmotreview
- ⁶ Children and Young People Statistics 2013, British Heart Foundation and University of Oxford Public Health; May 2013. <http://www.bhf.org.uk/publications/view-publication.aspx?ps=1002326>
- ⁷ Department of Health Physical Activity Guidelines Factsheets 3 (Children and Young People 5-18 years) and Factsheet 4 (Adults 19- 64 years), 2011. <https://www.gov.uk/government/publications/uk-physical-activity-guidelines>
- ⁸ How healthy behaviour supports children’s wellbeing, Public Health England (PHE); August 2013. <https://www.gov.uk/government/publications/how-healthy-behaviour-supports-childrens-wellbeing>
- ⁹ Business in the Community, Business action on Health – Physical Activity Toolkit, Healthy people = Healthy profits, 2009. www.bitc.org.uk
- ¹⁰ Ottawa Health Promotion Charter 1986, Ottawa, Montreal, Canada. <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
- ¹¹ Royal Society of Public Health, Health Promotion and Community Wellbeing Partnership Awards 2011. www.rsph.org.uk

MINUTES OF A MEETING OF THE
HUMAN RESOURCES COMMITTEE HELD
IN THE COUNCIL CHAMBER,
WALLFIELDS, HERTFORD ON
WEDNESDAY 2 OCTOBER 2013, AT 3.00
PM

PRESENT: Councillor C Woodward (Chairman)
Councillors P Ballam, Mrs D Hone, P Ruffles,
J Thornton, A Warman and N Wilson.

ALSO PRESENT:

Councillor D Andrews

OFFICERS IN ATTENDANCE:

Glenda Bennett	- Interim Head of People and Property
Lorraine Blackburn	- Democratic Services Officer
Adele Taylor	- Director of Finance and Support Services

269 APOLOGIES

An apology for absence was received from Councillor J Ranger. It was noted that Councillor A Warman was substituting for Councillor Ranger.

270 MINUTES

RESOLVED – that the Minutes of the Human Resources Committee meeting held on 3 July 2013 be approved as a correct record and signed by the Chairman.

271 HUMAN RESOURCES - QUARTERLY PERFORMANCE REPORT

The Interim Head of People and Property Services submitted a quarterly performance report for the period up to 30 September 2013, the detail of which was set out in the report now submitted and the supporting Essential Reference Papers. She drew Members' attention to the most recent people statistics in relation to the current headcount, the number of starters, the current turnover and common reasons for leaving. An update was provided in relation to those staff who had transferred to Stevenage Borough Council following the introduction of shared service arrangements.

In response to a query from Councillor P Ruffles regarding staff attending training sessions and whether the number of vacancies would be made available for public examination, the Interim Head of People and Property advised that attendees were always asked to evaluate the course attended. The number of vacancies were made available to the public through this report, but there was no specific body that examined the level of vacancies or benchmarked them. The Chairman stated that it would be useful to have statistics showing the numbers invited to attend training and those failing to attend. The Head of People and Property Services stated that HR would be taking steps to find out what type of training staff would wish to attend. She informed Members of the positive impact of staff turnover.

In response to queries from Councillor A Warman and P Ballam concerning long term sickness and attendance at training, the Head of People and Property Services stated that staff on long term sick were encouraged to return to work with a phased approach as appropriate and that training was made available to all staff with some tailored to specific work areas. Councillor J Thornton suggested that training be benchmarked to give the statistics more relevance.

The Chairman asked for further information on "e"-learning and whether this initiative had been taken up by Parish and Town Councils. Officers agreed to bring this forward as part

of future reports.

The Head of People and Property Services stated that a “Wellbeing Day” had been programmed for 17 October 2013 when a number of activities would be taking place at Wallfields. She provided a summary of the initiatives.

Councillor N Wilson commented on stress and how this could be hidden especially in relation to those staff who had moved from Bishop’s Stortford to Wallfields and home wWorkers. The Director of Finance and Support Services stated that management was very much aware of stress especially on home workers and of the need for managers to take appropriate steps to ensure regular contact with them. Managers were also encouraged to consider what actions could be taken at particular times when workloads might increase and highlighted, as an example, action taken by the Shared Revenues and Benefits service as the welfare reforms had started. The Head of People and Property Services added that Line Managers also monitored stress levels, making sure that staff had the resources they needed.

The Committee noted the report.

RESOLVED – that the report be noted.

272 POLICY DEVELOPMENT PLAN

The Interim Head of People and Property submitted a report detailing a calendar of policy reviews which needed to be undertaken by Human Resources every three years, the detail of which was set out in the report now submitted and the Essential Reference Papers. She stated that some policies needed to be reviewed as it had been more than three years since their last review and also because of legislative changes. These included “the duty to consider working past retirement age” and the policy relating to fixed term employment.

The Interim Head of People and Property drew Members’ attention to three policies which needed to be reviewed

urgently as these had cost implications for the Council. These were the Redeployment Policy 2006, the Redundancy Policy 2012 and the Retirement Policy 2009.

Members were asked to agree that mileage rates be reviewed as part of the Policy Plan. This was supported.

The Committee approved the recommendations as submitted and requested that the list of policies include a column showing when the policy was last updated.

RESOLVED – that (A) the Policy Development Plan as amended, be approved;

(B) Policy 20 (the duty to consider working past retirement) be deleted; and

(C) the Fixed Term Employment Policy be terminated.

273 EQUALITIES AND DIVERSITY

The Interim Head of People and Property Services submitted a report setting out the results of the Equality and Diversity in Employment Report 2012/13, the detail of which was set out in the report now submitted and Essential Reference Papers. It was noted that the Council was required to publish data on equality in the workforce by 31 March 2014.

The Chairman drew attention to the numbers given for staff with disabilities and those statistics which were either “unknown” or “not given”. The Interim Head of People and Property stated that this reflected a reluctance on the part of staff, to let management know if they had a disability and of the possible reasons for this. It was noted that if this information was not provided, then the Council could not provide the necessary aids and adaptations.

In response to a query from Councillor J Thornton concerning benchmarking of the statistics relating to disabilities, the Interim Head of People and Property undertook to establish this information and let him know.

Councillor P Ruffles stated that he was pleased to see that people were allowed to work beyond retirement age and referred to statistics regarding retirement ages and its impact on life expectancy within his profession.

The Interim Head of People and Property drew Members' attention to issues which needed to be addressed arising from the 2012/13 Employment Equality and Diversity report, the detail of which was set out in the report now submitted. These were supported.

The Committee approved the report.

RESOLVED – that (A) the annual Equalities and Diversity Report 2012/13 be approved;

(B) the report be published on the Council's website to ensure compliance with statute by 31 March 2014;

(C) a data cleanse be refreshed as part of the Human Resources and Payroll upgrade and that the Disabilities Status be refreshed every two years; and

(D) training and evaluation forms be reviewed.

274 LOCAL JOINT PANEL - MINUTES OF THE MEETING: 3 JULY 2013 AND 3 SEPTEMBER 2013

RESOLVED – that the Minutes of the meetings held on 3 July and 3 September 2013 be received.

(see Minute 275 below)

275 GRIEVANCE POLICY

The Interim Head of People and Property Services submitted a report updating the Grievance Policy to reflect changes in legislation and the ACAS Code of Practice.

The Committee considered and supported the

recommendations made at the Local Joint Panel meeting held on 3 September 2013.

RESOLVED – that the revised Grievance Policy, as now submitted, be approved.

(see Minute 274 above)

The meeting closed at 3.55 pm

Chairman
Date