

District Councils' Network

District Action on Public Health

How district councils contribute towards the new
health and wellbeing agenda in local government

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District Councils'
Network



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District Action on Public Health



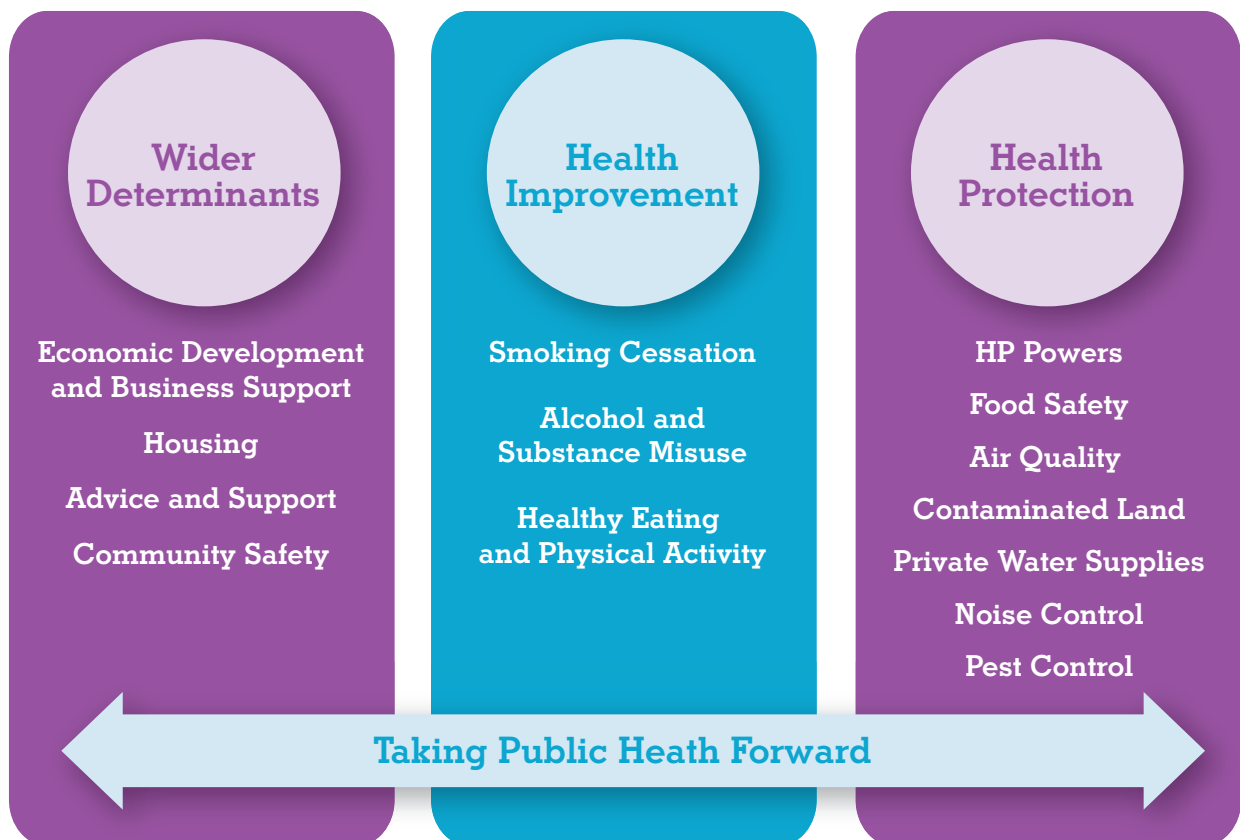
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Executive Summary

- This District Councils' Network publication uses information on district services and illustrative local authority case studies to demonstrate to member organisations, Health and Wellbeing Boards and Clinical Commissioning Groups how the activities of districts councils will improve health outcomes across the Public Health Outcomes Framework.
- This publication provides officers, elected members and health services with information on how districts' frontline services, public assets and local partnerships have a unique and multi-dimensional role in improving outcomes across:
 - **The Wider Determinants of Health**
 - **Health Improvement**
 - **Health Protection**
- Districts are already working internally and externally with local partners in county councils and health services to realise the long-term benefits of the return of public health to local government, and the value of partnership work. **The final section** provides guidance on how this proactive and collaborative public health activity can spread more widely across two-tier areas.



Introduction

With the return of public health to local government from April 2013, the sector will once again be at the forefront of the public health agenda. Local government has a rich history of delivering public health improvements dating back to before Victorian times. It was the outbreak of diseases such as cholera in the 19th century and subsequent provision of local drinking water and supplies, sewers, refuse collection and later housing and town planning that helped establish local government as a formal arm of constitutional government.

By returning public health as a statutory function of unitary and upper-tier local authorities, the reforms give a greater focus and strategic direction to the impact of local government's contribution to the wider determinants of health, health improvement and health protection, and utilise the sector's unique position at the centre of local communities.

In collaboration with the Chartered Institute of Environmental Health (CIEH), the Chartered Institute of Housing (CIH), and the Royal Town Planning Institute (RTPI) this District Councils' Network (DCN) publication gives focus to the unique contribution districts will bring to the public health table. The DCN wants to ensure that districts play their part at the heart of the public health agenda in the coming years.

Health and Social Care Act – Key Facts

- Primary Care Trusts (PCTs) and Strategic Health Authorities to be abolished in April 2013.
- NHS planning and delivery functions to be transferred to the NHS Commissioning Board and Local Clinical Commissioning Groups (CCGs).
- Upper tier councils to be responsible for appointing a Director of Public Health and establishing a Health and Wellbeing Board and Local Healthwatch.
- Members of Health and Wellbeing Boards to consist of a mixture of elected members, local authority directors, CCG chairs and locally decided appointments.
- Health and Wellbeing Boards required to carry out a Joint Strategic Needs Assessment, publish the local Health and Wellbeing Strategy and review CCG commissioning plans to ensure they reflect the needs and priorities identified in local Health and Wellbeing Strategy.
- There will be a statutory duty on upper tier authorities to 'take steps to improve the health of their local population'.



The District Offer

Although existing services and additional public health capacity varies between district councils, the public health reforms enhance every districts' role in improving health outcomes for local residents. From environmental services and housing inspections, to the provision of leisure facilities and supporting economic growth, district council services have a vital impact on the wider determinants of health, as well as health improvement and health protection.

In two-tier areas, achieving improvements across the **Public Health Outcomes Framework Indicators** will be dependent upon the delivery of district frontline statutory and discretionary services, innovative use of its public assets and utilisation of its local partnerships. With public sector resources shrinking, demand growing and health inequalities widening, Health and Wellbeing Boards must acknowledge the multifaceted role of districts and integrate this into a 'whole-system' focus on preventative public health policy.

In continuing to deliver their core public health services from existing revenues, districts must seek new, pioneering ways of delivery to achieve more and produce better outcomes with fewer resources. Districts should take a strategic approach to public health across all services. This will help districts to better align and target their resources in line with local and county wide health and wellbeing priorities and focus on achieving improvements in key Public Health Indicators. Districts will also need to support the commissioning process as an identifier of local needs and use their expertise in a multitude of public health areas to be a potential provider, partner and sub-commissioner of public health interventions.





The Wider Determinants of Health



The Wider Determinants of Health

The Marmot Review¹ showed that poor health does not arise by chance and is not simply attributable to genetic make-up, unhealthy lifestyles and a lack of access to medical care, important as these factors are. Instead, differences in health status reflect the differing social and economic conditions of local communities.

The influence of these wider determinants on health requires policy interventions to be increasingly intelligence-led and preventative, focusing on the root causes of ill health (the 'causes of the causes'), rather than simply treating the consequences of its development. Tackling these conditions determining people's health outcomes requires action, across the life-course, well beyond the influence of the NHS and health services.

In two-tier areas districts are the key stakeholder in improving the wider determinants. From economic development to housing and occupational health and safety, districts have a fundamental impact on shaping communities and enabling residents to lead fulfilling, healthy lives.



Economic Development and Business Support

HEALTH AND SOCIAL IMPACT

- Health choices in the long term unemployed, such as drinking, smoking and exercise are far worse than the employed; these effects can last for several years even after a person has found employment.²
- Young people who are not in employment, education or training (NEET) are more likely to suffer health problems and are five times more likely to enter the criminal justice system.³
- Health inequalities cost the economy in the region of £31-33bn per year from productivity losses.⁴
- 1.1 million working people were suffering from a work-related illness, with work-related ill-health responsible for an estimated 27 million working days lost in 2010/11.⁵
- Workplace injuries and ill health (excluding cancer) cost society an estimated £13.4 billion in 2010/11.⁶

PUBLIC HEALTH INDICATORS

- Children in poverty
- Fuel poverty
- 16-18 NEETs
- Employment for those with long-term health conditions
- Social contentedness
- Sickness absence rates
- Self-reported wellbeing

THE DISTRICT OFFER

Stable and fulfilling employment is a prerequisite for good health. In two-tier areas, it is districts that facilitate the local conditions for sustainable economic growth, job creation and rising living standards. Environmental Health Officers also support local businesses in fulfilling their statutory duties in relation to occupational health and safety, providing information and advice which helps support business success and improve employee health outcomes. Health and Wellbeing Boards should acknowledge the importance of economic growth and business support within Joint Health and Wellbeing Strategies, taking a more holistic and 'whole system' approach to addressing the wider determinants across local authority tiers. The role of districts in economic development, job creation and occupational health and safety will be invaluable to making improvements in the wider determinants public health indicators.



PLANNING

With its planning duties and powers, districts shape the economic futures of communities. District councillors and planning officers are well placed to see at first hand the health benefits of the delivery of quality housing, economic development and job creation. Effective and timely planning policy can deliver important infrastructure and a platform for private sector growth and job creation, optimising outcomes across economic, environmental and social objectives. Districts have been active in the lead up to the implementation of planning reform, including the National Planning Policy Framework and provisions contained within the Localism Act. Planning obligations and powers, such as Section 106 agreements and the Community Infrastructure Levy, help deliver vital infrastructure and community assets that support sustainable economic growth and local employment.

South Cambridge District Council – Health Impact Assessments

South Cambridge planning project aims to bring together health colleagues from the county council Public Health Team, the Clinical Commissioning Group (CCG) and the voluntary sector to give the Local Planning Authority a steer on the public health implications of new developments using health impact as requirement for every major development within South Cambs.

The starting point was the concerns raised by local GPs on the high level of mental distress being presented in the new village of Cambourne. Further research by colleagues in NHS Cambridgeshire confirmed that the population was experiencing higher than average mental health distress. The suggested causes related to lack of facilities – such as a shop, or community centre, due to the lag time between occupation of houses and the provision of amenities. The solution was in the gift of the Local Planning

Authority by involving stakeholders in the consultation response to major planning applications.

The council's policy is that planning applications for major developments must submit a health impact statement to demonstrate that the applicant has addressed the proposal's 'impact on health'. To help developers the council produced a Health Impact Assessment (HIA) Supplementary Planning Document, which provides guidance for developers about the contents and process of an HIA. The Council works with public health colleagues in the county council to produce a jointly considered response to HIAs. We are now engaging with the CCG through our Local Health Partnership in planning consultations, particularly for the new Town of Northstowe where the CCG will help shape the "Vision" for the new town and help ensure that public health concerns are addressed through the local development control system.



Royal Town Planning Institute

The RTPI believes that town planning can play a vitally important role in providing a springboard to meet the economic, environmental and social objectives which will help to improve the wider determinants of health, and in particular through the need to reconfigure the provision of our health services. Local centres need to be seen as more than just places to shop, but as places for people to access a wide range of public, private, voluntary and community services such as doctors, pharmacies and libraries. Local centres help to support and improve social cohesion, and also provide an impetus for an increase in employment for the local population.

Encouraging health services to relocate to town and district centres is a positive step for a number of reasons. Firstly, these areas are in many cases already the focal point for a well-served local public transport network. By not placing services in out of town areas and reducing car dependency, providers would be increasing the accessibility of their services to the whole population. The Marmot Review highlighted that better public transport has been shown to result in significant changes in travel patterns and improving health. In addition, wider use of public transport and well-planned active travel routes help tackle and reduce health inequalities.

Secondly, good provision of well-located health services will have a positive economic effect on a community. The Marmot Review states that 'the health sector can directly reduce poverty and unemployment by harnessing the NHS's purchasing power and position as a major

employer'. The premise on which this initiative is built is the recognition that the NHS and the public sector have tremendous economic weight. If this purchasing power were harnessed to support local businesses in the most hard-pressed communities, then the benefits might extend to greater social inclusion and equity, as well as improving the health of the community served.

Finally, there is wider evidence to suggest that good planning for public services with wider community involvement has positive effects on community cohesion, mental health and the wellbeing of individuals. It has been noted by the Healthy Urban Development Unit that opportunities for the community to participate in the planning of services has the potential not only for positive effects on mental health and wellbeing, but also can lead to greater community cohesion. Whilst these are outcomes which are difficult to quantify, the previous government estimated that community cohesion had the most positive impact on crime reduction and saved around £530 million per annum.

In order to best support our members and for them to take advantage of wider knowledge and best practice, the RTPI has recently created a planning and health linkedin group, in which we hope to discuss and inform our central policy ideas with our members. We have also given oral evidence to the CLG Select Committee on the matter, highlighting how important these issues are to Westminster politicians. More information can be found on the health topic page of our website, as well as via tweets from [@rtpiknowledge](#).



REGENERATION

Districts and their community partners lever millions of pounds of public and private investment into large-scale regeneration programs. The regeneration work undertaken by **North Kesteven District Council** shows that district council's work in partnership with the private sector and developers to transform local communities to deliver employment opportunities to the benefit of residents wellbeing. The introduction of the Community Infrastructure Levy and New Homes Bonus provide the platform to strengthen local growth agendas and the importance of district authorities in facilitating the economic conditions for better health outcomes.

North Kesteven District Council – Teal Park Development

Although unemployment is low in North Kesteven, earnings are below average. North Kesteven District Council (NKDC) has identified the main challenge for the North Hykeham area is to improve employment opportunities by bringing in investment to the area and improving local infrastructure. The council are encouraging the development of Teal Park. This development has the potential to create and safeguard up to 4,000 jobs and deliver an economic boost to the region. Siemens, who employs around 540 people in Lincoln, has signed a 12 year lease for the £20 million development at Teal Park; this will bring Siemens' Lincoln-based gas turbine services

(currently four around the city) into one high-quality facility.

The council's decision to take a hands-on approach to investment was crucial to facilitating the relocation of Siemens. This approach has helped to safeguard jobs whilst offering scope for Siemens to transfer its regional headquarters to the district and attract further investment to the area. NKDC has shown that through investment businesses can be supported and provided the opportunity to expand, thus creating benefits for the local and regional economy.

For more information see

[districtcouncils.info/casestudies](https://www.districtcouncils.info/casestudies)



LOCAL ENTERPRISE PARTNERSHIPS AND CITY DEALS

District involvement in Local Enterprise Partnerships and City Deals are also helping to deliver a new phase of collaboration with the private sector on regional growth and devolved Whitehall budgets in infrastructure, housing and transport. Districts, such as **Chesterfield Borough Council**, are active partners in the City Deals of Birmingham and Sheffield, with exciting plans put forward for the second wave in Ipswich and Norwich and a number of partnership bids in two-tier areas. We know that districts are fundamental to the success of these innovative programs to help promote economic growth and employment in our local communities to the benefit of health outcomes.

Chesterfield Borough Council – Sheffield Region City Deal

Chesterfield Borough Council (CBC) has been members of the Sheffield City Region (SCR) Forum since 2008. When the opportunity arose in 2010, CBC took the difficult decision to break with traditional administrative boundaries and relationships, and to become part of the SCR Local Enterprise Partnership (LEP) functional economic geography. CBC has a seat on the LEP Board as do 7 other local authorities and 9 private sector partners.

On the back of the recent SCR City Deal, CBC is now actively engaged in a formal Governance Review, which might lead to the future establishment of a SCR Combined Authority to co-ordinate the exercise of economic development, regeneration and transport

functions across the SCR. CBC is a partner in a Joint Venture Company that is presently bringing forward a £340m town centre regeneration project, Chesterfield Waterside. The council has also secured £2.4m from the SCR LEP's Growing Places Fund allocation. The funding will be used to unlock the first phase of residential development through enabling the construction of a new canal arm and lock infrastructure, and improved road bridge access to the site. When fully built, the Chesterfield Waterside development is expected to provide 1,500 housing units, 30,000 square metres of commercial office space, and a retail/leisure offer centred on a new canal basin. The development will result in 2,200 jobs being created.



INWARD INVESTMENT

Through Inward Investment and Economic Growth Teams located within districts, our sector makes the connections with local businesses, entrepreneurs, training and skills providers that help create sustainable employment in local communities. The **Business Support, Care and Retention** services delivered and facilitated by Dacorum Borough Council in partnership with local businesses are an excellent example of this in action. With the incentives created by the localisation of business rates, such services will be important to increasing business activity, in turn helping to improve the wider determinants of poor health.

Dacorum Borough Council - Business Support, Care and Retention

Dacorum Borough Council is keen to attract businesses into the area and support them to grow. One of the major challenges faced by the council in delivering their business care, support and retention services is to provide them with little to no cost to the council. There were formerly various Government organisations and schemes to assist in achieving this remit; however in some cases they are no longer in operation. This means that the service needed to fill a much required gap with limited resources. Partnership working has been paramount in achieving their goals and has proved that not only can they support the local businesses, but that local businesses can assist in supporting themselves and each other. The businesses support, care and retention services facilitated by Dacorum Borough Council include:

- The Dacorum Business Exchange free monthly networking events which are themed around specific topics.
- The Maylands Business Centre provides an incubator facility for start-up businesses and those wishing to move into their first commercial premises.
- Dacorum Business Support Partnership made up of local organisations and companies who have come together to provide free advice and support to the Dacorum business community. The partnership advises on a diverse range of issues including: banking, finance, starting a business, import and export, recruitment, sales, marketing, insurance and risk.

For more information see

[districtcouncils.info/casestudies](https://www.districtcouncils.info/casestudies)

Districts also provide a range of direct and indirect support to employers, the unemployed and hard to reach groups so that the health consequences of long-term unemployment and worklessness are tackled. South Staffordshire Council's **South Staffs Work Clubs** tackles long-term unemployment by supporting social enterprise in the local community, whilst Waverley's **You're Hired!** is an excellent example of where districts are already working to improve outcomes in the 16-18 NEETs public health indicator.



South Staffordshire Council – South Staffs Work Clubs

South Staffordshire is a district that, due to its relative affluence, has traditionally not attracted external funding to tackle issues of deprivation. However this affluence masks hotspots of unemployment above the national average. The council's Elected Members and officers agreed to set up seven work clubs in the district's Job Seekers Allowance hotspot areas. These were then to be united under South Staffs Work Clubs, a new self-sustaining community organisation.

To date over 66 people have used the work clubs to regain employment, 28 have gone into some form of training and 25 into volunteering. The clubs offer advice from careers agencies on CVs, interviews, and Assessment Centres. Confidence building sessions are offered and courses from local colleges are provided all in a

convenient local venue, where the issue of cost for training and travelling is non-existent for users. A three month work placement scheme is also provided for regular attending members within the council where training needs are also provided for. The council plans to expand the number of work experience placements on offer and to promote them in local businesses and other local public sector organisations. In the future bespoke college courses will accompany the placements to expand their appeal. South Staffs Work Clubs will also introduce an Enterprise Club to encourage business start ups to members. There are also plans for the clubs to develop into a social enterprise to become self sustaining.

For more information see

districtcouncils.info/casestudies

Waverley Borough Council – You're Hired!

In recent years Waverley has faced a challenge of an ageing workforce, whilst simultaneously having a number of young people not in employment, education or training (NEET). This has created a challenge as to how Waverley could tackle the growing NEET problem, whilst simultaneously being able to produce a high performing workforce despite funding cuts of between 14-16% since 2011.

Waverley Council has risen to the NEET challenge through offering two year apprenticeship placements to 16-19 year old who might be interested in a career within local government. The aim of this is to 'grow our own' talent and achieve a high-performing workforce. There have been three intakes of

apprentices so far. They have made a real contribution and impact in the delivery of the council's services. The apprentices have also benefitted from the training and the chance to study for an NVQ. Furthermore, other council employees have benefitted from the programme; it has offered them the opportunity to get involved in the mentoring and training of the apprentices. Waverley has committed itself to the future of the apprenticeship programme in its 2010-2015 Workforce Strategy and as part of its succession planning programme, and will aim to have at least 12 apprentices at any one time.

For more information see

districtcouncils.info/casestudies



OCCUPATIONAL HEALTH AND SAFETY

Environmental Health Services have an important role in tackling the wider determinants of health in relation to health and safety in the workplace and wider community. Every district and unitary council has a statutory duty under Section 18 of the Health and Safety at Work etc Act 1974 to ensure it makes adequate provision for health and safety regulation in premises such as offices, shops, hotels, catering establishments and warehouses. A variety of regulations made under the Act build on this to protect the health and safety of everyone in the workplace by providing adequate working conditions and ensures that welfare facilities are provided for people at work. The role of district environmental health officers in tackling the wider determinants can go well beyond enforcement. Officers support business success by providing information and advice to new and existing local businesses and guidance and training to employers to help them improve safety and record incidents. As Leicestershire's **Better Business for All** demonstrates, districts and other local regulators will often work with partners on joint projects where health and safety is just one part of improving standards for employees and the public.

Outside the workplace district environmental health teams are also responsible for the licensing and safety of local public events which can range in size and complexity (e.g. concerts, sporting events or community activities) where risks can be high if not suitably controlled. They also enforce the Sunbeds (Regulation) Act 2010 which prohibits the use of sunbeds by those aged under 18 to limit the escalating incidence of skin cancer in the most vulnerable groups. This work will also involve the provision of advice to business operators on how to meet the standards.

Leicestershire – Better Business for All

Better Business for All is a project run by all Leicestershire regulators that works with local business to improve compliance. Multiple stakeholders including all local authorities in Leicester and Leicestershire including the County Council, the Police, the Fire Service, Environment Agency, the Food Standards Agency, Health and Safety Executive, local businesses, chamber of commerce, HMRC, Leicestershire and Leicester Enterprise Partnership.

The project aims to work with, rather than force, local business to comply with regulations. By working together the project will improve health and safety, environmental compliance, fire safety and public safety. It also

links to supporting economic growth, protecting the environment, improving the quality of life, helping people to live healthier lives and ensuring a safe, healthy and sustainable food chain.

Since the partnership was launched it has improved the working relationship of all the partners involved. It has improved business's perception of regulators and improved the relationship between regulators and businesses. It has enabled businesses to have a point of reference and information about the services we can assist with.

For more information see

www.llep.org.uk/betterbusinessforall



Housing

HEALTH AND SOCIAL IMPACT

- Homeless people use health services at a disproportionate level compared to the general population, with 78% of those homeless reporting having at least one specific health problem. In 2010 during a single year 41% went to A&E, 31% were admitted to hospital, 28% used an ambulance and 82% had been to a GP at least once.⁷
- Every year 1 in 3 people over 65 and almost 1 in 2 people over 85 experiences one or more falls, with many of these incidences within the home.⁸
- In England in 2010-11 an estimated 3% of households (655,000) were living in overcrowded conditions.⁹
- 21.5% of the 23,800 Excess Winter Deaths in the UK during 2009-10 can be attributed to cold housing.¹⁰
- The annual cost to the NHS of treating winter-related disease due to cold private housing is over £850 million.¹¹

PUBLIC HEALTH INDICATORS

- Statutory Homelessness
- People with illness or disability in settled accommodation
- Child Poverty
- Fuel Poverty
- Child Development
- Infant Mortality
- Excess winter deaths
- Falls and injuries in the over 65s
- Hip fractures in the over 65s

THE DISTRICT OFFER

District housing services in homelessness prevention, affordable housing, the enforcement of minimum housing standards in the private rented sector and funding of adaptations have a fundamental impact on the wider determinants of health. Preventing homelessness, improving housing conditions and increasing the supply of affordable homes are essential to the public health agenda. In improving outcomes, integrating and reducing the cost of social care, Health and Wellbeing Boards will need to draw on the full range of housing services delivered at district level. Boards should use district housing expertise, existing services and innovative projects, exploring opportunities for new partnerships, service integration and joint-commissioning between health services and housing.



HOMELESSNESS AND HOUSING OPTIONS

Under the Housing Act 1996 district councils are the frontline agency in the fight against homelessness, providing or enabling preventive services and housing options to those in need. Districts have responsibility for commissioning homeless prevention services using CLG Homelessness Grants. It is through this grant that innovative partnership approaches to homeless prevention are commissioned. Preventive services are personal and accessible for those with a housing need, providing tailored options and solutions with focus on tackling the root causes of homelessness. The **Prevention Partnership** in North East Derbyshire and Bolsover, and Broxtowe's preventive scheme '**Achieving your GOALS**' both tackle the root causes of homelessness. These types of schemes can have a wide ranging impact on the wider determinants of health, including financial inclusion and reducing anti-social behaviour.

North East Derbyshire and Bolsover District Council's – Homelessness Prevention Partnerships

North East Derbyshire (NEDDC) and Bolsover District Council's (BDC) have been working in a collaborative homelessness prevention partnership with Action Housing and Support. With joint funding from NEDDC and BDC, Derbyshire County Council, they have enabled Action Housing and Support to extend its HOPE™ project into their districts to help tackle and prevent homelessness. The HOPE™ Strategy is an integrated approach to addressing the multiple challenges of homelessness, worklessness, and hopelessness at one and the same time. The construct of the project is to work together across voluntary, public, and private sectors to take properties that are dilapidated or decaying, and spaces that are disused or derelict, and develop programmes of

integrated activity that engage and educate vulnerable and homeless people in the therapeutic creation of their own homes and jobs.

Clients include victims of domestic abuse and ex offenders, including those affected by drug and alcohol misuse. Previous initiatives have included clients gaining skills through refurbishment of empty properties and also a social enterprise developing a furniture retailing and fitting project. This project is the type of partnership working that the Government's recent Homelessness Strategy advocated.

For more information see

<http://www.actionhousinguk.org>



Broxtowe Borough Council – Achieving your GOALS

Broxtowe identified that many young and vulnerable people encounter problems and find it difficult to sustain their first tenancy. Common issues were lack of confidence and self-esteem, poor money management and anti-social behaviour. The council wanted a personal development programme that could be utilised for the benefit of existing, new and potential Broxtowe tenants to tackle tenancy sustainment problems. Another part of the project wanted to ensure that the council's staff became qualified to deliver the programme to enable service delivery at a minimal cost.

The challenge was to source a suitable training and development programme that would both meet the council's requirements and be appropriate to tenants and clients needs. A lengthy procurement phase meant that many training courses were observed and considered. They wanted to find a programme that was inspirational, educational, realistic and cost effective, and would cater for clients and tenants of all ages. The GOALS programme was integrated successfully into Broxtowe Borough Council's pre-tenancy training course and feedback was very positive.

For more information see

[districtcouncils.info/casestudies](https://www.districtcouncils.info/casestudies)

Using the social housing reforms under Part 7 of the Localism Act districts have been seeking new ways to deal with increased demand and improve housing related health outcomes. South Norfolk's **LEAN Housing Register** is an example of districts using greater flexibility in designing housing registers to better prioritise local housing needs. The introduction of Tenancy Strategies also provides flexibility for councils to take into consideration the wider determinants of poor health, such as access to local amenities (i.e. schools and health services) and local housing needs when deciding policies on allocations, waiting lists and length of tenancies. Better engagement and use of the private sector is key to reducing homelessness and widening choice, with districts needing to ensure that when they do use the sector under the Homeless (Suitability of Accommodation) (England) Order 2012 the condition and location of private properties does not adversely impact on health.



South Norfolk Council – LEAN Housing Register

South Norfolk had 4,000 applicants on the housing register with 70% of those applicants with no housing need, 50% applicants never applying for a home and 70% of applicants having to be re-contacted for more information after applying online or via paper forms. To deal with demand, the council wanted a personal, accessible service for customers with a housing need, providing tailored options and solutions, while managing expectations, cost effectively. The council removed ineffective paper and online applications which caused staff and customers more work and held meetings with customers instead. Integrated web-based housing IT systems were implemented to enable immediate access for customers,

providing an improved service and eliminating double entry.

An allocations policy that gave priority to those with a housing need and/or a local connection helped promote real engagement and meant the council can better manage customer expectations. Alongside cutting costs and removing inefficient practices, 4,000 applicants were reduced to 2,300 and customers received a better face-to-face customer. The allocations policy now embraces localism and developed a policy with landlords, supported housing providers, councillors, customers and other key partners to help tackle homelessness.

AFFORDABLE HOUSING

The district role in increasing the delivery of affordable homes remains the central part of its strategy in preventing homelessness. Through its regeneration activity, Section 106 agreements, close collaboration with local Registered Social Landlords, action on empty properties and the creative use of the New Homes Bonus, districts are focused on radically increasing the supply of affordable homes for low income families. Districts work closely with social housing providers, residents and local landlords to bring as many as possible empty properties back into use and increase local housing stocks. Norwich's [Partnership with the HCA](#) show the sector is willing to be both an enabler and innovative developer of affordable housing to address local needs.



Norwich City Council – HCA Strategic Partnership

Norwich City Council have embarked on a ground breaking partnership between the council and HCA, based on council assets and HCA investment, to create a self financing model. The proceeds of development will be reinvested to:

- Accelerate the delivery of affordable homes,
- Increase the supply of private homes,
- Improve the quality of existing homes,
- Create sustainable communities, and
- Deliver strategic regeneration projects

The partnership worked to identify and decommission small council owned garage sites, procure a registered provider, secure planning permission, and start development of 108 homes within 18 months. They also

developed an innovative model to provide employment and skills opportunities for local people within the terms of EU procurement regulations.

Initial regeneration projects in the first 18 months delivered £2.6m public realm project; £330,000 new Skate-park, and eco retrofit of 1,175 council homes. Major outcomes in 2011/12 and 2012/13 are completion of 108 new affordable homes by Orwell Housing Association on former garage sites owned by the council in deprived parts of the city. Redevelopment provides new housing plus improves the appearance of the areas and reduces anti social behaviour.

For more information see

districtcouncils.info/casestudies

Districts are also devising innovative ways to help increase access to homeownership for first-time buyers and low-incomes families. Schemes such as South Bucks District Council's **YourChoice Affordable Housing** and Blaby District Council's **Local Authority Mortgage Scheme (LAMS)** are aimed at improving access to homes of a decent standard for those struggling to enter the market. The short term risks and costs of helping young families to gain access to home ownership needs to be measured with the long term effect of not providing these types of schemes, such as family homes being overcrowded resulting in poor living conditions and in extreme circumstances homelessness.



South Bucks – Your Choice Affordable Housing

The council partnered with Catalyst Housing, an expert and specialist housing association and homebuy agent for Bucks. Together the council designed a bespoke equity loan scheme. SBDC invested £1m, which Catalyst matched with their own funds, in order to maximise the number of people assisted.

Our Choice provides sufficient for a deposit of 15% or as much as 50% of the price. When owners sell, the funds are repaid and

ring-fenced so can be lent again! Helping people to buy second-hand helps the whole economy and local market as whole chains of households are able to move. Using these funds to provide Your Choice enables the council to provide mixed tenure within the existing housing stock in the whole district. Since the launch in summer 2011, they have received over 100 applications with 12 households already moved into the home of their choice.

Blaby District Council – Local Authority Mortgage Scheme (LAMS)

LAMS is aimed at first time buyers who wish to purchase property in the Blaby District, have the means to make the necessary mortgage repayments but do not have access to the current hefty deposit required to access a mortgage.

The council provide an indemnity which will enable FTBs to access a mortgage of up to 95% thus enabling them to also take advantage of lower mortgage rates and get a foot on the housing ladder.



Chartered Institute of Housing

District councils have a critical role to play in maximising the contribution of local housing provision, standards, support and advice, to achieve improved public health outcomes. Housing remains one of the key wider social determinants of health, as recognised in the Marmot's Review.

Poor housing conditions for children have major negative impacts on emotional, educational and physical development. Overcrowding impacts growth the ability to concentrate on and undertake study, and develop social skills. Warm and accessible housing in safe and well connected neighbourhoods contribute to people's physical, mental and emotional wellbeing throughout their lives. With the UK's ageing population, more housing that is already, or easily and cost effectively adaptable, well linked to essential facilities, is critical to enable people to maintain their social and support networks. The impact of good housing and support for many older people and those with long term conditions has been clearly demonstrated to increase quality of life and bring savings to care and health sectors.¹³

It is the pivotal role of the district council to ensure that homes and neighbourhoods meet such needs across the life course of its local communities. Through effective planning for housing, working with partners, including private developers and independent housing associations,

the district council steers delivery of the full range of housing – of the right size, type, tenure and cost - to address local needs and aspirations. Through its statutory role to address homelessness; its environmental health role addressing the conditions and suitability of local housing; and through its role bringing together local partners, district councils also coordinate the work of important local providers that influence the conditions, security and availability of homes for local households.

Where districts are well linked into the wider local framework for commissioning wider services, housing can provide the environment in which more can be achieved in reducing health inequalities, preventing the escalation of higher health and care needs, and in better interventions to support people's quick and full recovery from accident and illness. CIH supports the work of the DCN to maximise awareness of the public health functions of local housing authorities, and has services available that can support district councils to make strong housing offers to its local Health and Wellbeing Boards and Clinical Commissioning Groups.

For more examples of housing's contribution to health, on forming quality health and housing partnerships and the work of CIH to support effective joint working, see the [CIH website](#). More on CIH services to support strategic local leadership is also available here.



HOUSING STANDARDS

Under the Housing Act 2004 districts have a duty to provide a number of housing related services that aim to control, minimise and prevent poor housing conditions impacting on residents' health. Districts have a legal obligation to provide inspection services upon request and also to license Homes in Multiple Occupation to ensure they are safe to inhabit. Councils take appropriate action such as requiring repairs and improvements to be made where a risk to the health and safety of occupiers and visitors has been identified. Health risks include damp and mould, falls or trip hazards due to poor design or stairs, overcrowding, cold homes, and gas, electricity and fire safety. Districts have the duty to provide guidance on remedying hazards in the private sector and to take appropriate enforcement where action is not taken.

Districts are increasingly using new ways to target stretched resources to maximise public health impacts. This includes mapping service request data with local sources of housing and socio-economic intelligence, as well as working with the NHS on falls prevention. East Staffordshire's [Housing Card](#) shows how officers can go beyond their enforcement role, working closely with health visitors and midwives to reduce the risks posed by housing conditions on infant mortality and children.

Chichester District Council – Falls Prevention Care Homes Project

At Chichester District Council in early 2008 it was apparent that most of the serious accident report notifications received related to falls of residents in care homes. The council decided to start a project to systematically investigate all such reports and try to identify ways of promoting best practice in falls prevention.

During 2010 and 2011 five half-day training sessions were run for care home supervisors to increase awareness of how to carry out a suitable falls prevention assessment and construct a care plan. The Project involved joint working with the NHS Trust. There has been a 40% drop in the number of falls in care homes accident reports that the district council receives each year, compared with prior to the project.



East Staffordshire District Council – Housing Card

Evidence showed that East Staffordshire had high infant mortality rates and there was a need to address a range of risks to new and unborn babies. The council wanted to ensure that every health visitor and midwife working in the borough could quickly identify specific signs of overcrowding and poor housing conditions during their visits, and also know who to contact about the problems they find. As a result the council took the following steps:

- A pocket-sized Housing Card has been produced by the council and has been distributed among health professionals.
- The health professionals now use the Housing Card which is designed to be kept by them to help identify signs of overcrowded housing and poor housing conditions.

- Housing Strategy and Housing Standards officers have met with health professionals including Midwives and Health Visitors to provide training on using the Housing Card.
- All Health Visitors and Midwives now have a minimum level of knowledge about the specific problems they should look out for.

Further information sharing sessions between health visitors, midwives and housing staff are planned by the council. The council will continue to contribute to a multi-agency infant mortality task group, which has introduced a number of measures, such as providing benefits advice alongside antenatal clinics at Children's Centres, tackling smoking during pregnancy, encouraging breastfeeding, and addressing the medical, social and lifestyle factors that are important to healthy babies.

For more information see

districtcouncils.info/casestudies

Officers can also provide invaluable advice and support to residents in all forms of tenure on how poor conditions directly impact their health and finances. Districts provide both information and financial support to remedy poor housing conditions that contribute towards excess winter deaths and fuel poverty, and enable the disabled and elderly living independently. Runnymede Borough Council's **Warmer Homes Scheme** shows the innovative use of Central Government funding to tackle poorly insulated and cold homes to minimise its impact on excess winter deaths and fuel poverty. Financial assistance through loans or targeted funding schemes, such as Disabled Facilities Grants, means-tested loans or national funding streams can help maintain independence, prevent falls and reduce the overall costs of social care. Tamworth Borough Council's **Healthier Housing Strategy** recognises the importance of these services and the connection between housing and health. A forthcoming piece of DCN research will show that helping older people and the disabled through housing adaptations is central to achieving better integration between health and social care and reducing the costs of an aging population.



Tamworth Borough Council – Healthier Housing Strategy

Tamworth's designation as a Spearhead Authority under the Department of Health's Communities for Health Programme helped to inform strategic thinking on the interventions needed to reduce health inequalities in the most deprived areas of Tamworth. Partners in Tamworth have worked together to address health inequalities through an outcome focused approach to address the broader determinants of health and ascertain opportunities for long-term and sustainable impacts. Spearhead areas were allocated additional funding to ensure progress was made to reduce these health inequalities more quickly than in other parts of the country.

A joined up Tamworth Healthier Housing Strategy was a key recommendation made as a result of a visit to Tamworth by the NHS Health Inequalities National Support Team. This Healthier Housing Strategy sets out priorities and actions that are intended to ensure housing in its broadest sense is effectively utilised to help tackle identified health issues and improve the

health and wellbeing of residents in Tamworth. The Strategy describes how the council contributes to achieving the vision and priorities in ensuing;

- There are suitable homes for everyone (Access)
- Homes are healthy, warm and safe (Aspects)
- People are able to maintain an independent and healthy lifestyle (Individual Behaviour)
- Neighbourhood environments enable safer and healthier communities (Neighbourhoods)

With the development of the new public health arrangements the strategy is being taken forward and the council is currently working with public health colleagues on the integration of Housing and Health services including joint funded Health posts.

For more information see

www.tamworth.gov.uk/housing

Runnymede Borough Council – Warmer Homes Scheme Bid

In early 2012 Runnymede Borough Council bid to secure funding from the Department of Health Warmer Homes scheme. The Care and Repair bid wanted to offer free boiler servicing and repairs for residents aged over 60 or disabled who are in receipt of means tested benefits. The aim was to ensure the most disadvantaged residents within the borough were able to keep themselves warm and healthy in winter by ensuring their heating is working efficiently.

After the bid was successful, Runnymede Care and Repair publicised the service

through targeted leafleting including leafleting residents who receive meals on wheels and those living in mobile home parks, where leaflets were delivered by student volunteers from Royal Holloway College. The scheme was also promoted in day centres and local libraries. To ensure value for money a delivery contract was negotiated with a reputable heating and building services company. Since February 2012, 35 people have benefitted from the scheme. The cost of most of these repairs was between £250 and £330, an amount they would have found difficult to afford themselves.



Chartered Institute of Environmental Health

It is well recognised that good quality homes are important for the health and well-being of those living in them. To try and improve the overall quality of the UK housing stock the Government has established a 'Decent Homes' standard – a Decent Home is one which is warm, weather-proof and which has reasonably modern facilities. Such homes are a key element in developing thriving, sustainable communities where crime is reduced and where employment and educational opportunities are improved.

District council environmental health practitioners play a key role in promoting Decent Homes in the private sector. To assist its members and local housing managers in achieving a better understanding of the links between housing and health, the CIEH commissioned the Building Research Establishment (BRE) Housing Centre to produce a toolkit **Good Housing Leads to Good Health. A Toolkit for Environmental Health Practitioners**. The toolkit shows how the links between homes and health can be made, including where possible, the cost benefit of some specifically linked housing and health issues. Providing evidence of cost benefit is important

where resources for improvement or enforcement are lacking. The toolkit also provides a method of measuring and demonstrating the value of private sector housing intervention to health, society and quality of life. It enables users to find a baseline and work out the most effective and cost efficient methods of improving homes.

Examples of good practice from a range of district councils are contained in the CIEH publication **Local Authority Private Sector Housing Services. Delivering Housing, Health and Social Care Priorities, Helping Vulnerable People and Local Communities**. CIEH has also compiled a database of effective interventions in housing and health, which is available to EHPs through our MyCIEH website. We are drawing on the best of this good practice to produce a publication of case studies, which is soon to be available on the CIEH web site. The entire catalogue of CIEH publications and resources on environmental health's role in improving conditions in the private rented sector and protecting and enhancing the health and safety of tenants can be found on the CIEH website.



Advice and Support

HEALTH AND SOCIAL IMPACT

- People living in the poorest areas die on average 7 years earlier than those living in richer areas and spend 17 more years living with poor health.¹⁴
- Those suffering from deprivation have higher exposure to personal and environmental health risks and have less information on how to take steps to improve their health.¹⁵
- The cost of treating illness and disease arising from health inequalities has been estimated at £5.5 billion per year.¹⁶

PUBLIC HEALTH INDICATORS

- School Readiness
- Pupil Absence
- Child Poverty
- Fuel Poverty

THE DISTRICT OFFER

Complex problems of social disadvantage have a fundamental impact on health outcomes. Health and Wellbeing Boards need to engage with the full range of financial and social support services provided at district level, ensuring the link between health outcomes and local support services is recognised. When developing Joint Strategic Needs Assessments and Joint Health & Wellbeing Strategies, districts can provide unique intelligence on the most hard-to-reach and vulnerable people in local communities. This will help Boards' better identify acute needs, target resources and improve the health of the poorest, fastest.

BENEFITS AND WELFARE REFORM

For many years districts have had a duty to administer housing and council tax benefit systems, with local authorities providing direct financial support, information and advice to certain low income individuals and households. For the vulnerable in society and those falling on hard times, such services have a fundamental impact on the wider determinants of poor health.

The Government is radically reforming the provision of welfare services to make the benefits system more efficient and effective, reducing complexity, duplication and making work pay. Districts are at the forefront of delivering key elements of the Welfare Reform Act, particularly Universal Credit from October 2013 and Council Tax Support from April 2013. The Rushcliffe and Melton Universal Credit Pilots show districts will place the identification and protection of the most vulnerable and those in acute need at the heart of Universal Credit and Council Tax Support schemes.



Rushcliffe Borough Council – Universal Credit Pilot

The Rushcliffe pilot aims to prepare residents, particularly those that are vulnerable, for the changes that Universal Credit will bring. The pilot project not only aims to improve self-service facilities for customers, shifting more customers to self-service channels and delivering a wider range of services across a variety of partners from the customer contact centre; it also focuses on making sure they recognise those customers that are vulnerable, providing increased face-to-face mediated support that they need to be able to access services. Ensuring those that are vulnerable receive better support will have a fundamental impact on their health and wellbeing, particularly the wider determinants.

The three **key objectives** of the pilot are:

1. Moving Claimants to on-online methods

2. Tackling vulnerability more effectively
3. Integrating better with partners at the appropriate level

An essential part of the project is developing strong partnerships with a range of other service providers who often share the same customers. By building up knowledge, expertise and presence in one location, Rushcliffe DC can do less signposting and more first-time resolution in one location for our customers. The key Partner will be Job Centre Plus, but they are strengthening their existing relationships and building new relationships with more partners throughout this pilot, for example with the council's main housing provider, higher education college, local advice network, Citizens Advice, Probation service, Credit Union and Social Services.

Melton Borough Council – Universal Credit Pilot

The Melton Pilot will relentlessly focus on the 1,800 or so working age benefit claimants and help to prepare them for the massive welfare reform changes that are just around the corner. Melton believe that the key to succeeding in welfare reform is a establishing a really deep understanding of local claimants to address interlinked problems. The council have therefore commissioned a piece of customer insight research to build a better understanding of the typical profiles of these customers, including an understanding of their communication preferences and behaviours by mapping our data against the Mosaic Public Sector segmentation tool. The pilot will produce a detailed insight report which will provide a sound basis to design local schemes and address specific local needs.

Early indications show that around 22% of existing claimants are unlikely or very unlikely to use digital services and it is clear from the council's analysis that most of these are likely to be particularly vulnerable claimants who may be facing multiple complex issues in their lives. Melton intends to work through and shape what the face-to-face provision of services might look like for these most vulnerable claimants. They intend to work closely with Job Centre Plus, Leicestershire County Council and others to explore the options for being able to support these people in a more joined up and effective way in the locality, including building on the proposed approach for supporting troubled families in Leicestershire.



TARGETED INTERVENTIONS

These pilots demonstrate districts have a unique insight into social deprivation within their local communities. This local intelligence equips the sector with the ability to provide, commission and support local initiatives aimed at helping residents overcome difficult economic and social circumstances, with positive benefits for their health and wellbeing. Joint Strategic Needs Assessments and Health and Wellbeing Strategies will need to draw heavily on this local intelligence in commissioning and designing public health services.

Despite the financial challenges facing the sector, districts continue to provide discretionary interventions directly, indirectly or in partnership with community stakeholders. Alongside the district role in shaping and delivering the Government's Troubled Families Programme, Norwich Council's **Families Unit** project and Newcastle-Upon-Lyme's **Locality Action Partnerships** demonstrate how districts use collaborative partnerships to empower local communities and tackle complex issues of social deprivation.

Norwich City Council – The Families Unit

Norwich City Council's Social Issues Round Table identified a need to develop a model for a service to support families in crisis – those with a history of tenancy failure/homelessness linked to antisocial behaviour. The main objective of the project was to develop the capacity of the families to sustain independent living. The project model was an inter-agency partnership where agencies involved are committed to working together at both strategic and operational levels to improve the outcomes for families and children in crisis in Norwich.

The partnership is strategically led by an operational board of senior officers from the agencies involved. It is committed to evidence-led practice in supporting families and children to develop the capacity to live independently in their community without being the cause of antisocial behaviour. It also wants to help reduce the level of family breakdowns; maximise children and young people's access to protective experiences and opportunities, particularly through improved school attendance; and support families to avoid antisocial and offending behaviours.

For more information see

[districtcouncils.info/casestudies](https://www.districtcouncils.info/casestudies)



Newcastle-Under-Lyme Borough Council - Locality Action Partnerships

Newcastle is a borough with a diverse range of needs, encompassing both urban and rural communities, and including former coalfield areas of significant economic and social deprivation. In tackling social deprivation the council wanted to encourage the local community to work with partners to deliver solutions that meet identified needs and reduce gaps in service delivery and outcomes. To deliver this, the council established 11 Locality Action Partnerships (LAPs) co-ordinating the delivery of activities and projects in partnership to meet local needs, reduce inequalities and empower people to improve their quality of life. The key steps in forming the locality partnerships were:

- Establishing local priorities via intelligence and community led planning;
- Enabling residents to influence, challenge and be involved in service delivery;
- Engaging elected members with their communities and partners;
- Ensuring service providers were engaged at a local level;
- Giving a voice in each locality to identify and fix issues;
- Strengthening community understanding and awareness; and
- Enabling funding and staff to be utilised more effectively and efficiently.

For more information see

districtcouncils.info/casestudies

Districts also provide a range of support mechanisms to third-sector financial advice organisations. Whether providing grants or office space to the Citizens Advice Bureau, or working closely with local partners to establish a **Credit Union**, district support to the voluntary and community sector is vital to ensuring local people have access to the local support networks they need to develop financial literacy, deal with debt and financial problems and avoid mental health issues arising.

Hinckley & Bosworth Borough Council – Credit Union

People living on low incomes in the borough were frequently using small, short-term cash loans as a way of getting by. Since banks and building societies do not offer loans on this basis, some people on low incomes were turning to doorstep lenders – or ‘loan sharks’ – for their credit needs.

To work closely with an established credit union, Clockwise, to provide a community-based credit union that’s active in providing money advice, affordable credit and repayment schedules to those on the lowest incomes in our community, tackling hardship and protecting the most

vulnerable. The Council helped encourage volunteers from the local community to come forward and find appropriate locations within the community to host surgeries.

As a result of the partnership affordable loans, savings accounts and advice were made available in two priority local neighbourhoods. Since the launch the credit union Debt advice has been provided on demand and we are continuing to receive steady interest and gradual take up in the service.

For more information see

districtcouncils.info/casestudies

Community Safety

HEALTH AND SOCIAL IMPACT

- Those exposed to violence in childhood are at increased risk of experiencing further violence and developing a wide range of health-damaging behaviours (e.g substance use, risky sexual activity) and health conditions (e.g. cancers, heart disease) in later life.¹⁷
- There are 2.5 million violent incidents in England and Wales each year. They result in 300,000 emergency department attendances and 35,000 emergency admissions into hospital.¹⁸
- Violence shows one of the greatest inequalities gradients with emergency hospital admission rates for violence being around five times higher in the most deprived communities than in the most affluent.¹⁹

PUBLIC HEALTH INDICATORS

- Re-offending
- Older peoples perception of community safety
- Domestic abuse
- Violent Crime (including sexual crime)
- First-time entrants to the youth justice system

THE DISTRICT OFFER

Crime and disorder exerts significant influence over the health and wellbeing of individuals and communities as a whole. In improving health outcomes, Health and Wellbeing Boards need to work closely with Community Safety Partnerships, Police & Crime Commissioners, and district Community Safety Teams in recognising local links between community safety and health outcomes. In designing commissioning strategies and plans, Boards should identify what provision already exists within a county and how this can be utilised to achieve local health priorities and improvements in crime related public health indicators.

COMMUNITY SAFETY TEAMS

Reducing the impact of harm associated with crime, disorder and anti-social behaviour within communities requires reliable and accurate insight into the communities affected – something which districts are uniquely placed to provide. As a responsible authority and leaders of local Community Safety Partnerships (CSPs), districts have a pivotal role in shaping, leading and collaborating with not only local communities, but the wider range of external partners to develop and deliver solutions that are sustainable and offer real respite. For instance, districts and CSPs can work together on a number of projects that help improve key public health indicators such as older people's perception of community safety through direct community safety interventions and also improving the external environment. Gedling Borough Council's [Vulnerable Adults Panel](#) and Stroud District Council's [Proud in Your Neighbourhood](#) are innovative examples of this in practice. CSPs are complemented by districts being frontline providers of anti-social Behaviour Teams, working at grass roots level with victims, perpetrators, individuals and families to improve their overall wellbeing.



Gedling Borough Council – Gedling Vulnerable Adults Panel

Gedling wanted to fill a local gap in community safety provision and provide an integrated service to address anti-social behaviour and support victims. The council wanted cases to be referred through to a multiagency meeting via a simple form, by frontline staff from all agencies that come into contact with the most vulnerable. A broad partnership was created in a two-tier area, with shared objectives to ensure that the right agencies are providing the right support to those most vulnerable and at risk from antisocial behaviour, and those who are subject to hate crime in their communities.

From 21 June 2011 to 20 March 2012 there have been 49 Vulnerable Adult Panel referrals,

of which, 12 have been 'Hate' related (10 racial and 2 disability). These are 49 of the most vulnerable in the community who can be sure that their issues are being addressed by all the relevant agencies in Gedling. There is no danger of incidents being looked at in isolation by agencies operating in isolation - a true partnership approach. They aim to roll out adoption of the process to other areas in Nottinghamshire, should that be appropriate to their local circumstances, this work is ongoing through the Nottinghamshire Community Safety Managers Group.

For more information see

districtcouncils.info/casestudies

Stroud District Council – Proud in Your Neighbourhood

The 'Pride in Your Neighbourhood' initiative, led by the Stroud Safer Stronger Communities Partnership is a series of local clean up events that aim to build and improve community spirit and enhance the quality of public areas. The events are attended by parish and district councillors, Council Neighbourhood Wardens and Police Community Support Officers, and Gloucestershire Fire and Rescue Service who support the initiative as it provides an effective opportunity for local people and statutory partners to work together to increase the community's pride in its neighbourhood, reduce the fear of crime and improve health and wellbeing.

At the event households are encouraged to contact the council to arrange the removal of unwanted vehicles and bulky refuse items. Recycling boxes and advice on composting is available and Environmental Health Officers are on hand for advice on noise, smoke and light nuisances. Dog wardens inspect the area and hand out poop scoops. Housing Officers give advice to tenants, whilst pavements and roads are swept by our Open Spaces team, supported by offenders from a local prison.



REOFFENDING

Reoffending is closely linked to health outcomes and has been recognised in the outcomes framework indicators. The case study of [Health Trainers](#) in East Lindsey shows that reoffending can lead to poor decision making regarding a wide variety of lifestyle choices, contributing to a cyclical effect where crime is linked to poor health outcomes, for example, smoking, alcohol misuse and depression. The health trainer scheme shows that districts have the expertise to work closely with the Probation Service through both CSPs and innovative programs to help reduce reoffending.

East Lindsey District Council – Health Trainer in Unique Partnership with Probation Trust

The report 'Health of Offenders in the Community' identified the need to address the complex health needs of offenders and their families. In response, NHS Lincolnshire made funds available to Lincolnshire Probation Service's Health Support Service (HSS), to employ a Health Trainer to work specifically with offenders and their families. However, rather than seeking to employ direct, the Probation Service Manager was aware of the successful scheme managed by East Lindsey District Council and proposed a secondment arrangement for a Health Trainer.

The Health Trainer role is designed to target those least likely to access health services and offer practical advice and support to enable them to make healthy lifestyle choices. The aim is to enable client's compliance with the probation order and ultimately reduce re-offending. Many offender clients have erratic lifestyles, which can lead to a high fail to attend rate. The client group

the council worked with find it hard to engage and often aren't willing to change; they are often socially excluded so put up individual barriers making it difficult to initiate motivation. The Health Trainer has gained trust from their clients by giving them support whilst helping them improve their health and well-being. Often, underlying physical health concerns and risky behaviours are mental health problems that need to be addressed first – depression, lack of confidence or low self esteem. By offering additional motivational support, sound advice, and access to community groups and activities, both services are seeing clients improve their personal circumstances and develop a more positive outlook for the future, along with gaining new skills which may enable them to secure voluntary or paid work.

For more information see

districtcouncils.info/casestudies





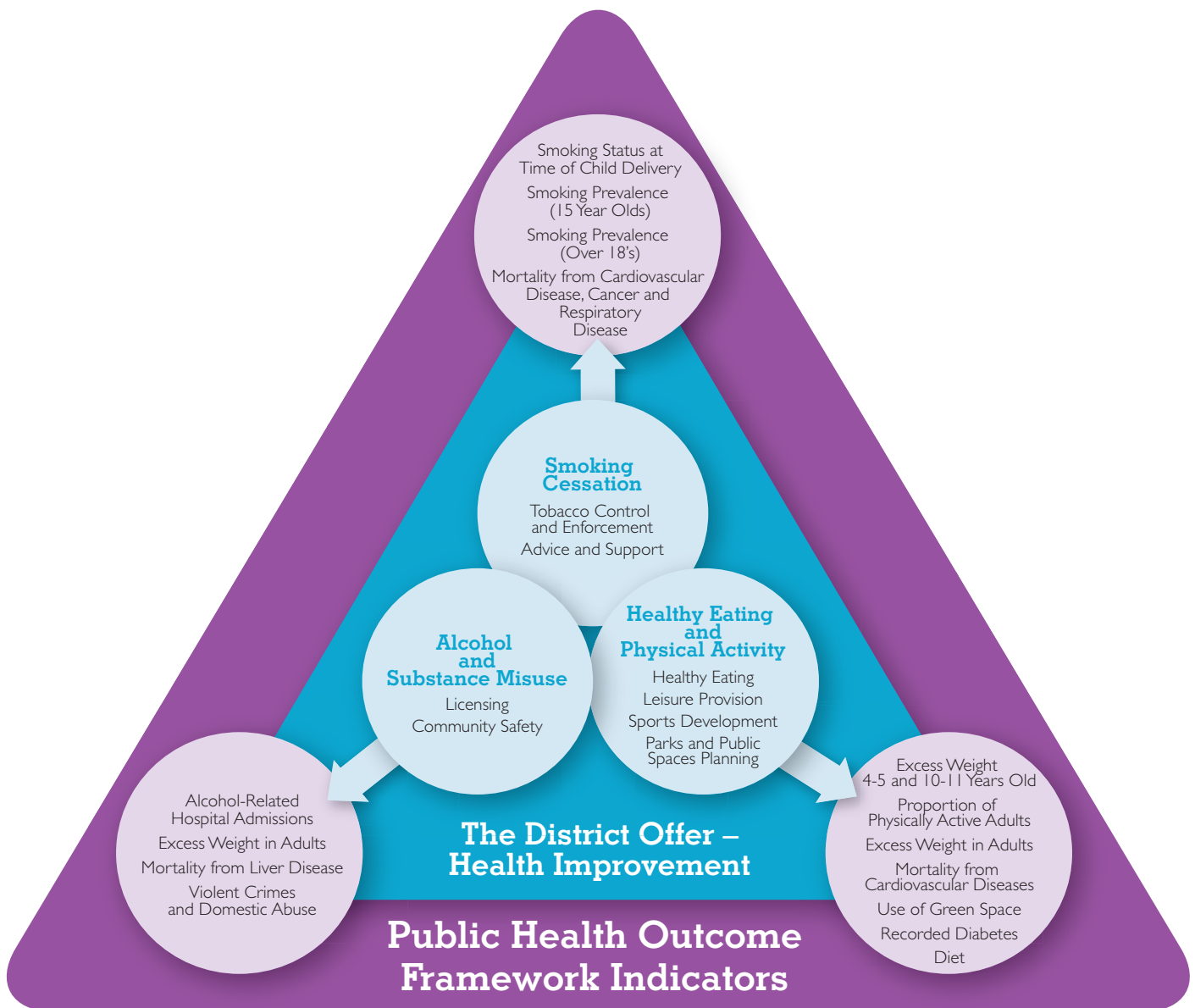
Health Improvement



HEALTH IMPROVEMENT

Alongside the wider determinants, the need to encourage and support individual health improvement and behaviour change has taken increasing prominence over the past two decades. Detrimental health behaviours such as smoking, excessive alcohol consumption, sedentary lifestyles and unhealthy eating are now some of the root causes of ill health, with the way we choose to live our lives and the choices we make one of the most important barriers to good health.

The public health reforms place local government as a lead agency in delivering health improvement. All local authorities are expected to use their existing regulatory powers, as well as local proximity and wide-range of services to act as community leaders in behavioural change techniques. In two-tier areas, it will be districts that will principally be tasked with taking this agenda forward through a range of regulatory powers, targeted interventions and local partnerships.



Smoking Cessation

HEALTH AND SOCIAL IMPACT

- Whilst there are two million fewer smokers than a decade ago, one in five adults still smokes.²⁰
- Smoking causes approximately 80,000 deaths per year.²¹
- Half of smokers can expect to die prematurely if they do not quit. Approximately one-fifth of all deaths in middle age are attributed to smoking.²²
- Children exposed to tobacco smoke are at much greater risk of cot death, meningitis, lung infections and ear disease.²³

PUBLIC HEALTH INDICATORS

- Smoking status at time of delivery (child birth)
- Smoking prevalence (15 Year olds)
- Smoking prevalence (over 18s)
- Mortality from cardiovascular disease, cancer, respiratory disease

THE DISTRICT OFFER

Reducing smoking rates, especially amongst lower socioeconomic groups, will be vital to reducing health inequalities. A combination of regulation and health promotion will be the key tools in encouraging those who smoke to give-up, or preventing young people from taking it up. Health & Wellbeing Boards must work closely with districts in ensuring that its frontline regulatory and enforcement role is regarded as part of the new public health system. Boards should also draw on the experiences and expertise of district officers in delivering smoking cessation and education services.

TOBACCO CONTROL AND ENFORCEMENT

The Environmental Health Services of districts ensure compliance with the smoke free legislation under the Health Act 2006. The prohibitions on smoking in enclosed workplaces and public places prevent second hand smoke damaging health. Frontline line officers in other private and public environments, such as housing and licensing, can act as a source of information on health improvement and behaviour change. The case study of the **Housing Card** (page 25) at East Staffordshire shows how officers can work with Health Visitors and Midwives to give direct access and information on smoking cessation, whilst also raising the awareness of the effects of smoking in the home, especially on children.



ADVICE AND SUPPORT

In partnership with the NHS, district councils can be a vital source of smoking cessation advice and support. Districts play an active part in Smoke Free Tobacco Alliances in two-tier areas and also use their websites and assets to signpost smoking cessation services. The sector also has considerable experience of using its role in environmental health, licensing and leisure to directly provide smoking cessation advice to residents and their staff. Chelmsford City Council's **Public Health Strategy** outlines a number of ways it uses local partnerships, assets and frontline services to provide lifestyle advice, whilst Runnymede's **Health Champions** is an example of a smoking cessation service supported by a district council. Customer Service Advisors and Homelessness Advice Teams also have face-to-face contact with the disadvantaged and vulnerable who are statistically more likely to smoke. These frontline staff can act as a resource in effective advice, support and signposting.

Runnymede Borough Council – Health Champions

Addlestone Bourneside and Addlestone North are areas of deprivation in the Runnymede Borough where one third of adults smoke. Runnymede is also bottom of the table in Surrey on Stop Smoking. The council wanted to specifically address this problem through using a Health Champion approach.

Runnymede Borough Council supported local volunteers with training to become Health Champions in their community. One volunteer has specialised in Stop Smoking and is offering one to one sessions at Addlestone Leisure Centre. The Health Champion is working with the Children's Centre to obtain referrals and

build up trust in the area of deprivation. A community centre at King's Church is to be opened in January 2013 to provide outreach in the wards with the highest rates of smoking. This will be another source of referrals.

The project is on-going and relationships are being built up with the community and the children's centre to build up the number of referrals. If this voluntary Health Champion approach works in building trust and developing relationships with hardened smokers, the council will support the extension of this approach to tackle other issues of socio-economic deprivation and public health.



Chelmsford City Council – Public Health Strategy: Smoking Actions

Public Health and Protection Services:

- Enforce the smoke free legislation which prohibits smoking in work and public places.
- Be an active member of the Smoke Free Essex Tobacco Alliance.
- Signpost and promote national stop smoking campaigns.
- Develop behaviour change initiatives to support the Alliance objective of reducing smoking levels in more disadvantaged communities.
- Raise awareness of the harm caused by secondary smoke in the home, especially its effect on children.

Leisure:

The Forever Health Programme is aimed at promoting physical activity and healthy lifestyles to older residents. The project involves an instructor visiting local Sheltered

Housing Schemes and community venues delivering a 5 week programme of activities to up to 20 people. The program includes advice and support on the health risks associated with smoking and alcohol misuse.

Community Safety:

Reality Roadshow and Crucial Crew are educational programs based on personal safety and healthy living. Delivered with a range of local partners including the NHS, local school children at two key lifecycle stages of 10-11 and 13-14 attend the programs. The projects use workshop based safety initiatives and the aim is to provide students with the knowledge and skills to make their own choices and to take responsibility for their actions as well as building their confidence and self-esteem. This includes education on healthy living, including the health dangers of tacking up smoking and the effects of alcohol misuse.



Alcohol and Substance Misuse

HEALTH AND SOCIAL IMPACT

- Alcohol is now the third biggest lifestyle risk factor for disease and death in the UK.²⁴
- Half a million children in England between the ages of 11 and 15 will have been drunk in the past 4 weeks.²⁵
- Nearly 7 million adults are drinking at levels that increase the risk of harming their health and just over 1.5 million adults show some signs of alcohol dependence.²⁶
- The excessive consumption of alcohol causes 1 million crimes & 1.2 million hospital admissions per year and costs the NHS an estimated £3.5bn a year.²⁷

PUBLIC HEALTH INDICATORS

- Alcohol-related hospital admissions
- Excess weight in adults
- Mortality from liver disease
- Violent crimes (including sexual violence) and domestic abuse

THE DISTRICT OFFER

Excessive alcohol consumption is now one of the biggest health issues in the UK, with considerable health and social impacts. A combination of regulation, education and health promotion will be the vital tools in discouraging alcohol misuse amongst adults and preventing under-age access by children. Health & Wellbeing Boards must work closely with districts' frontline licensing departments in measuring the health impacts of granting alcohol licences and shaping local licensing policy. Boards should also draw on the experiences and expertise of district officers in delivering local services that aim to reduce dependency on alcohol and raise awareness of the harmful effects of over consumption.

LICENSING

One of the most important ways districts impact on health improvement is through their licensing duties and powers. Under the Licensing Act 2003, district councils are the lead licensing authority responsible for licensing a range of activities associated with alcohol consumption, as well as preventing the underage sale of alcohol. Districts regulate the sale of alcohol in pubs, restaurants, hotels, and off-licences; the supply of alcohol to members of the public; provision of late night refreshment; and regulation of the provision of regulated entertainment.

Effective partnership working between licensing authorities and other council services as well as the police, fire, ambulance and healthcare services together with the licensed trade and local residents is vital to the delivery of positive health outcomes for people and places. The Late Night Levy Regulations 2012 provide local authorities with additional powers to recover the cost of the night-time economy and deter irresponsible drinks promotions. Following the transfer of public health, it is envisaged that Directors of Public Health will take over from PCTs as a responsible authority under the Police Reform & Social Responsibility Act 2011.



This will mean districts and other licensing bodies are now able to work more collaboratively on measuring the health impacts of granting alcohol licenses. The Government is also consulting on the introduction of a new health-related objective for alcohol licensing related specifically to cumulative impacts.

COMMUNITY SAFETY

The most commonly associated health issue related to crime and disorder is that of alcohol and substance misuse. Alongside licensing and the use of Designated Public Places Orders, districts can help tackle the health and social impacts of alcohol misuse by providing innovative brief interventions directly or in partnership with third parties. Based on locally identified health improvement needs, Chelmsford City Council is delivering **Targeted Alcohol Outreach** projects in partnership with Westminster Drug Project and **North Leicestershire** are providing alcohol advice as part of their NHS funded health improvement service. In tackling local alcohol problems districts also help the voluntary and community sector provide alcohol interventions in local communities.

Chelmsford City Council – Targeted Alcohol Outreach

Chelmsford's Public Health Strategy showed that City has the highest percentage of adults in Essex whose health is 'increasingly at risk' from alcohol consumption. Chelmsford is ranked 2nd highest in Essex for binge drinking and alcohol related hospital admissions have increased by 100% since 2002. In early 2012 Chelmsford Council successfully applied for £90,000 worth of funding from the Active Safer Communities Fund. Using this money and existing partnership arrangements, the Council has commissioned the Westminster Drug Project to deliver alcohol outreach projects focusing on Council identified priorities.

The policy approach of the project is based on the Community Safety Team's strong ethos of education, enforcement and intervention.

The core aims of the project are:

- Reduction in alcohol-related ASB at street drinking hotspots.

- Reduction in alcohol consumption among street drinkers and development of clear care pathways and structured intervention.
- Delivery of brief intervention for alcohol related arrests in a criminal justice setting through custody arrest referral.
- Stronger partnership working between enforcement & alcohol support services.
- Greater awareness amongst young people about the dangers of binge drinking.

The core project will be performance managed and analysed to ensure that both success and areas for improvement are identified so that lessons are learnt and good practice shared on with community safety practitioners and other interested agencies. Another key area where the project is keen to influence the behaviour of young people aged 16-21 years of age is through participatory budgeting to directly involve young people in recognising and addressing the problem of alcohol related misuse.



North West Leicestershire District Council – Well Families Clinic

Communities and individuals are not always receptive to health improvement interventions especially when this involves behaviour change. Delivering health improvement interventions at a community level is a crucial part of the Public Health structures. North West Leicestershire District Council has for many years worked at developing a successful model of community based intervention.

Well Families Clinics deliver community level health and wellbeing advice, signposting to specialist services, information for carers and families around the health priorities of smoking and tobacco control, physical activity, healthy eating, services for older people, alcohol & substance misuse and mental health. The service also offers free health checks (blood pressure/ cholesterol/ body mass index). The council have in place a referral mechanism for anyone whose health check results fall outside of the acceptable range. The project began as a pilot funding

through the NHS and has continued over recent years with funding being found from small under spends and through “good housekeeping” measures.

A network of partners and agencies, both national and local, has been put together that cover a wide range of advice and information as well as the main public health priorities of the council. Agencies such as MacMillan cancer support, Age UK, Cancer UK, Prostrate cancer, local environmental health officers, housing revenue and benefits officers, LCC library service to name only a few. Since its inception the programme has attracted 80+ members of the public and around 15+ partner agencies at each event. The council are looking for ways to improve the model to increase the benefit to the public and service providers alike through discussions with colleagues in public health and the local Clinical Commissioning Group to strengthen the model further.



Healthy Eating and Physical Activity

HEALTH AND SOCIAL IMPACT

- It is estimated that 61% of adults and a third of children are now overweight or obese – higher than almost all other developed nations.²⁸
- Obesity costs the NHS £5.1bn, potentially rising to £6.4bn in 2015, and £9.7bn in 2050.²⁹
- Just 16.5% of those aged over 16 meet the recommended weekly guidelines for physical activity.³⁰
- Regular physical activity can help prevent and manage over 20 chronic conditions, including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, and musculoskeletal conditions.³¹

PUBLIC HEALTH INDICATORS

- Proportion of physically active adults
- Excess weight 4-5 and 10-11 years old
- Diet
- Child development
- Recorded diabetes
- Excess weight in adults
- Use of green space for exercise / health reasons
- Mortality from cardiovascular diseases (including heart disease and stroke), cancer and respiratory diseases

THE DISTRICT OFFER

With obesity rates amongst some of the highest in the developed world, tackling levels of excess weight is one of the greatest modern day public health challenges. As well as promoting dietary improvements, improving physical activity rates will be a priority for all Health & Wellbeing Boards. In two-tier areas Boards will rely on district councils and their local partners to deliver on this agenda. They will need to draw on district services, assets and officers in leisure, environmental services, parks and public places as well as planning. Boards should look to these district services and officer expertise as a potential source of place shaping, public health delivery, commissioning and intelligence gathering.



HEALTHY EATING

Alongside providing public space for allotments, districts can also be a valuable source of expertise in helping residents adopt healthier, more balanced diets. Alongside their enforcement role in food safety, environmental health officers can use their inspection and regulatory role to provide targeted advice and training sessions to community groups, as well as employees in local businesses. Environmental health work with local businesses to improve healthy eating offers. This will involve working with the food business operators to identify ways to improve the healthiness of the offer (e.g. by reducing the number of holes in a salt shaker consumption of salt can easily be reduced). Many districts also run health initiatives to improve the healthiness of the food offer from a wide range of local businesses. The initiatives are often based on awards for improvement and are delivered in partnership with Trading Standards. There are many examples of where districts have used specific grants from bodies to deliver targeted programs on healthy eating for the young, old and the hard-to-reach. Wealden District Council's [improving food knowledge at lunch clubs](#) is an excellent example. Districts can use their partnerships, both locally and nationally, to provide targeted healthy living programs to tackle childhood obesity through family intervention.

Wealden District Council – Improving food knowledge at lunch clubs

There are a network of over 30 lunch clubs across Wealden, some providing weekly or monthly lunches, and others coffee mornings and afternoon teas. They target older people (but not exclusively). The lunch clubs are run by volunteers mainly in village and community halls. To improve the support offered to the clubs, Wealden District Council made a successful bid for a £10,000 grant from the Food Standards Agency. The money was used to offer training and other support in both food hygiene and nutrition. The council worked closely with Action in Rural Sussex and a number of representatives from various lunch clubs up and down the district to steer the project.

A series of half-day training events were held across the district lunch clubs. For on-going support to lunch club volunteers, two handbooks were then produced, one on managing food safety and the other on nutrition. These were written and illustrated with photographs taken at a variety of lunch clubs operating in the district. The booklets also contained specific issues identified during the site visits which needed addressing.

For more information see

districtcouncils.info/casestudies



LEISURE PROVISION

Physical activity is particularly important given its impact on both obesity and a number of other illnesses, both physical and mental. Under the Local Government (Miscellaneous Provisions) Act 1976 districts have the power to provide and equip buildings for leisure and recreational use. Whether assets are owned and delivered in-house or provided at arms length through a profit or non-profit organisation, leisure provision remains a core district council public health function and priority. Leisure assets can range from small to large sports centres, swimming pools, athletic tracks and gymnasiums.

Through management, investment and support for these facilities, districts have a direct impact on physical activity rates and weight management in local communities. The case study of **Broxtowe Borough Council** shows how district councils can use their in-house leisure centres to deliver on the priorities of the county-wide Joint Health & Wellbeing Strategy. **Braintree Districts Council's** recent leisure services tendering process demonstrates how districts can continue to promote healthily living and increase sport participation even when assets are not directly managed.

Broxtowe Borough Council – Contributing to the JHWS through Leisure

All Nottinghamshire districts have audited their contributions to the 13 health and wellbeing goals selected by the Health and Wellbeing Board. The goals range from reducing smoking, excess weight and inequality arising from mental health, to antisocial behaviour and substance misuse. Broxtowe makes contributions in all these areas, but particularly through sport, using the three leisure centres they run. The Council aim to support the Health and Wellbeing Board in achieving its outcomes through leisure projects including;

- Cardiac rehabilitation courses across all leisure centres;
- Exercise referral scheme used by GPs to refer people for whom exercise is an effective alternative to drug therapy
- A variety of initiatives using football aimed at men in “at risk” groups including “walking” football,
- Inclusive sessions reaching out to people with all kinds of learning and physical disabilities including wheelchair basketball, football, horse riding, zumba, trampolining, water games, swimming, and multi-sports,
- A Speech, Sign and Song group for preschool children with communication difficulties led by professional musicians.

The council have also invested in a new youth gym, making sure the facilities offered are fully inclusive, enabling children and young people with a range of physical and learning disabilities to participate.



Braintree District Council – Delivering Public Health through Leisure Contracts

Braintree has outsourced its leisure services for some time but the council still wanted to ensure they were able to promote physical activity through the external provider.

The high-level procurement timetable for the new contract expected bidders to address eight key outcomes to ensure the contract supported the Corporate Priorities of the Council 2012 -16 and Annual Plan;

- Increasing participation in sport and recreation by adults & children
- Developing opportunities for children and young people to engage in volunteering activities;
- Developing participation in sport and recreation amongst hard to reach and socially excluded groups; older people; and people with disabilities;
- Contributing to the improvement of community health and the tackling of health inequalities;

Fusion Lifestyle the successful bidder addressed each of these outcomes with contractually binding method statements of how it will meet the Council's requirements. Activities included;

- Dedicated sports and community development resource to engage positively with the local communities around the leisure facilities;
- Programming suggestions to increase participation by children and young people in high quality sport.
- Tackling health inequalities by working with health organisations, such as NHS Mid Essex, through GP referral schemes, Cardiac rehabilitation schemes, healthy eating and nutrition courses, weight management, smoking cessation, dance and core stability programmes.

SPORTS DEVELOPMENT

Targeted interventions, referral schemes and projects to increase physical activity and sport participation rates are an essential part of the district council offer in health improvement. Leisure staff and sports development teams, both directly and indirectly employed by districts, work in partnership with schools, the NHS, GPs, the private, voluntary and community sectors to deliver physical activity schemes for young and old. Using their understanding of service users and local needs, these schemes are normally targeted at specific groups by age, socio-economic status or health needs. This gives districts direct access to the social groups that Health & Wellbeing Boards and Clinical Commissioning Groups will need to target limited health improvement funds to improve public health outcomes.



Stroud District Council - Healthy Lifestyles Scheme

Stroud had been operating a local GP Exercise Referral scheme for some 19 years in a specific area of the district. The Healthy Lifestyles Scheme was created in 2002 from this limited project. The intervention scheme continues to be managed and delivered by SDC Sport & Health Development Service, using existing sports facilities, trained staff and volunteers. It works in partnership with Stroud district based GP's surgeries, Hospitals, Health Centres, and NHS Gloucestershire. Aimed at all ages and abilities, the scheme contains the following variants, some running for 10 years now and others being delivered more recently:

- GP Exercise on Referral scheme (adults 18+)
- GP Exercise on Referral scheme called RESULT! (children 5-17yrs)
- Cardiac specialist Rehabilitation Phase IV sessions
- Respiratory specialist Rehabilitation sessions

- Accredited Led Health Walks Programme (8 per week)
- Dance On Prescription sessions
- OTAGO – falls prevention/postural stability sessions
- Breast Cancer Rehabilitation sessions
- Home based exercise DVD – low level impact/seated exercise.

With well established partnerships, the SDC Healthy Lifestyles Scheme links to the public health transition naturally as it is based and managed in the district and connected to NHS Public Health Improvement Managers and county-wide Health and Wellbeing Strategy. The scheme will continue to improve weight management and help tackle a number of diseases and conditions related to physical inactivity, mental health issues and obesity.



PARKS AND PUBLIC SPACES

The provision of parks, public spaces and allotments by district councils also help residents improve their health and wellbeing. Access to quality green space provides physical and mental health benefits, social interaction and integration, and space for physical activity and play. Districts work with partners including town and parish councils, to provide a range of sports fields, play areas, allotments, outside gymnasiums, riverside and county walkways, woodlands, gardens and natural landscapes. These facilities can help increase physical activity, healthy eating and general wellbeing through open, environmentally clean surroundings. Neighbourhood Environmental Action Teams (NEATs) operate in many district parks and public place services, helping maintain and improve local green spaces for public access and address local environmental quality to improve the quality of life in local communities.

Nuneaton and Bedworth Borough Council – Play Rangers

Surveys carried by the parks and countryside department at Nuneaton & Bedworth identified that green spaces within the borough were not being utilised by many children and young people.

The Play Rangers Service was established to supply high quality play provision to children and young people living in a priority SOA (Super Output Area) of the borough.

The objectives of the service were:

- Establish a complete new play service for children and young people within the borough.
- Encourage children to use their local green spaces and claim ownership of parks.
- Offer free, high quality, open-access, free choice play to aid learning and development.
- Provide inclusive, fun and child-led activities to empower children and young people.

- Play an essential part in promoting a healthy lifestyle including good physical and mental health, fitness and social skills.

The project has enabled the council to meet a key corporate objective. Attendance at sessions is up 123% in the past year, with over 22,000 attendances over 30 months. The project created an excellent press profile, promoting the importance of children and young people learning and developing through play. Children and young people are able to take an active part in their local community through consultation and there is now an offer of continuity and sustainability in local play provision.

For more information see

districtcouncils.info/casestudies



PLANNING

Shaping the physical environment of the community so that it can better promote healthier lifestyles is central to districts' regulatory health improvement role. The new National Planning Policy Framework has a section on promoting healthy communities, which states that the planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. This will include measures aimed at reducing health inequalities, improving access to healthy food and reducing obesity, encouraging physical activity, improving mental health and wellbeing, and improving air quality to reduce the incidence of respiratory diseases. The framework also requires local planning authorities to work with public health leads and health organisations to develop a robust evidence base that takes into account future changes and barriers to improving health and wellbeing. District councils consult health partners about planning policy, infrastructure planning and major planning applications.

South Oxfordshire – Core Strategy Promoting Wellbeing

South Oxfordshire District Council's core strategy recognises that one of the key challenges for the strategy is catering for the ageing population in terms of housing, extra care, health facilities, transport and services so they can maintain their independence and quality of life. It also recognises that although health in the district is good, the NHS estimate that 1 in 5 adults are obese and only 12.4 percent of adults who took part in a recent survey were taking the recommended level of exercise. The strategy therefore has an objective to promote provision of high quality leisure, cultural and health facilities for all ages across the district and to enable people to adopt healthy lifestyles.

South Oxfordshire is working with a wide range of partners including the NHS, Oxfordshire

County Council, housing associations, private developers and the voluntary sector. The positive influence of the spatial planning system on health and wellbeing is one of the reasons why district councils are key players in public health.

The planning project is resulting in improved fitness for South Oxfordshire residents. For example the Ladygrove residential development in Didcot now has a £395,000 walking, cycling and fitness route (the Ladygrove Loop). It is also helping to ensure the independence of older residents. For example, on the new Great Western Park residential development in Didcot 10 percent of the 3,300 homes will be 'lifetime homes'. Lifetime homes support the changing needs of individuals and families at different stages of life.



Royal Town Planning Institute

District council planning authorities have long recognised that neighbourhoods need to be planned to promote walking and cycling, with easy access to well-managed formal and informal green spaces and play areas. The quality of the places in which we live, work, learn and play, as well as our access to healthy food, is a major determinant to how active that we are, a central contribution to helping to reduce the onset of obesity and cardio-vascular diseases. Research has shown that living in a neighbourhood with greenery and good quality, accessible parks which aren't compromised by litter, graffiti and vandalism, are less likely to be detrimental to people's wellbeing. As well as these measures, district planning authorities have also effectively used Health Impact Assessments in order to consider the health impacts of a policy or development proposal.

Health improvement methods are vital functions of district council services, and as such will need to be recognised as such by the workings of health and wellbeing boards. Bristol's joint strategic needs assessment (JSNA) has committed the city to better planning through 'improving access to green spaces and to shops selling healthy food, as well as incorporating sustainability issues for a healthier future' and links are being made between the JSNA and Bristol's local plan. These innovative planning practices

should spread across local authorities with the transfer of public health, including in two-tier areas. It is important that the vital contributions of planning services within every district council are recognised by health & wellbeing boards through district representation, JSNAs and sub-locality boards or forums.

It is also important to note that healthy environments should not be limited to an outdoor experience, as people spend about 90% of their time indoors. Housing conditions therefore need to be carefully considered for example, good ventilation and non-polluting construction methods and alleviating overcrowding. District housing and planning authorities will need to work closely together and with health & wellbeing boards - in many cases across boundaries - to find solutions for these problems.

Planning Aid England provide support for local communities wishing to engage in the planning process. The RTPI believes that communities should also be included in the planning of the areas which they will use for recreation, as there is wider evidence to suggest that good planning with wider community involvement has positive effects on community cohesion, mental health and the wellbeing of individuals. The Institute also runs a topic page for health on the RTPI website, as well as via tweets from [@rtpiknowledge](https://twitter.com/rtpiknowledge).





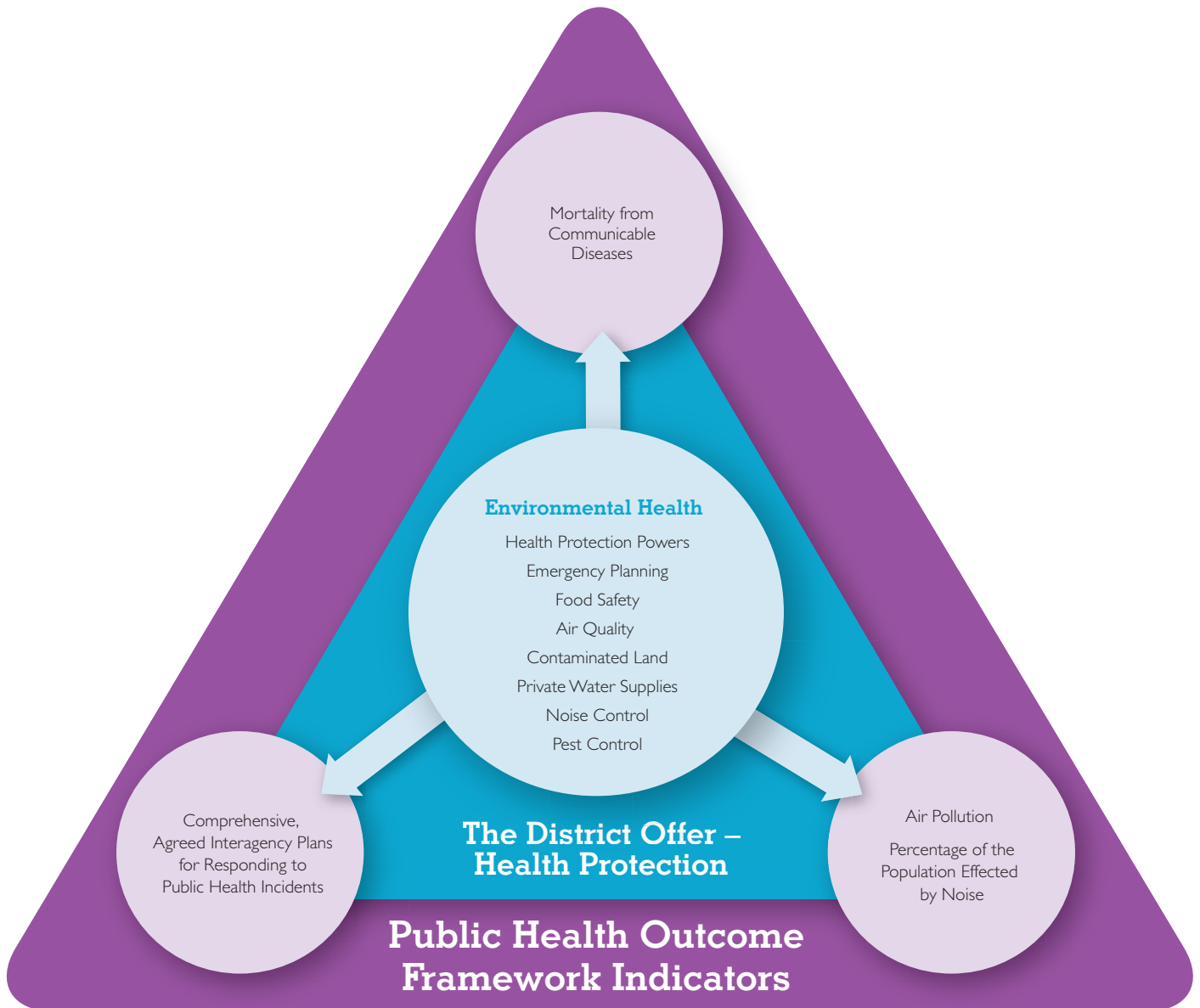
Health Protection



HEALTH PROTECTION

The quality of the environment that surrounds us all has a major impact on our ability to maintain a good standard of health and protect ourselves from harm. Communicable diseases and the possible pollution of our air, land and water continue to cause public health concerns into the 21st century. Protecting residents and local businesses from hazardous conditions in the environment is therefore one of the cornerstones of public health.

The way health protection is delivered at local and national level is changing. District councils, alongside the new national public health executive agency Public Health England, will remain key stakeholders in ensuring the adequacy of health protection plans and responding to incidents and outbreaks as well as major emergencies that pose a risk to the public's health. District councils have a range of statutory and discretionary powers that form the frontline defence against these risks to our health and help improve health outcomes more widely. Their Environmental Health Services will be key to ensuring the day-to-day delivery of health protection measures.



Environmental Health

HEALTH AND SOCIAL IMPACT

- Each year around a million people suffer a food-borne illness, causing 500 deaths and costing an estimated £1.5bn.³²
- Whilst infectious diseases now account for 1 in 50 deaths per year, cases of tuberculosis and STIs are rising, and pandemic flu remains a threat.³³
- Contamination of land can pose a threat to the environment and the health of humans, animals and plants.³⁴
- Noise has a significant impact on physical and mental health, including loss of sleep, the risk of cardiovascular diseases and high blood pressure.³⁵
- Poor air quality reduces life expectancy by an average of seven to eight months.³⁶

PUBLIC HEALTH INDICATORS

- Mortality from Communicable Diseases
- Comprehensive, agreed interagency plans for responding to public health incidents
- Air Pollution
- Percentage of the population affected by noise

THE DISTRICT OFFER

Through their frontline services, district council officers will continue to provide essential interventions that protect communities from environmental hazards and also provide local intelligence to inform the health protection elements of Health & Wellbeing Strategies. Districts will be vital partners in emergency planning and delivering comprehensive interagency plans to respond to major public health incidents in disease control and environmental contamination. Health & Wellbeing Boards need to have effective and consistent engagement with all environmental health and emergency planning functions to improve outcomes and ensure health protection. Districts must also work closely with Health & Wellbeing Boards, local businesses and residents to ensure frontline services and emergency plans continue to be effective and responsive under the new arrangements.



HEALTH PROTECTION POWERS

A key health protection function of district authorities is the exercise of their duties under the Public Health (Control of Disease) Act 1984. Environmental Health Officers (EHOs) can investigate and take action on behalf of the local authority in circumstances where infection or contamination presents, or could present, a significant risk to human health. This would include suspected cases or outbreaks of communicable diseases, such as Legionnaires' disease. Powers are available to Districts to prevent the spread of illness by stopping school children attending school, or employees the workplace. They can also extend their activities beyond their regulatory role to work with partners, such as the Food Standards Agency and Public Health England, to carry out work that focuses on protecting people against communicable diseases, especially amongst high risk groups such as those suffering from deprivation, the elderly, infirm or very young. These types of interventions will be essential to improvements in the Mortality from Communicable Diseases public health indicator.

EMERGENCY PLANNING

Under the Civil Contingencies Act 2004 district councils have a number of responsibilities in relation to civil protection at the local level, including being Category 1 responder in the event of a local emergency. Local emergencies include all of those situations that directly impact on public health, including the above functions in disease control as well as environmental hazards such as chemical spillages. With the creation of Public Health England and the health protection duties placed on counties, the implementation of local health protection plans will be left to local discretion. However, districts will continue to be a vital partner in two-tier areas, forming joined-up approaches for responding to incidents, outbreaks and emergencies.

Districts should ensure they have effective resilience plans in place in these areas, whilst Health & Wellbeing Boards need to acknowledge the district role in public health protection, communicating county level plans and ensuring lines of responsibility and accountability are clear.



FOOD SAFETY

Although there will be new public health arrangements EHOs will continue to inspect food businesses as well as investigate food incidents and outbreaks of food-borne illness. Such frontline services are vital to ensuring that all those that serve food to the public comply with food safety regulations and that risks to the public from food-borne diseases are minimised. The food safety work of EHOs also assists consumers to make hygiene based decisions when choosing where to buy or eat food, by ranking business hygiene performance through the **National Food Hygiene Rating Scheme**. The scheme also incentivises businesses to achieve and maintain good standards. Apart from inspection activities EHOs play a key role in assisting businesses to meet their legal responsibilities and can often provide cost saving advice. **Great Yarmouth** is an example where enforcement has been reduced and a greater focus given to improving business relationships to achieve a more effective and efficient service. Districts can also use their expertise to raise awareness of food safety in the community e.g. during food safety week; through work in schools or by working with vulnerable groups such as the elderly at community centres.

Amber Valley Borough Council – National Food Hygiene Rating Scheme

The council committed several years ago to adopting a National Food Hygiene Rating Scheme as soon as the Food Standards Agency made one available. The system awards food premises with points for their standards in hygiene. Amber Valley has 1,000 food premises ranging from fish and chip shops to children's nurseries. Before the Rating Scheme the public had no real way of easily identifying the food hygiene standards in all of these places, which is key to making an informed decision about where to eat or the standards of local nurseries or anywhere where food is served.

Using the scheme, officers can offer support and education to businesses during visits and offer a free food safety management system for them to

follow. During the first three months of the scheme the borough passed the 50% mark for businesses achieving a score of five with 95% of businesses scoring three or more. They have reduced the number of non-compliant premises by over 50% in the last three years, which has freed up enforcement resources to work with those resistant to change. The council continue to publicise the scheme and ensure local people are talking about and using the scheme which is accessed through a national website.

For more information see

districtcouncils.info/casestudies



Great Yarmouth Borough Council – Reducing Enforcement, Improving Relationships

The Food Safety Service undertook a Systems Thinking based project to redesign its food safety service to make the service more capable within its existing resources and to also improve service delivery. Officers now focus on achieving an agreed outcome “to ensure food is safe for public consumption”

Inspections have become assessments during which problems found in a food business are prioritised in terms of risk and compliance. Where risks to food safety are identified then that business is considered to be “unsafe” and it

enters a phase known as the “make safe phase”. During this phase officers work with the business to help them understand the risks and what they need to do. Much of this work is practically based, such as hand washing demonstrations, cleaning demonstrations or food sampling, as it has been found that this is the best way for people to learn.

By working this way relationships with food businesses have improved, their risk ratings have improved or been maintained at an acceptable level and the amount of enforcement work has significantly reduced.

AIR QUALITY

Districts have a statutory duty under the Environment Act 1995 to manage Local Air Quality which involves monitoring air quality and identifying areas where nationally prescribed objectives are at risk. Where they are not being met districts produce action plans to reduce pollution, working in partnership with all relevant stakeholders and especially with planners where, as often, it is traffic-related. In fulfilling their public health responsibility in this area districts also administer Smoke Control Areas, regulate chimney heights (to ensure adequate dispersal of plumes) and deal with nuisance bonfires. The [Kent and Medway Air Quality Partnership](#) shows an innovative way districts, Medway Council and Kent County Council, have come together to deliver this public health service more effectively in partnership and are now working within the new arrangements to highlight the importance of air quality in public health.



Kent and Medway Air Quality Partnership

The Kent Air Quality Partnership was formed in 1992 and has now evolved into the Kent and Medway Air Quality Partnership. The aims of the network are to promote improvements of air quality within the region, help local authorities to meet their statutory obligations and maintain an accessible database of robust measurements for public reporting, research and development. The partnership's website provides information for residents and interested parties on the latest pollution levels, forecasted air quality, the health impacts of air quality and local statistics and reports.

To support the Partnership a health sub-group has been formed. The group includes representatives from the partnership and health professionals from both Kent and Medway areas. It seeks to raise the awareness of the impacts of Air Quality on Health to both the general public and health professionals. This will be delivered by developing

supporting material and attending networking events in order to communicate both the health and financial benefits that improving air quality can deliver and influence beneficial change. The partnership has actively engaged in the consultation process for the developing Health and Wellbeing Strategy in Kent and is looking at ways of providing health professionals with air pollution and forecasting information which can then be distributed by GP practices to the relevant vulnerable groups. To optimise the health and well-being of residents in Kent and Medway it recognises that the impacts of air pollution need to be addressed systematically at both a strategic and operational level across all statutory authorities.

For more information see

www.kentair.org.uk

CONTAMINATED LAND

District councils have a range of responsibilities with respect to contaminated land, both to encourage its regeneration and prevent its harmful effects on public health. Land that is contaminated contains substances in, on or under the land that, in the concentrations present, represent a significant possibility of causing particular harms to human health or the environment. Contamination can be both natural or as a result of human activity including gas or chemical manufacture. Most contaminated sites are identified through the planning process in which districts impose 'clean-up' conditions but they also have a duty to seek out contaminated sites, in both cases ensuring their remediation to a standard suitable for their proposed uses.



PRIVATE WATER SUPPLIES

About 1% of the population – that's over 200,000 homes – are not connected to mains water and rely instead on wells, boreholes and springs for their domestic water supplies, including for drinking. Many of those supplies are vulnerable to contamination by micro-organisms, particularly in spring and autumn and after rainfall and, not least where those consuming the water are not regular drinkers, or are very young or elderly or whose immune system has been compromised for some reason, when gastro-intestinal infection can result, occasionally with severe consequences. Officers of district authorities have the responsibility of assessing the risks from these supplies and of advising owners of the precautions to take against illness. Where such supplies are insufficient or where they serve more than one home or any commercial premises, they may take formal action to ensure proper treatment or replacement of the supply.

PEST CONTROL

Whilst the responsibility for controlling pests lies with the owner or occupier of a premises or land on which they are present, districts have a statutory duty to ensure that their district is kept free from rats and mice under the Prevention of Damage by Pests Act 1949. Where satisfied that a premise is verminous they must ensure steps are taken by the owner or occupier to remedy the condition to prevent future public health risks. Although additional pest control services beyond enforcement are a discretionary rather than statutory service provided by district councils, many authorities continue to provide services to control and eliminate the public health problems created by rats, mice, bedbugs, fleas and cockroaches.



Chartered Institute of Environmental Health

The definition of environmental health given by WHO Europe makes clear the fundamental contribution of environmental health to the maintenance and improvement of public health: 'environmental health comprises those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social and psychosocial factors in the environment. It also refers to the theory and practice of assessing; correcting and preventing those factors in the environment that can potentially affect adversely the health of present and future generations'.³⁷

In a modern developed country we have come to take for granted many of the basic sanitary measures, the lack of which cause so much disease and suffering elsewhere in the world. It is also true that developed countries and relatively affluent lifestyles present their own modern challenges to public health. For instance, the safety, quality and nutritional value of the food we eat is of fundamental importance to our health and wellbeing. Food safety and nutrition are therefore key concerns for the environmental health profession.

When these safety measures fail it is often the local authority environmental health officers who are called upon to investigate and instigate remedial action. The CIEH as the professional body for environmental health works centrally and through its network of regions and branches, to support EHPs in meeting those challenges through the provision of training and a variety of written

materials across the different areas of health protection, including the following:

- There is published guidance on the CIEH website on the use of health protection powers available to local authorities and justices of the peace, as well as an interactive toolkit [Health Protection Regulations 2010 Toolkit](#) to assist EHOs in dealing with practical situations when they arise.
- In the field of contaminated land there is the [Guidance for the safe development of housing on land affected by contamination](#) as well as [The Local Authority Guide to Ground Gas](#).
- There is [Neighbourhood Noise Policies and Practice for Local Authorities – a Management Guide](#) to help EHPs reduce the health impacts of noise nuisance on health.
- A [Takeaways Toolkit](#) has been created including interventions and case studies to help local authorities develop a response to the health impacts of fast food takeaways and control the proliferation of fast food outlets.
- The CIEH has produced a [Professional Practice Note: Hoarding and how to approach it](#) which contains an overview of the issues and the statutory powers available and also provides and detailed information for environmental health practitioners on clinical aspects of the condition and offers mental health workers an in-depth insight into the difficulties faced by local authority staff in addressing hoarding.



NOISE CONTROL

Noise may be an inevitable consequence of today's society, whether from natural, or particularly, man-made sources; however there is increasing evidence that excessive noise can have damaging impacts on our health. Districts share with unitary authorities a duty under the Environmental Protection Act 1990 to investigate noise nuisance complaints to determine whether or not a Statutory Nuisance exists. Where it does, they must serve an abatement notice to control it. Other powers allow them to serve fixed penalty notices for excessive noise at night, including from licensed premises, and where a noise offence is committed to seize the equipment responsible. **Great Yarmouth's** reforms to its noise nuisance service demonstrates how districts can rethink the way they deliver this statutory public health service to residents, simultaneously improving outcomes and reducing costs.

Great Yarmouth Borough Council – Reforming its Nuisance Service

Reviewing this public health Great Yarmouth found that their nuisance service was very administrative and letter based. If a resident made a nuisance complaint they would receive a letter and a diary pack, with an overreliance placed on those complaining to return the pack for the complaint to be followed up. The council found that as a result of this over 50% of service demand and calls were relating to an unresolved complaint.

In reforming their service the council used more face-to-face investigations in the first instance to understand fully what the issues were. Often a neighbour complaining about a barking dog will

have other concerns about their neighbour, and the council found it was important to look at all of these issues as a whole when trying to help resolve this public health problem. The purpose of Great Yarmouth officers is now around helping resolve a customer's complaint, and as a result officers are free to try various methods and do not have to resort solely to legislation. Due to the reforms to their noise nuisance service the council has seen a 45% drop in repeat demand and the service now takes all calls for Environmental Health directly so that officers can try and help any customer at the first point of call, rather than a customer going through the call centre in the first instance.



Elmbridge Borough Council – On-Line Noise Toolkit

Against a background of shrinking resources, Elmbridge's EHPs created an award-winning on-line noise toolkit to help residents and to support local businesses alike. Professionally designed and capable of taking on further features in the future, it provides advice, some model letters and forms for witness statements and noise diaries for people reporting being bothered by noise. A facility for residents to forward audio files of noise experienced, perhaps in the middle of the night when EHPs can't be available, has proved to be particularly useful.

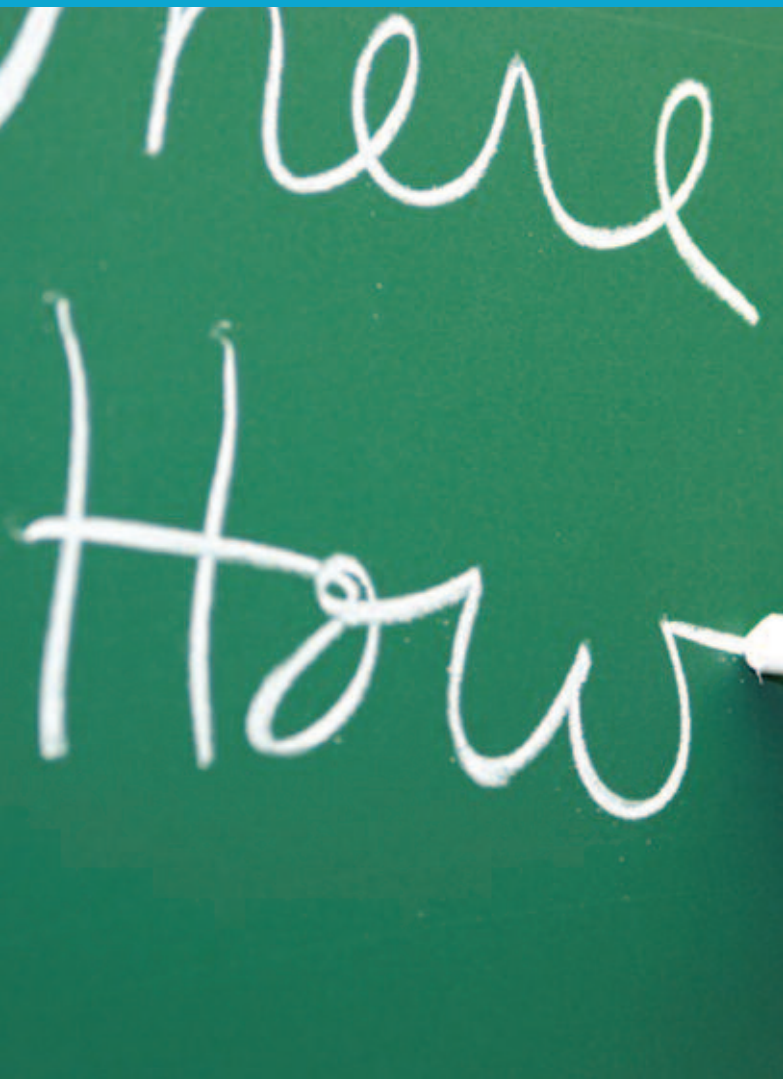
To help the owners of licensed premises avoid prompting complaints in the first place, a voluntary Code of Practice setting out the principles of good practice, complaint management and partnership working is included too. Officers encourage take-up of the Code with advice in the course of on-site noise 'MoTs' and the growing number of participating businesses get a badge to show they take their responsibilities as neighbours seriously.

The toolkit has been in operation for a little over a year but already receives several thousand 'hits' per month.





Taking Public Health Forward



Taking Public Health Forward

Realising the full potential of the District Offer in public health will rely on the sector embracing its new public health role and taking a proactive approach to improving local outcomes. Reducing premature mortality and health inequalities will also hinge on the combined efforts of a host of local stakeholders brought together at both Health & Wellbeing Board level and within new and existing partnership arrangements at district or sub-locality level.

Building on best practice already occurring across the sector, districts should take a strategic approach to public health and intensify efforts to work in partnership with local stakeholders. Districts and their partners should explore opportunities for joint-commissioning plans, service integration and forming locality Health & Wellbeing Boards to harness and maximise their contribution to reducing premature mortality and health inequalities.

A STRATEGIC APPROACH

To contribute to the new public health system districts will need to be prepared for their enhanced and multi-dimensional role in health. Alongside finding ways to provide essential public health services more efficiently, districts will need to take a strategic approach to co-ordinating their local public health offer.

Although dependent on local capacity and resources, the DCN would encourage districts to audit their own public health contribution. This would enable districts to take a more strategic approach to their public health services and interventions and help embed health improvement across departments. Districts should consider highlighting local health needs and priorities, identifying existing public health activity and exploring opportunities for aligning services and resources more effectively. In large county areas this approach can help highlight the unique health profile of each district, bringing a focus on health inequalities within districts themselves. It can also help outline to local stakeholders the councils existing public health contribution and potential capacity.

There are many ways district can take a more strategic approach and there is no one-size-fits-all approach. However, there are already excellent examples of best practice emerging. Pendle Borough Council has recognised the need to take a more **Strategic Approach** to its local public health offer, with Public Health Sub Group developing ways the council can change its approach to public health. East Herts District Council is building on its existing **Public Health Strategy** to develop its public health offer in partnership with Hertfordshire stakeholders. Whilst **Chelmsford City Council** are taking a proactive approach to public health, working with local partners, adopting a council-wide Public Health Strategy and delivery group, and reorganising Environmental Services to better address local health priorities.



Pendle Borough Council – A Strategic Approach to Public Health

While supporting the priorities decided by County Health & Wellbeing Boards will be important, districts will also need to pursue priorities specific to their areas. Through a Pendle Public Health Sub Group instigated by the Council Management Team, the council have been considering what the public health agenda could mean for their council and the strategic contribution of their services to health improvement. In doing so, Pendle wanted to maximise their infrastructure and resources to deliver better public health outcomes.

A scoping exercise was undertaken by the Public Health Sub Group to identify both existing actions that the council are taking on public health, and some additional actions that can be taken over the coming months and years. These have been set out in a Public Health Action Plan which has now been incorporated into the 2013/14 service planning process. Actions have been based on

what is achievable now rather than reflecting the potential of district councils as outlined in national guidance. In addition, using £5k funding from the PCT to commission consultants to explore these issues, the scoping exercise identified longer term, transformational requirements which may involve cultural change and will evolve over time, including:

- Strengthen the existing Pendle Partnership Executive including its membership and terms of reference to enable it to lead the strategic development of public health.
- Make full use of the Health & Social Care Scrutiny Panel to help develop the vision and strategic approach
- Have the existing council Public Health Sub Group and Pendle Partnership Health & Wellbeing Group to continue to provide officer support for both of the above.

East Herts District Council – Public Health Strategy

Although the residents of East Herts District Council enjoy a relatively good level of health, this masks the fact that there are particular pockets of local health problems including smoking, obesity and rural health inequalities. Key to tackling these problems is requires partnership work to promote healthier lifestyles. The East Herts Public Health Strategy 2008-2013 has used a partnership model to tackle our local public health concerns. A member led Health Engagement Panel was set up, which gave approval to the Annual Action Plans, the delivery mechanism for the projects and initiatives targeted at individuals and communities across East Herts. Over 100 projects and initiatives have been delivered. They are consistently undergoing progression and evaluation with a number of

newly inspired projects and innovative ways of reaching target audiences.

The challenge now with the introduction of the new Health and Wellbeing Board, Strategy and JSNA functions in Hertfordshire is to enable East Herts to play a key local delivery role in this. Connections with key partners, already existing, and new ones beginning to be formed, will be vital in driving the new health arrangements forward. East Herts wants to develop its vision to continue to address local need and bring real reduction in health inequalities for the people of East Herts.

For more information see

districtcouncils.info/casestudies



Chelmsford City Council – Whole System Approach to Public Health

Chelmsford approved its first public health strategy in June 2012. The strategy pulled together all the work the Council carries out that contributes to public health outcomes and how that work directly relates to tackling health inequalities and the outcome framework indicators.

It was identified at an early stage that the council connected to public health through various strand of its work e.g. leisure, environmental health, and planning but also that improved outcomes and added value could be achieved through closer working between departments. To achieve this co-ordination a corporate public health group was set up to align the work to corporate priorities and oversee all interaction with external stakeholders. Following on from the creation of this group a number of initiatives are planned to drive forward the public health work including accreditation as a Healthy City, a City wide Food Plan, a project to explore the use of the council's leisure discount card in conjunction with GPs to target at risk individuals, promote fitness and track health improvements, and a project to examine how to receive optimum health

benefits for residents by using the planning and development regime. The council's environmental health and community safety teams are also in the process of restructuring to become Public Health & Protection Services to concentrate on public health outcomes.

To ensure the strategy is delivered and to maximise opportunities afforded by the new public health regime a proactive approach has been taken to engage with the Clinical Commissioning Group, Director of Public Health and public health colleagues and raise awareness of the role district councils in the 'whole system approach' to health. The CCG and Director of Public Health are now represented on the Local Strategic Partnership Board and a Public Health Specialist employed by the county council 'hot desks' within the City Council's public health team. This partnership and the opportunities presented by the changes to public health will drive forward real improvements to the health and well-being of Chelmsford's residents and visitors to England's newest City.

For more information see

www.chelmsford.gov.uk/publichealth



PARTNERSHIPS

Internal preparation should also be supported by districts continuing to engage with external structures and partners. In many large county areas it is not possible for all district councils to have a seat on their Health & Wellbeing Board. This representational deficit can be bridged by districts continuing to work closely with partners in their local authority boundaries and extending this to neighbouring districts and their community partners.

This document has already demonstrated that districts have a strong record on working with a range of local stakeholders to deliver services and shared local priorities. With their new public health role and wider Government reforms under the Localism Act, local partnership arrangements are continuing to undergo structural changes so they can better address local needs. Norwich City Council & Hinckley and Bosworth Borough Council have taken this approach within their own local authority boundaries, putting public health at the centre of their new **Locality Board** and **Health & Wellbeing Partnership**.

Norwich City Council – Locality Board

Norwich City Council (NCC) applied to become part of the Healthy City network in July 2012. The application was developed in conjunction with the newly-formed Norwich Clinical Commissioning Group (CCG) and public health colleagues. The Norwich Locality Board will drive much of the Healthy City work. Norwich locality board was established in October 2011 when the local strategic partnership was dissolved. It signals a fresh approach to partnership working, one that offers the space and freedom to respond to matters of importance to partners, to share information, align activity and instigate action, particularly in relation to the council's new public health role. Its key objectives are to promote collaborative and new ways of working, identifying opportunities for cost savings and efficiencies through joint service redesign, shared provision and better co-ordination of public service delivery.

In line with the civic leadership role of the council, a Councillor will chair the locality board, but importantly the Norwich locality board has

been designed to be led by its members. These include representatives from county council, police, probation, representatives of the voluntary and business sectors, and Norwich CCG. Norwich Healthy City will be a regular item on the agenda for Norwich Locality board meetings so that members could share ideas and to act as an implementation group for the project on the broader health issues. It is anticipated there will be seven potential areas of focus:

- Physical activity
- Weight management
- GCSE attainment, training and employment
- Sexual health
- Smoking
- Drug and alcohol misuse
- Prevention screening.

For more information see

www.norwich.gov.uk/YourCouncil



Hinckley & Bosworth Borough Council – Health & Wellbeing Partnership

The Hinckley & Bosworth Health & Wellbeing Partnership works with local stakeholders and organisations, including the local Clinical Commissioning Group and public health colleagues, to improve the health and wellbeing of people in the Hinckley and Bosworth district, and to reduce the inequalities in health experienced by some social groups or people living in geographical areas of greater social need. In preparation to the reforms to public health, the partnership has identified and agreed priority outcomes for health and wellbeing in Hinckley and Bosworth that are directly align with the county Health and Wellbeing Board/Commissioning Hub. The objectives of the Health & Wellbeing Partnership include:

- To provide strategic direction in accordance with the emerging Leicestershire Health and Wellbeing Strategy.
- To give strategic direction in regards to health improvement work across the district.
- To support effective joint commissioning and monitoring of joint work to improve health and reduce health and social inequalities.
- To ensure effective linkages to the West Clinical Commissioning Group.
- To ensure that resources are targeted appropriately to ensure maximum efficiencies and are based on best evidence.

For more information see

www.hinckley-bosworth.gov.uk

Alongside active partnership work within local authority boundaries, districts can also work together with neighbouring authorities to present a collective, sub-regional view. Sub-locality partnership could be beneficial to districts and the public health system more widely, providing the opportunities for effective public health collaboration at a more localised level. Locality boards can also be a platform for more locally-based commissioning, feeding intelligence upwards to Health & Wellbeing Boards and potentially providing the expertise for sub-locality commissioning or delivery of devolved budgets or funding streams.

In West Essex, Harlow Council is leading this approach with its **West Essex Wellbeing Committee**. The districts of Harlow, Rochford and Castle Point have recognised that in a county area with 12 districts there is a need for collaboration to highlight both the uniqueness of each district in West Essex, and also common health concerns across the sub-region. The partnership believes it has the potential to highlight needs and potentially provide a more locally sensitive form of public health commissioning.



Harlow Council – West Essex Wellbeing Committee

Across the west of Essex, Harlow Council is working with partners to establish a West Essex Wellbeing Committee. This would involve the three district councils in West Essex working with the Clinical Commissioning Group and with Essex County Council to identify and raise awareness of specific local needs. This approach has started from the recognition that wellbeing is about more than the absence of ill-health. They will be taking a holistic approach to wellbeing and in doing so we recognise that the determinants of health are impacted upon by a range of different agencies.

It is proposed that three District Wellbeing Strategies will be developed, which will enable needs to be identified at the most local level – drilling down to Super Output Area level, or even to street level where appropriate. An analysis of

the three Strategies for both commonalities and locality-specific needs will enable the development of a West Essex Wellbeing Strategy.

The approach provides checks and balances – ensuring that the commissioning and delivery of services really starts with community needs, and only once those needs are identified and evaluated does it become appropriate to look at how they are met. It also provides the ability to identify what can be aggregated for economies of scale whilst remaining relevant and effective for local needs and priorities.

The initiative creates a local democratic locus for the CCG and for public health. It also recognises the role of district councils in their community leadership role and in the impact that their service provision has on public health and the wellbeing of communities.

WORKING WITH HEALTH SERVICES

The case studies above show districts are already working closely with Clinical Commissioning Groups and public health colleagues in new and innovative ways. The local relationship between district councils and Clinical Commissioning Groups CGs will be critical to improving health outcomes. There are many additional ways districts can work closely with health partners under the new arrangements beyond collaboration on Health & Wellbeing Boards and sub-locality arrangements.

Alongside the examples already seen in this document, districts could potentially identify opportunities for delivering and co-locating services with health providers, whether public, private or voluntary. Kettering has worked with NHS providers to co-locate a [NHS Phlebotomy Clinic](#) within its customer service centre with opportunities for the co-location of GP services being explored. Districts and their community partners can also be commissioned directly by Clinical Commissioning Groups and the NHS to deliver services. Hinckley & Bosworth's Health & Wellbeing Partnership have been commissioned by their local Clinical Commissioning Group to provide [Health Practitioners Directory of Services](#). NHS West Sussex is also exploiting the expertise of districts in health improvement and preventive services, commissioning each district to provide a [Wellbeing Service](#) in the county. And in South Staffordshire Borough Council is working on its already strong relationship with local health services, co-locating their local Clinical Commissioning Group in council offices and developing integrated joint-commissioning plans with health colleagues.



Kettering Borough Council – Co-location of NHS Phlebotomy Clinic

The local major hospital provides care for a wide geographic area, including Kettering. Due to an increasing customer base they needed to expand their services and operate from additional premises. The council decided that to address this need, they would build a Phlebotomy Clinic within the council's Customer Service Centre to include shared reception facilities and parking. Their aim was to work together with all partners to provide a more integrated service and improve the customer experience. The NHS Phlebotomy Clinic has been a real success story for customers, the council and the hospital:

- A clinic based at the centre of public transport links and with extensive car parking adding a real benefit to the customer.
- The ability to book an appointment that is suitable to the customer means no waiting.

- The use of the council car park has led to increased parking income and visitors into the town centre.
- Economies of scope and scale with shared reception facilities as well as a rental income from the hospital have been realised.

Building on this successful relationship with local health providers Kettering is now in discussion for the provision of an out-of-hours GP service located in the council offices. The extension of opening hours for the Phlebotomy Clinic and provision of specialised clinics from the same premises are also being negotiated.

For more information see

[districtcouncils.info/case-studies](https://www.districtcouncils.info/case-studies)

Hinckley and Bosworth - Health Practitioners Directory of Services

The directory is a project which the Hinckley & Bosworth Health and Well Being Partnership have been commissioned to deliver by West Leicestershire CCG.

There are a range of services offered across different parts of districts and the council feels it is their local role to make sure that residents are best prepared to utilise these. Supporting early intervention and proactive care, the

directory is designed to help health professionals talk to patients about the range of services in the community, signposting those they feel are appropriate and supporting the patient pathway process. The publication groups relevant health services by age group and to ensure information is kept up to date and it contains the correct contact details, a schedule has been put into place to allow for amendments and revisions.



Districts and NHS West Sussex – Wellbeing Service

Each District and Borough Council in West Sussex has been commissioned by NHS West Sussex to deliver a wellbeing service aimed at reducing cardio vascular disease. The Chichester District Council wellbeing service consists of a hub function where Wellbeing Advisors see people on a one to one basis for information, advice and signposting on issues relating to cardio vascular disease reduction. Using behaviour change techniques and motivational interviewing, people are encouraged to make small changes to their lifestyles which measured over time will make a big difference to their health.

Funding has also been allocated to additional services aimed at supporting the work of the hub. For example weight management services for adults and families, projects to increase physical activity in active adults, a service tackling fuel poverty and a new and innovative project to reduce alcohol consumption in adults drinking at increased risk. The wellbeing service is a universal service but also targets areas of need in each

district, for example wards where people have multiple health risk factors. The additional projects are delivered by a range of council teams and external providers. This countywide wellbeing service will be commissioned by public health into the new financial year as they move into the county council.

Initial evaluation indicates that people who have used the Wellbeing service really value the support they have received. People mainly access the service because they have low level mental health issues, need to lose weight or want to be more active. Some of the additional wellbeing projects are now providing services for these people. Evaluation is carried out at 3, 6 and 12 months. As this is a relatively new programme the councils are still developing processes which fully capture both quantitative and qualitative outcomes but initial indications are favourable.

For more information see

chichester.westsussexwellbeing.org.uk



South Staffordshire Borough Council – Working in Partnership for Health

In 2005, South Staffordshire Council formalised a strategic partnership with South Staffordshire Primary Care Trust (PCT) and developed a joint health framework. Since the partnership was formed a Health Communities Peer Assessment help develop the partnership with the council being identified as a 'Public Health Authority'. The assessors indicated that they consistently found evidence of effective partnership working. Some key results were:

- Appointment of a joint District Public Health Lead between the PCT and the council.
- Development and production of a health profile at district level and sub district.
- Using local data and evidence to produce and implement a Health and Well Being Strategy.
- Co-location of Seisdon Practice Based Commissioning (PBC) and PBC funding the delivery of a range of physical activity, healthy eating, and information and support programmes.
- Joint funding from the PBC to Village Agents, South Staffordshire Connects (transport project) and Citizen's Advice Bureaux.

The district continues to work closely with its partners to develop a new approach to joint commissioning. This approach will be working with commissioners operating at a district level and agreeing priorities based on local data and evidence. Working on the relationship with Seisdon PBC, close links have been built with the CCG's and joint opportunities have been implemented around a number of priority areas, including;

- CCG located in council offices.
- Continuation of multi-agency funded village agent posts.
- Integrated commissioning of services across South Staffordshire's Partnership.
- New operating model in place where CCG and county are integrated in shaping services locally.

Council has led this change and is taking a co-ordinating role in shaping opportunities. Regular discussions taken place with Director of Public Health to support the re-design of public health services locally.



Biography of Institutes

CHARTERED INSTITUTE OF ENVIRONMENTAL HEALTH (CIEH)

The Chartered Institute of Environmental Health (CIEH) is a registered charity and the professional voice for environmental health. It sets standards, accredits courses and qualifications for the education of members and other environmental health practitioners. It provides information, evidence and policy advice to local and national government and environmental and public health practitioners in the public and private sectors. As an awarding body, the CIEH provides qualifications, events, and support materials on topics relevant to health, wellbeing and safety to develop workplace skills and best practice.

CHARTERED INSTITUTE OF HOUSING (CIH)

The Chartered Institute of Housing (CIH) is the professional body for people involved in housing and communities, the independent voice for housing and the home of professional standards. We are a registered charity and not-for-profit organisation. We have a diverse and growing membership of over 22,000 people – both in the public and private sectors – living and working in over 20 countries on five continents across the world. We exist to maximise the contribution that housing professionals make to the wellbeing of communities.

ROYAL TOWN PLANNING INSTITUTE (RTPI)

The Royal Town Planning Institute (RTPI) is the largest professional institute for planners in Europe, representing over 23,000 spatial planners. The Institute seeks to advance the science and art of spatial planning for the benefit of the public. As well as promoting spatial planning, the RTPI develops and shapes policy affecting the built environment, works to raise professional standards and supports members through continuous education, training and development.



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