

**Meeting:** EXECUTIVE  
**Portfolio Area:** Housing, Health and Older People  
**Date:** 14 FEBRUARY 2018

## HEALTHY STEVENAGE STRATEGY

### KEY DECISION

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### 1 PURPOSE

- 1.1 To outline the development of the Healthy Stevenage Strategy, the rationale that underpins it and a summary of strategic outcomes. The report also highlights and considers the wider implications.

### 2 RECOMMENDATIONS

- 2.1 That the strategy accompanying this report is approved.
- 2.2 That it be noted that the strategy and its implementation adopts a focus on primary prevention and health promotion given this approach has the greatest potential to help address local health inequalities.
- 2.3 That it be noted that implementation of the strategy will be achieved through co-operative working with our communities and key partners through the Healthy Stevenage Partnership overseen by Stevenage Together.
- 2.4 That the strategy is launched at the Stevenage Together Forum on 6<sup>th</sup> March.

### 3 BACKGROUND

- 3.1 Following the transfer of public health functions from Primary Care Trusts into unitary and upper tier authorities in 2013 the local health and social care structures have changed significantly. Public Health Hertfordshire was formed as part of Hertfordshire County Council and has worked extensively to create and foster partnerships with district councils via both the Public Health Board and District Offer Partnership Fund. As a result, Stevenage Borough Council has embraced and taken on a leadership role to champion health and wellbeing priorities for Stevenage. This work has been delivered cooperatively through the Healthy Stevenage Partnership that has representation from over 20 local partners.
- 3.2 From 2014-2017 the Stevenage has benefitted from £200k of investment from Public Health in the form of the 'District Offer'. This has resulted in the delivery of some

excellent preventative health initiatives, including the Healthy Hub at the Arts and Leisure Centre. This investment along with other funding streams has provided a strong platform from which to build. In addition the council's own Sport and Wellbeing Service has levered in additional external resources for various initiatives over the same period totalling £400,000. This impetus presents Stevenage Borough Council in its broader place shaping capacity with an opportunity to further enhance its role and contribution to improving the health of local people.

- 3.3 The progress made over the last few years has increased the profile of health and wellbeing priorities locally, but more importantly, it has highlighted what can be achieved when resources are co-ordinated and strategically aligned. The proposal to develop a local strategy for Stevenage was first suggested by the Community Select Committee in 2016 following a presentation by the Director of Public Health.
- 3.4 During 2017 the Healthy Stevenage Partnership has worked with local partners to shape an outline strategy. The themes for the strategy were further developed at Stevenage's first Health Summit held in December 2017 with over 50 local organisations involved.
- 3.5 During 2017 conversations have also developed with colleagues in health to drive a more localised approach to health sector transformation in Stevenage. There was active health professional engagement in the Health Summit which took place in December 2017 and have since committed to contributing to working with one strategic plan for Stevenage via the Healthy Stevenage Strategy.
- 3.6 The proposed strategy accompanies this report. It is suggested that, subject to Members approving the strategy for implementation, it should be formally launched at the Stevenage Together Forum meeting on 7<sup>th</sup> March. The Forum event would also be used to help shape the associated action plan.
- 3.7 There are a number of key points that require consideration. These are set out in the following sections of the report and therefore, formulate the rationale on which the recommendations are presented.

## **4 REASONS FOR RECOMMENDED COURSE OF ACTION AND OTHER OPTIONS**

### **4.1 Local priorities for Stevenage**

- 4.1.1 The draft Healthy Stevenage Strategy has been compiled based on evidence obtained from the Public Health Outcomes Framework (PHOF), Joint Strategic Need Assessment (JSNA), Indices of Multiple Deprivation and other key health strategies. The priorities identified are those where Stevenage ranks significantly worse than other districts in Hertfordshire, therefore demonstrating a higher health inequality in these areas.

The five key priorities identified are:

- Physical inactivity rates among children and adults
- Obesity rates among children and adults
- Reduce smoking prevalence
- Improve mental health and wellbeing
- Older peoples independence

These priorities are underpinned by an overarching objective to:

- Improve health promotion

## 4.2 Rationale for priorities

4.2.1 The following table provides an overview of the data to underpin the rationale:

**Table 1: Health priorities for Stevenage**

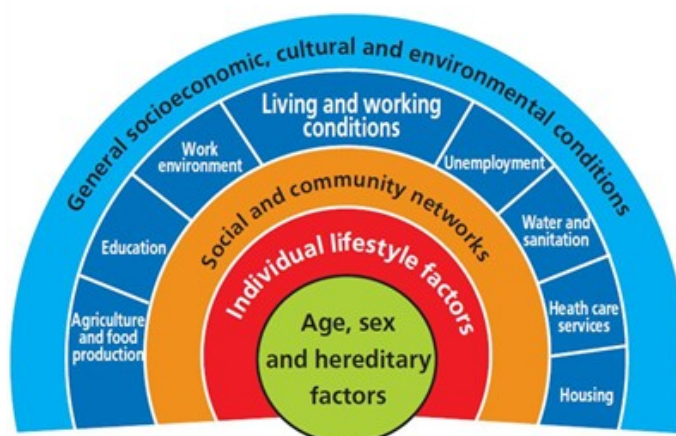
	Priority	Stevenage	Herts	England	Measure	Period
<b>Physical inactivity</b>	Physical inactivity (adults)	51.5	58.7	57	%	2015
	Physical inactivity (children)	No data available				
<b>Obesity</b>	Overweight or obese (Reception, 4-5yrs)	20.7	19.4	21.9	%	2014/15
	Overweight or obese (Year 6 - 10-11yrs)	34.9	27.7	33.2	%	2015/16
	Overweight or obese (adults)	68.7	62.8	64.8	%	2013 - 15
	Recorded diabetes	6	5.3	6.4	%	2014/15
<b>Smoking</b>	Smoking prevalence adults	24.4	13.5	15.5	%	2016
<b>Mental Health</b>	Hospital stays for self-harm	152.4	112.4	196.5	per 100,000	2015/16
<b>Older People</b>	Injuries due to falls in people aged 65 and over	2651	2126	2125	per 100,000	2015/15
	Hip fractures in people aged 65 and over	631.6	538.4	589.5	per 100,000	2015/16

## 4.3 Wider Determinants of Public Health

4.3.1 Due to Stevenage's health profile, the district is regarded as a priority area from a county perspective given the wide spread health inequalities that exist. However, these priorities cannot be looked at in isolation as there are wider determinants that affect the health profile of the town.

4.3.2 Consideration of the wider determinants of health is important. The model below created by Dahlgren and Whitehead (1992) is widely recognised as a useful tool through which to consider influential factors that affect health and wellbeing from an individual perspective.

4.3.3 Whilst Stevenage Borough Council does not have a direct duty to provide services across many of these domains, the strategy does articulate how a range of the council's functions contribute to the health and wellbeing of our residents.



The Determinants of Health (1992) Dahlgren and Whitehead

#### 4.4 Strategic fit and context

4.4.1 The profile of health and wellbeing within Hertfordshire is of growing importance and increasingly districts are being asked to support the health agenda. The responsibility to provide frontline primary and secondary care services within Stevenage lies with the East and North Herts Clinical Commissioning Group (ENHCCG), East and North Herts NHS Trust (EHHT), Hertfordshire NHS Community Trust (HCT) and Hertfordshire Partnership Foundation Trust (HPFT).

4.4.2 In addition, Public Health within HCC have the responsibility to work across three key domains that include:

- Health improvement
- Health protection
- Health promotion

4.4.3 Understanding the strategic landscape of health locally is vital to ensure that the scope of the proposed strategy and role of Stevenage Borough Council and its partners is made clear. The following sections provide an overview of key strategies that need to be taken into account.

#### 4.5 **A Healthier Future: Sustainable Transformation Plan (STP) for Herts and West Essex (2016-2021)**

4.5.1 Health, social care, public and voluntary organisations have been tasked by NHS England to develop an STP in response to commitments set in out in the *NHS five year forward view*. Across the STP footprint of Herts and West Essex, £3.1billion a year is spent on health and social care. There is a forecasted funding gap that could reach more than £550m a year by 2022 if services are not delivered differently and where possible, more efficiently. Following this mandate 'A Healthier Future' was published and sets out four key priorities that will be addressed across the Herts and West Essex STP footprint over the next 5 years. They are as follows: -

- Living well and preventing ill-health
- Transforming primary and community services
- Improving urgent and hospital services
- Providing health and care more efficiently and effectively

#### **4.6 The Hertfordshire Health and Wellbeing Strategy (2016-2020)**

4.6.1 This strategy sets out the high level priorities based on a life course approach looking at the four key life stages namely starting well, developing well, living well and ageing well. The priorities identified in the strategy will be used from now until 2020 to shape commissioning across the health and social care sectors. This includes key partners such as Hertfordshire Public Health and ENHCCG and a number of county council directorates.

#### **4.7 Hertfordshire Public Health Strategy (2018-2022)**

4.7.1 As a key partner on the Health and Wellbeing Board, Public Health's new strategy closely aligns with many of the same priorities.

#### **4.8 Community Select Committee Feedback**

4.8.1 The Community Select Committee met on 31<sup>st</sup> January to consider the proposed priorities and the rationale for the strategy. There was clear support for the council's leadership in this area, with strong recognition that the involvement of health organisations such as the Clinical Commissioning Group would be key to delivering a genuinely strategic approach for Stevenage.

4.8.2 The committee also discussed the importance of developing the right approach to working with communities on this agenda, referencing the impact of schemes such as "Beat the Street", Parkrun, tea dances and social and community based activities- that are not necessarily branded as "health promotion activities" but are clearly beneficial to health and wellbeing. The way interventions are pitched and branded will therefore need to be well considered.

4.8.3 The committee also considered ways in which regeneration, planning policy and local infrastructure can influence the health and wellbeing of the population and the responsibility across council business areas for embedding this approach.

### **5 IMPLICATIONS**

#### **5.1 Financial Implications**

5.1.1 At this stage there are no immediate financial implications to the council, although the delivery of the key ambitions is likely to require financial investment. The council will focus its existing resources relating to health and wellbeing to help to achieve the strategy objectives, including the future allocation of the district offer funding provide by Public Health. The council will also seek to work with other commissioners and funders such as HCC's Public Health, Children's Services, Adult Services, the CCG, Local GP's and other partnersto help lever in investment where possible. The council will also work pro-actively with bodies like the PCC, the Arts Council and Sport England to lever in resources that address the wider determinants of health.

5.1.2 There may be some match-funding or pump priming requirements related to progressing certain initiatives and projects. A clear and realistic action plan will be developed as part of the final strategy that will highlight where resources will be

required to support delivery of specific projects.

## **5.2 Legal Implications**

5.2.1 There are no immediate legal implications highlighted through the proposed strategy.

## **5.3 Equalities and Diversity Implications**

5.3.1 The council is committed to providing high quality services that are relevant to the needs and responsive to the views of all sections of the local community, irrespective of their race, gender, disability, culture, religion, age, sexual orientation or marital status. The General Equality Duty (Section 149 of the Equality Act 2010) requires the council to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations in the exercise of its functions.

5.3.2 Through the council's facilitation of the Healthy Stevenage Partnership and its leadership role in the delivery of the strategy there will be opportunities to tackle a range of health inequalities impacting on older people, those with disabilities and those with other protected characteristics who are adversely affected by health inequalities. The involvement of these parts of the community in the design and delivery of health interventions will be essential to ensure interventions meet specific needs and are delivered in a meaningful and empowering way. There is also clear recognition that poverty negatively impacts on health and wellbeing. The council will continue its work with partners like CAB and through mechanisms like the Child Poverty Partnership to tackle financial inclusion.

## **5.4 Risk Implications**

5.4.1 The strategic commitment of key stakeholders in the development of the strategy has helped to mitigate risks associated with focussing on the wrong priorities or those with which the council can have little impact or influence. There are wider societal risks to the wellbeing of Stevenage residents through the council not engaging in a preventative agenda through its design and delivery of services. In addition the council will need to consider associated project risks in relation to agreed activities it takes a lead on. These risks will need to consider capability and capacity, reputation, health and safety, safeguarding, finance and legal risks.

## **5.5 Policy Implications**

5.5.1 The strategy links to a number of other key strategies including the local plan and the ongoing development of infrastructure, such as cycle ways, open space and community facilities within the town that support sustainable and healthy communities. There are also clear links with the emerging Cultural Strategy for the town recognising that engagement in cultural related activities enhances health and wellbeing.

## **5.6 Staffing and Accommodation Implications**

- 5.6.1** A vacant post within the Sport and Wellbeing Team will be reviewed and realigned to the strategic aspirations within the strategy through the Communities and Neighbourhoods Business Unit Review.

## **5.7 Human Rights Implications**

- 5.7.1** The development of the strategy has equality at the heart of it in that everyone has the right of accessing opportunities that enable good health. The human right to health means that everyone has the right to the highest attainable standard of physical and mental health, which includes access to all medical services, sanitation, adequate food, decent housing, healthy working conditions, and a clean environment. The draft strategy incorporates these core principles. It is also underpinned by the Marmot Review into health inequalities in England that was published on 11 February 2010. The strategy recognises that the Marmot proposes an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities.

## **5.8 Service Delivery Implications**

- 5.8.1** The strategy will influence and shape the work of the Sport and Wellbeing team to ensure its delivery strands are clearly aligned back to the outcomes that are sought. This will also apply to the function of the Healthy Stevenage Partnership that will oversee delivery of the strategy reporting into the Stevenage Together Forum.

## **BACKGROUND PAPERS**

- Stevenage Health Profile
- Public Health Outcomes Framework for Hertfordshire

## **APPENDICES**

- Healthy Stevenage Strategy.