

<b>Local Members Interest</b>
N/A

## **Health and Care Overview and Scrutiny Committee Monday 28 November 2022**

### **Healthier Communities Workshop**

#### **Recommendation(s)**

I recommend that the Committee:

1. Receive and consider the report of the Developing Healthier Communities Workshop.
2. Consider the matters highlighted at the workshop, the additional contextual information and findings contained in the report.
3. Consider the seven recommendations (high impact actions/steps) arising from the workshop and context provided, as set out in paragraph 22 of this report.

### **Report of the Vice Chair Health and Care Overview and Scrutiny Committee**

#### **Summary**

Committee is asked to receive the notes of the Developing Healthier Communities Workshop, consider the findings and contextual information provided and make recommendations to Cabinet.

#### **Report**

##### **Background**

1. Vice-Chairman Scrutiny, Councillor Anne Edgeller chaired a workshop for members, officers, and partners to come together to gain an understanding of the wider determinants of health and talk about the roles of County and District Councils in developing healthier communities.
2. The Assistant Director of Public Health and Prevention provided a scene setting presentation 'Thinking Health in all we do' which outlined the following:

- Health and Wellbeing in Staffordshire
- What makes us healthy
- Our ambition – resilience through health
- Priorities
- Opportunities
- Where we are already making progress
- Next steps: workshop
  - What is your role?
  - What are the opportunities to embed health in everything that we do?
  - What is the commitment that everyone can make?

3. Members were asked to bring their local knowledge and experience to discussions during the workshop session.

### Workshop process

4. There were three themed tables facilitated by Public Health professionals, supported by Scrutiny and Support Officers. Each table discussed a key theme: Healthy Life; Healthy Place; Healthy People.
5. Partners and officers from District Councils, Health and Care, Support Staffordshire, Staffordshire Healthwatch, Midlands Partnership Foundation Trust, and North Staffordshire Combined Health Trust participated in the round table discussions.

Table	Questions
1: Healthy Life	Q1 – What is the members role in HiAP Q2 How can members influence health in all policies and champion health at County, District, Borough, and Parish level? Q3 – How do we collectively ensure that the HWB strategy is reflected in District and Borough policy and decisions?
2: Healthy Place	Q1 – How do we know what is important to communities? Q2 – What happens in your district to compliment statutory services? Q3 – How do people get to know about/ access this? What activity is happening across Staffordshire to take account of wider determinants to develop healthier communities?
3: Healthy People	Q1 - What are the key factors impacting the health and wellbeing of our communities?

	<p>Q2 - How can partners and Members help to address these issues with a focus on reducing health inequalities?</p> <p>Q3 - What is the best way to engage/communicate with individuals in the local community about health and wellbeing?</p>
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6. Member groups visited each of the three themed tables.

Group 1	Group 2	Group 3
Dan Maycock	Patricia Ackroyd	Bernard Peters
Jill Hood	Philippa Haden	Janice Silvester Hall
Charlotte Atkins	Ian Wilkes	Lin Hingley
	Ann Edgeller	Philip Atkins

7. The facilitators provided a brief summary of the topic for the table and invited members and partners to discuss key questions. Each table had vibrant and energetic discussions, highlighting issues and suggestions. At the end of the session the tables fed back one main thing that had resonated with each group and they wanted to do something about.
- Table 1: Understanding the remits and roles in a 3-tier approach.
  - Table 2: Communication, engagement, and community groups.
  - Table 3: Community, volunteers, early intervention, and prevention.
8. There were several matters discussed that could inform processes and shape ways of working. It was agreed that the discussion topics and points raised at each table (summarised in Appendix 1) should be considered by the public health team to pull out the strands of information that can help shape scrutiny recommendations to inform future plans and ways of embedding health in all we do.
9. Members recognised the important role District and Borough Councillors have in thinking health in all they do and sharing the workshop learning with District and Borough Councils. They recognised that the Health and Wellbeing strategy was a high-level document that needed to be owned by Districts and that there should be a plan and officer support in the districts to deliver the actions locally.
10. The Vice-chair summarised the key learning points and messages from the workshop:

- a. The wider determinants of health are a diverse range of social, economic, and environmental factors which influence people's mental and physical health. See
  - b. [Chapter 6: wider determinants of health - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
  - c. Staffordshire is generally a healthy place to live, but there is huge variation across the county with pockets of very poor health.
  - d. Health inequalities and inequities have a huge impact on overall health outcomes and health needs.
  - e. Public health can provide expertise and leadership – but do not have endless resources to fund additional activity.
  - f. Health and wellbeing is both an opportunity, *and* a responsibility, for all of us. There are important interrelationships between the various wider determinants of health. For example, being in work improves people's health; and being healthy makes it more likely that people will be in work. It is impacted significantly by the policies we develop, the decisions we make and the processes we use to assess health impacts.
11. Following the workshop, the presentation slides and key contact officer details were shared with District and Borough Councils.

### **Outcomes from the workshop**

12. Members gained a deeper knowledge and understanding of health and wellbeing in Staffordshire, the wider determinants of health and how we gain resilience through health (from the content of the presentation 'thinking health in all we do' and table discussions).
13. Members understood the priorities, opportunities and where progress was being made. They made a commitment to embed health consideration into SCC's decisions, policies, and processes.
14. Members welcomed the opportunity to meet officers and partners and to have focussed discussions in this way. They recognised that building good relationships and contributing to the discussion as a local councillor provided a valuable insight to issues and good practice at a local level.

### **Potential recommendations arising from the workshop**

15. The issues raised, along with more context, could form the basis for key recommendations to be developed by the Health and Care Overview and Scrutiny Committee and go to the relevant Cabinet Members.

16. It was suggested that Public Health officers review Appendix 1 to the report and provide further context for the Health and Care Overview and Scrutiny Committee to make recommendations.

### **Contextual Information - Health in All Policies (HiAP)**

17. At Staffordshire County Council the public health team (within the Adult Social Care directorate) is leading on an initiative to ensure that positive and negative impacts on health of all plans and policies are considered as part of embedding a 'Health in All Policies' approach. This includes looking at the impact on health inequalities and the wider determinants of health when developing new or changing existing services, plans, policies, and strategies. By doing this, we can seek to introduce new ways or modifications to maximise the positive health impacts and minimise the negative.
18. We are doing this raising awareness of the HIAP approach and providing training and tools in completing stand-alone Health Impact Assessments (HIAs). This allows staff to carry out 'Rapid HIAs' themselves and/or with the support of the Public Health team. For larger initiatives with multiple significant health and health inequalities impacts, the Public Health team can help to shape and coordinate the HIA.
19. Currently, in Staffordshire County Council , proposed changes to services, policies and strategies require a community impact assessment (CIA) to measure their impact upon communities and their environment with a view to minimising the negative impact and maximising the positive. In cases, where a standalone HIA is not deemed necessary, it is proposed to modify the current CIA policy to include key components of a HIA
20. In addition, we are currently working with District Councils to ensure that health and well-being (particularly health inequalities) impacts and opportunities are being considered as part of developing new Local Plans.

### **Summary of Findings**

21. Based on Appendix A below, the key findings from the breakout groups are the following:
  - a. There was a general consensus that all parties are committed to doing more to tackle health inequalities and improve health outcomes for their local populations.

- b. There is a need for greater clarification on the difference between tackling health/disease issues (such as high levels of cardiovascular disease and poor access to NHS services) as opposed to the broader, wider public health determinants of health such as housing, employment, education, and deprivation.
- c. The county wide Health and Wellbeing strategy needs to have more local engagement and focus. Equally, local districts need to better connect to and have a better understanding of the strategy.
- d. There is a need to have 'health partners' such as public health involved much earlier in the planning process.
- e. Greater scrutiny is required to ensure there is enough accountability for ensuring that 'health' impacts are sufficiently considered, accounted for, and delivered within local policies and plans.
- f. There is a lack of a dedicated person/officer and/or champion for health within the districts. Also, there is a need to ensure the health perspective of the districts and boroughs is represented sufficiently at a county level.
- g. There is a need to engage more with voluntary and community sector (e.g., through workshops and focus groups) to receive their input into health issues and communicate key messages out to the residents. There is a need to use them to understand why residents are not engaging with certain health promoting interventions.
- h. Finally, there is a need to use greater mapping of health needs and resources to identify potential problems and solutions.

## **Recommendations**

22. Following a review of the findings from this workshop, the following recommendations (high impact actions/steps) should be considered by the committee to discuss and/or take further:
  1. Review what is already happening within your organisation/locality to support health and well-being, the wider determinants of health and tackle health inequalities. This could be partially achieved by engaging with officers in areas such as planning, licensing, and leisure.

2. Review what is being done to undertake health impact assessments (HIAs) and support the 'Health in all policies' agenda.
3. Identify a named district lead to act as the conduit between the county and other districts, and to be the health 'champion' or advocate for this work.
4. Create a health profile for your district/borough. This will enable the determining and delineation of local need (and assets). Public health colleagues can support this process.
5. Embed HIA into the overview and scrutiny process.
6. 'Think big': identify three high impact actions/changes which you want to commit to as an organisation. The following examples might be considered:
  - a. If due for a refresh, include a Health and Wellbeing Policy Framework within the local plan
  - b. Embed health and wellbeing within licensing policy
  - c. Conduct HIAs on major strategies/policies (and/or adopt as an approach throughout)
  - d. Dedicate time/resources to help grow the Supportive Communities programme (for example, via mapping community assets or identifying locations for community help points).
7. It is recommended that each district/borough would have developed a plan to achieve these recommendations by March 2023.

Note: SCC's public health team can support with expertise/guidance/tools for HIA and other activities.

### **Link to Strategic Plan Priority**

23. The vision of Staffordshire County Council is to be an innovative, ambitious, and sustainable county, where everyone has the opportunity to prosper, be healthy and happy. To achieve this, the corporate plan details planned outcomes, priorities and how we work. Developing healthier community's links most closely to the outcome to be healthier and independent and the priority to encourage good health and wellbeing, resilience, and independence.

## **Link to Other Overview and Scrutiny Activity**

[Public Health Performance Update](#) (29 November 2021)

Public Health Performance Update (28 November 2022)

## **List of Background Documents:**

1. Thinking 'Health' in all we do – Presentation
2. [Health and wellbeing strategy 2022 - 2027 - Staffordshire County Council](#)

## **Contact Details**

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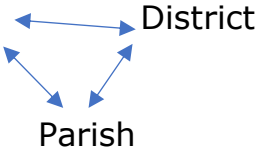


**Table 1 – Healthy Life**

<p>Q1 – What is the members role in HiAP?          Q2 How can members influence health in all policies and champion health at County, District, Borough, and Parish level?          Q3 – How do we collectively ensure that the HWB strategy is reflected in District and Borough policy and decisions?</p>	
Housing	<p>Look at Private Rented sector:</p> <ul style="list-style-type: none"> <li>• Health conditions impacted by poor standards</li> <li>• Members relay messages and feedback issues.</li> </ul> <p>Planning of housing location – affordable housing:</p> <ul style="list-style-type: none"> <li>• Infrastructure – carbon footprint / green initiatives.</li> <li>• ‘Five hundred houses’ policy there is need to consider the accumulated number of houses in an area re planning permissions granted to ensure infrastructure and access to health. National planning guidance needs to be looked at again.</li> <li>• Need early health partner engagement in planning decisions.</li> <li>• South Staffordshire HWB Policy framework is good practice.</li> <li>• ‘Disconnect’ across Council.</li> <li>• National affordable housing Policy – is it affordable?</li> <li>• Are planners held accountable for commitments they make around health e.g., affordable housing – green space development?</li> <li>• Health implications of major planning decisions not considered at Planning Committee.</li> </ul> <p>Infrastructure around development:</p> <ul style="list-style-type: none"> <li>• Demand on Health Centre / open spaces/ village halls – health benefits.</li> <li>• Public demand should be considered and reacted to.</li> </ul>
Health Impact Assessments	<p>Health impact assessments</p> <ul style="list-style-type: none"> <li>• Public health is developing a toolkit plus training.</li> <li>• Most departments can carry out HIA themselves, but public health can provide guidance and support, if needed.</li> </ul>
SCC Health and Wellbeing Strategy	<p>Health and Wellbeing Strategy was circulated to DC/BCs. The following are members comments:</p> <ul style="list-style-type: none"> <li>• Not local enough.</li> </ul>

	<ul style="list-style-type: none"> <li>• Not engaging District and Borough Councillors, they do not 'own' the strategy.</li> <li>• Need member awareness.</li> <li>• Cannock Chase did not feel that the HWB strategy belonged to them/that they owned it.</li> </ul> <p>Decision making</p> <ul style="list-style-type: none"> <li>• HWB strategy – something to 'hang hat on' to inform Cabinet of health implications.</li> <li>• New Leaders Board: Leaders of the County and all District and Borough Councils now meet regularly to consider key Countywide issues and share good practice.</li> </ul>
Local HWB Strategy	<p>Local HWB Strategy</p> <ul style="list-style-type: none"> <li>• Engagement between SCC and DC/BC's</li> <li>• Moving health further up the agenda so that it became a priority in all policies.</li> <li>• No dedicated/specific champion for public health within the district.</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• Members communicate with residents, particularly with elderly and those unable to access digital information.</li> <li>• Need a public health link in the locality to pass key messages to members.</li> <li>• Community Champions initiative - Members can relay public health messages in their locality via community links, social media, and web.</li> <li>• Parish Councillors are effective in communicating messages.</li> <li>• Members act as a conduit at Parish Council level- spread the word 'keep healthy, keep fit – work with voluntary sector in Parishes.</li> <li>• Good practice in Burton re – type 2 diabetes.</li> <li>• Link to community champions' work.</li> <li>• Trusted communication via email</li> </ul> <p>Other methods to communicate messages:</p> <ul style="list-style-type: none"> <li>• Refuse collection operatives – attach messages to bins</li> <li>• Think about ways of getting the message out in customer facing roles to educate and 'go the extra mile'</li> </ul> <p>Information sharing</p> <ul style="list-style-type: none"> <li>• Members need information to share – positive messages sell better.</li> <li>• Difficult to promote 'Health in All' messages when communities are focused on</li> </ul>

	problems/barriers to good health (e.g. primary care access).
HiAP County/Districts	<p>Actual/meaningful involvement &amp; engagement between County groups and districts is minimal. What can the County health committee do to influence/change policy at local level?</p> <ul style="list-style-type: none"> <li>• Need to have DC/BC representative on County Health committees and County representative on the committees that have Health and Wellbeing in their remit in the districts.</li> <li>• How can districts better engage with the HWBB?</li> </ul> <p>Good practice – South Staffordshire DC (SSDC)</p> <ul style="list-style-type: none"> <li>• SSDC consider ‘why’ they do things, map services where they can make a difference in the community with a public health lens (e.g. bin collections)</li> <li>• One plan will not fit all DC/BCs</li> </ul>
Voluntary sector contribution	<p>Lessons have been learned through COVID – stronger relationships.</p> <p>Voluntary sector can reach the minority communities.</p>
Good Health outcomes	<p>Battle between outcome and process</p> <p>Challenge getting information at local level</p> <p>Raise the profile – move health up the agenda at local level</p> <ul style="list-style-type: none"> <li>• Engage with community groups</li> <li>• Members invested /engaged</li> <li>• Workshops/face to face – use informal networks</li> <li>• Leaflets – put them out there</li> </ul>
Health and population need - terminology	<p>Members need clarity between individual health and population /public health.</p> <ul style="list-style-type: none"> <li>• There is a need to understand why people are at the doctors or hospital with health issues (health scrutiny) and what prevention / early intervention is possible to tackle the wider determinants that cause health issues (Public health).</li> <li>• Should circulate the new Kings Fund <a href="#">video</a> What is Population Health?</li> <li>• Members from County and Districts may benefit from a webinar (awareness session). This could be done jointly with the NHS so that they can outline current NHS systems/ roles/ responsibilities.</li> </ul>

<p>Other item highlighted from discussion</p>	<p>The need to understand the remits and roles in a three-tier approach:</p>  <p><b>County</b> – Health and Social Care – The NHS system - ICS, GP Access etc; Public Health strategy  <b>District</b> – early intervention – wider determinants, district policy/decisions - what can be influenced/done locally to keep people healthier  <b>Parish</b> – local information, awareness, community groups etc</p> <p>HWB strategy needs a HWB local framework to enable open discussion and inform what Districts can do well at a local level. A group which has full district representation, potentially officers and members, to enable better engagement with representation from the districts.</p>
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**Table 2 – Healthy Communities**

<p>Q1 – How do we know what is important to communities?          Q2 – What happens in your district to compliment statutory services?          Q3 – How do people get to know about/ access this?          What activity is happening across Staffordshire to take account of wider determinants to develop healthier communities?</p>	
<p>Planning Policy</p>	<p>Lobby Central Government</p>
<p>Q1 What is important</p>	<ul style="list-style-type: none"> <li>• Contact with GP surgeries (not all communities have one)</li> <li>• Cost of living – free school meals %</li> <li>• Social media</li> <li>• Councillor surgeries</li> <li>• Post bag</li> <li>• Contact with Partner organisations:             <ul style="list-style-type: none"> <li>○ Mental health</li> <li>○ Social isolation</li> </ul> </li> <li>• Community support groups             <ul style="list-style-type: none"> <li>○ Different abilities - some groups more articulate and independent</li> </ul> </li> <li>• Confidentiality challenge to community action</li> </ul>

	<ul style="list-style-type: none"> <li>• Poor dissemination of information – barrier to community action (especially doctors’ surgeries)</li> <li>• Need better dissemination with local members re: needs in their areas.</li> </ul>
<p>Q2 What happens</p>	<ul style="list-style-type: none"> <li>• Involve voluntary sector (Tamworth) to try to promote more</li> <li>• Local workshops for face-to-face joint working <ul style="list-style-type: none"> <li>○ Presentations</li> <li>○ Network opportunities <ul style="list-style-type: none"> <li>▪ CAB</li> <li>▪ Church Groups</li> <li>▪ Charity</li> <li>▪ Voluntary Groups</li> <li>▪ Big reboot</li> </ul> </li> <li>○ Market Place events by locality officers</li> </ul> </li> <li>• ‘Re-Think’ in Leek building network using DC base . Dynamic contacts reaching out to community (organisations often overwhelmed by demand). Face to face services ending owing to lack of core funding / Community Fire Stations closing</li> <li>• Library facilitating</li> <li>• Politics and funding key determinants.</li> </ul>
<p>Q3 know about and access</p>	<p>Issues and good practice highlighted by Members Lichfield District Council</p> <ul style="list-style-type: none"> <li>• Isolation issues</li> <li>• Need to encourage with infrastructure</li> <li>• Engagement by Parish Councils</li> <li>• Social media</li> <li>• Leaflet drops</li> <li>• Local initiative by specific organisation</li> </ul> <p>Burton East, Staffordshire</p> <ul style="list-style-type: none"> <li>• Communications strategy is key</li> <li>• Community champions <ul style="list-style-type: none"> <li>○ Friday announcements reach 100’s</li> <li>○ Large ethnic groups</li> <li>○ Local mosques</li> </ul> </li> <li>• Measuring success difficult</li> <li>• District Council very proactive e.g., healthy lifestyle</li> <li>• Need to understand why residents not engaging /using assets <ul style="list-style-type: none"> <li>○ Language</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Cultural</li> <li>○ Income – transport /media channels</li> </ul> <p>South Staffordshire District Council</p> <ul style="list-style-type: none"> <li>● Church groups active</li> <li>● Need to know groups requirements</li> <li>● Localities (5) arrangements work well</li> <li>● Elderly residents not always online</li> <li>● Communications with schools often difficult</li> <li>● Lack of co-ordination with academies</li> </ul>
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**Table 3 – Healthy People**

<p>Q1 - What are the key factors impacting the health and wellbeing of our communities?</p> <p>Q2 - How can partners and Members help to address these issues with a focus on reducing health inequalities?</p> <p>Q3 – What is the best way to engage/communicate with individuals in the local community about health and wellbeing?</p>	
<p>Communications/ engage</p>	<p>Key - Pick specific audience to target interest and support</p> <ul style="list-style-type: none"> <li>● Blend of different types – posters, social media, use of area groups</li> <li>● Talking to partners – GP’s, housing associations</li> <li>● Ways to reach the wider community – e.g., tags on bins about where to access to support and advice.</li> <li>● Councillor awareness – help to spread information through local councillors</li> <li>● Other ways to communicate – banners, adverts, use schools, children’s awareness assemblies etc.</li> </ul> <p>Community Health Points:</p> <ul style="list-style-type: none"> <li>● Use of libraries as well as set up in localities – e.g., larger community centres to help access localities better</li> <li>● Local community group communication systems- leaflets , on-line groups</li> <li>● Appropriate place to access information – Supermarkets that are accessed by all</li> </ul> <p>Persuasion:</p> <ul style="list-style-type: none"> <li>● Key problem is getting clients across the doorstep; need to persuade individuals to take part / engage in healthy practices e.g., weight loss and exercise</li> </ul>

Focus on health inequalities in communities

Pre-Covid – keeping healthy re-launch Mapping:

- to identify resources and opportunities available in each locality
- to help learning across the County

Fresh food:

- Concern that not all know how to use fresh produce
- Can share recipes, support, and guidance to use fresh produce
- Work with supermarkets and foodbanks
- Help with recipes and cooking from fresh is positive and a good way to access wellbeing and mental health

Suggestion\* - film producing recipes so that individuals learn to cook – Heath Hayes and Wimblebury Community Table worked with Marcus Rashford to set this up – Community shop on pub car park.

Cost of living crisis:

- Costs of gym membership makes it not possible for many
- Cost of cookery classes / clubs may be unaffordable
- Free school meals/ foodbanks – anecdotal evidence of stigma attached and humiliation – trying to access food based on weight.

Targeted work:

- More face-to-face sessions to help address unhealthy behaviours – intensive work is needed in some instances
- Issues often run-in families therefore tackling the whole issue is vital
- Importance of education/ role of schools in teaching young people to cook fresh food - its healthy and costs less. Find fun ways to encourage individuals to take part, they must want to take part
- Adults also need to educate in cooking from fresh- Community together CIC – Tamworth Castle Grounds – community low level cookery to help support learning how to cook basic fresh meals

Split outcomes across the districts:

- Target provision to where most needed

	<ul style="list-style-type: none"> <li>• Targeting contracts but based on local evidence</li> </ul>
Partners and Members	<p>Community Champions</p> <ul style="list-style-type: none"> <li>• Challenge to reach all communities</li> <li>• Community Champions - key pilot area is Burton</li> <li>• Trusted voices during COVID – local person with local voice</li> </ul> <p>Better Health Staffordshire</p> <ul style="list-style-type: none"> <li>• Bringing everyone together to work together</li> </ul> <p>Elected Member Community Fund</p> <ul style="list-style-type: none"> <li>• Promoting wellbeing</li> </ul> <p>Local focus in the County promotes successes and help support change</p> <p>Voluntary sector involved:</p> <ul style="list-style-type: none"> <li>• Community groups giving /supporting early intervention and identification</li> </ul>
Key factors impacting on HWB of residents	<p>Diabetes :</p> <ul style="list-style-type: none"> <li>• More regular checks re- diabetes</li> <li>• Concern around numbers with diabetes unaware of their condition</li> <li>• Concern around getting doctors’ appointments</li> <li>• On-line tool to help identify diabetes risk – how do we promote this and ensure the message if focussed appropriately</li> <li>• Diabetes bus – around the County e.g., supermarket car parks for drop in checks</li> </ul>

