

Report of:	Head of Environment and Healthy Lifestyles
Contact Officer:	David Prosser-Davies
Telephone No:	01543 464202
Portfolio Leader:	Health & Wellbeing
Key Decision:	No
Report Track:	Cabinet: 30/01/20

CABINET
30 JANUARY 2020
HEALTH IN ALL POLICIES

1 Purpose of Report

- 1.1 To set out issues for consideration following the motion approved at Council on 6 November 2019 on the introduction of a 'Health in All Polices' (HiAP) approach.
- 1.2 For members to determine whether they wish to pursue the introduction of a HiAP approach.

2 Recommendation(s)

- 2.1 That Cabinet determines whether or not to introduce a HiAP approach in line with the suggestions in this report.
- 2.2 That, should Cabinet decide to formally adopt a HiAP approach, this be taken forward within the relevant Priority Delivery Plan and authority is delegated to the Head of Environment & Healthy Lifestyles in consultation with the Health and Wellbeing Portfolio Leader to implement all necessary actions.

3 Key Issues and Reasons for Recommendations

- 3.1 At the Council meeting on 6 November 2019, the Leader of the Council moved a motion to support the Government's Child Obesity Action Plan, which aims to halve childhood obesity in the UK by 2030. The motion was unanimously supported by those members present.
- 3.2 The motion included a commitment to consider the introduction of a 'Health in All Policies' (HiAP) approach to decision making, targeting the social determinants of health to improve the health of the local population.

- 3.3 Though District councils are not formally responsible for public health, as detailed in the Health and Social Care Act 2012, they still have a huge contribution to make. Districts are providers of key services which have a direct impact on the social, or wider, determinants of health, such as housing, spatial planning, economic growth, leisure, recreation, green spaces, environmental health and licensing. Appendix 1 illustrates ways in which District Councils impact on these determinants.
- 3.4 In September 2016, the Local Government Association published “Health in All Policies – a manual for local government”. The document sets out key considerations for local authorities in tackling these wider determinants.
- 3.5 A HiAP approach focuses on collaboration in policy and decision making so would be a consideration in many areas of service delivery, including: helping people find good jobs and stay in work; active and safe travel; warmer and safer homes; access to green and open spaces; spatial planning; provision of leisure and culture facilities; safe and strong communities, wellbeing and resilience; public protection and regulatory services.
- 3.6 The Staffordshire Health and Wellbeing Board, at its meeting on 05 September 2019, considered a report on “Reinvigorating Health in All Policies”. The report recognises that implementation of Health in All Policies within Staffordshire Districts is in need of support and commits to providing this. There is now, therefore, an opportunity to collaborate with both Staffordshire Public Health and other Districts to take this forward. The report also points to a range of resources from the King’s Fund, Public Health England and the LGA, to assist Councils.
- 3.7 Whilst adopting a HiAP approach is not a current corporate objective, this sits within, and is compatible with, the broader priority of Improving Community Wellbeing. In particular, the corporate strategic objectives of “promoting attractive and healthy environments” and “opportunities for healthy and active lifestyles” and “sustaining safe and secure communities”.
- 3.8 At present there is no resource allocated to this agenda, and limited capacity and expertise to undertake this work. However, it is proposed to realign resources from within the Environmental Health team, using budget from a current vacant post to lead in this area for an initial 12 month period. Support will also be provided by the wider Environmental Health Service, and input from the Policy and Communications team.
- 3.9 Adopting a HiAP approach will help the Council to identify how best to tackle the health inequalities in our District and will ensure all our policies and services include consideration of the health impact that can be made.

4 Relationship to Corporate Priorities

- 4.1 Whilst adopting a HiAP approach is not a current corporate objective, this sits within, and is compatible with, the broader priority of Improving Community Wellbeing. In particular, the corporate strategic objectives of “promoting

attractive and healthy environments”, “opportunities for healthy and active lifestyles” and “sustaining safe and secure communities”.

5 Report Detail

Background

- 5.1 At the Council meeting on 6 November 2019, the Leader of the Council moved a motion to support the Government’s Child Obesity Action Plan, which aims to halve childhood obesity in the UK by 2030. The motion was unanimously supported by those members present and in summary stated:

In light of the above, I move that the Council resolves to support the Government’s Child Obesity Action Plan which aims to halve childhood obesity in the UK by 2030. This will be supported locally by:

1. Considering the introduction of a ‘Health in All Policies’ approach to the decisions we make, targeting the social determinants of health to improve the health of the local population;
2. Implementing a district-wide Health Improvement Programme, ‘Cannock Chase Can’, aimed at focussing local efforts on supporting the Government’s Action Plan;

(Item 2 is subject to a separate report to Cabinet)

Since the Council meeting, the data supporting the Motion has been updated and the Council’s Policy team has used this to produce the ‘Spotlight on Local Health Inequalities in Cannock Chase’ at Appendix 2.

- 5.2 Health challenges such as poor mental health, diabetes and obesity are problems with numerous, interlinking causes and no easy solutions, and they affect certain sectors of the population more than others. Evidence shows that these health inequalities are largely determined by living conditions and wider social, economic, environmental, cultural and political factors, collectively referred to as ‘wider social determinants of health’, (Appendix 3 shows a graphic illustration of how wider determinants influence, and impact on, people’s health).
- 5.3 These inequalities in life expectancy and health arise out of inequalities in society – they are not inevitable – and there are ethical, social and economic reasons why they should be prevented. As well as improving health outcomes, reducing inequality in society has been shown to lead to improvements in wellbeing, better mental health, enhanced community and social relations, reduced levels of violence and improved educational attainment.
- 5.4 If the effect of genetics is taken away, a person’s health is affected by four main factors:
- i. Social and economic factors: 40%
 - ii. Health behaviours: 30%
 - iii. Clinical care: 20%
 - iv. The physical / built environment: 10%

The infographic at Appendix 4, prepared by the Council's Policy Team, shows the extent to which these factors impact on health and relative position of the District when compared to national averages.

Introducing a 'Health in All Policies' approach

- 5.5 According to Health in All Policies (2016), the best way to maximise beneficial impact on the social determinants of health is to make this a declared objective of the whole council and its local partners. This is what 'Health in All Policies (HiAP)' is about. It is an approach to policies that systematically and explicitly takes into account the health implications of the decisions we make; targets the key social determinants of health; looks for synergies between health and other core objectives and the work we do with partners; and tries to avoid causing harm with the aim of improving the health of the population and reducing inequity
- 5.6 There is no single recommended method of adopting a HiAP approach; each District must consider its own needs and the most suitable way forward. There are, however, three broad suggested approaches:
- focus on specific public health issues (e.g. obesity) and identify policies with major impact;
 - focus on a key policy area with significant health impacts (e.g. housing, including private sector housing) and work with relevant service;
 - focus on windows of opportunity (service reviews and budget opportunities, for example) that can potentially provide success;
- 5.7 There are also a number of questions to be asked when implementing a HiAP approach:
- i. How can a Health in All Policies approach help deliver our strategic priorities?
 - ii. How can we incorporate health, health equity and sustainability into services, programmes, policies and processes?
 - iii. What evidence do we need to determine where to focus our resources for the most effective impact?
 - iv. Which stakeholders can we collaborate with to tackle them?
 - v. How can we maximise common themes and balance conflicting interests to achieve both our and others' goals?
 - vi. How can we embed health, health equity and sustainability considerations into decision making processes for the long term?
- 5.8 In order to both identify the most appropriate approach (or combination of approaches) from 5.6 above, and to answer the questions posed in 5.7, it is suggested that a mapping exercise be carried out to look at both internal areas (for example the wellbeing work undertaken by our Human Resources team, our corporate approach to Mental Health) and the policies and services which impact in our communities (leisure, planning, housing, parks and open spaces, environmental health, economic growth etc.).

- 5.9 On completion of the mapping exercise, and using the extensive guidance in 'Health in All Policies (2016)' and associated supporting materials, an implementation plan can then be drawn up showing where the Council can most effectively target its efforts to achieve the most impact on local health inequalities.
- 5.10 In order to establish the capacity to undertake this exercise, and to take forward any actions arising from this, it is proposed to realign resources from within the Environmental Health team, using budget from a current vacant post.

6 Implications

6.1 Financial

None. The proposed realignment of resource is met from existing budgets

6.2 Legal

None

6.3 Human Resources

The proposed temporary resource (vacant post) is initially indicated as a 12 month fixed term post. It should be noted that future extensions beyond a 2 year term may incur redundancy costs subject to legislative requirements.

6.4 Section 17 (Crime Prevention)

None.

6.5 Human Rights Act

None.

6.6 Data Protection

None.

6.7 Risk Management

None

6.8 Equality & Diversity

Adoption of a Health in All Policies approach will assist in tackling health inequalities, which are often linked to those with protected characteristics under the Equality Act 2010. As further progress is made Equality Impact Assessment work will be undertaken to monitor this.

6.9 Best Value

None

7 Appendices to the Report

Appendix 1: District impact on social determinants

Appendix 2: Spotlight on local health inequalities in Cannock Chase

Appendix 3: Wider determinants of health – Dahlgren and Whitehead

Appendix 4: Infographic showing relative impacts of wider determinants

Previous Consideration

Motion to Council 06/11/19 – Obesity / Health in All Council 6 November 2019
Policies

Background Papers

None

Districts' Impacts on Social Determinants

HOW DISTRICTS IMPACT THE SOCIAL DETERMINANTS OF HEALTH AND WELLBEING



People

Sheltered housing, homelessness advice, debt advice, benefits advice.



Social and community environment

Social cohesion, community activation and hubs, support for voluntary groups, neighbourhood wardens, social prescribing services, community safety, environmental health, food safety, pest control, noise control, health and safety, licensing pubs and clubs, leisure centres, physical activity promotion, play provision, sports development.



Local economy

Regeneration, economic development, local employers, local government jobs, commissioning services, grants, business grants, tourism, marketing.



Built environment

Housing, strategic housing, home adaptations, handyman services, planning, building control, creating green spaces, parks and playing fields, play spaces, healthy infrastructure, cycle routes, car parking, CCTV.



Natural environment

Sustainable development, home insulation, planning and development control, biodiversity, climate change strategies, air quality monitoring, waste and recycling collections, conservation areas, conservations officers, arboriculture, allotments, cemeteries.

ITEM NO. 13.

Spotlight on Health Inequalities in Cannock Chase

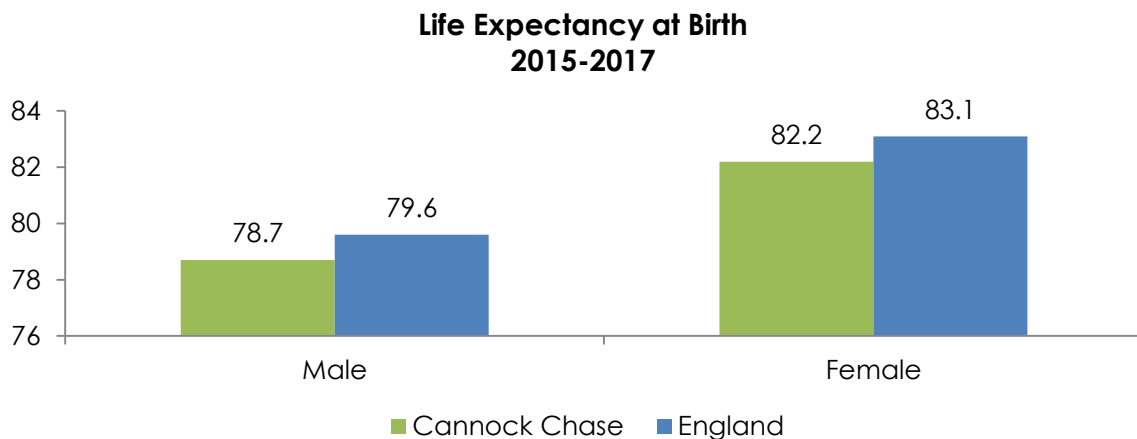


Introduction

Cannock Chase experiences a range of health inequalities which impact on the welfare of the District and its residents. Life expectancy is below the national average, with inequalities in life expectancy related to deprivation across the District. Rates of excess weight and physical inactivity continue to exceed the England average and labour market data indicates that long-term sickness poses a barrier to employment for a proportion of Cannock Chase residents. The Indices of Deprivation 2019 illustrates that health deprivation and disability exists across the District, reflecting evidence from the 2011 Census of long-term health issues and caring responsibilities for a significant proportion of residents in Cannock Chase.

Life Expectancy

Life expectancy at birth in Cannock Chase was below the England average for both men and women between 2015 and 2017.

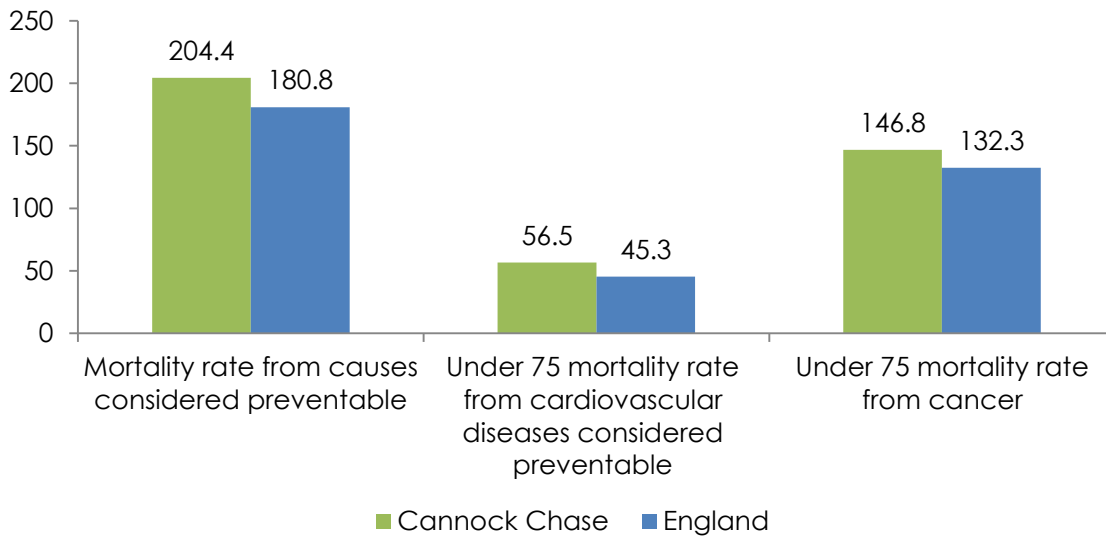


Source: Public Health Outcomes Framework Tool, Public Health England
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

Mortality rates from illness were worse than the England average in Cannock Chase during 2016-2018. The mortality rate from cancer among under 75s was worse than the England average at a local value of 146.8 compared to an England value of 132.3.¹ Mortality rates for cardiovascular disease and causes considered preventable were also higher, as the chart below illustrates:

¹ Public Health England, Cannock Chase Local Authority Health Profile, 2019.

**Mortality Rates
2016-2018**



Men living in the most deprived areas of Cannock Chase had a life expectancy 6.9 years below that of their peers living in the least deprived areas of the District during 2015-2017. This was similar for women in Cannock Chase with those living in the most deprived areas of the District estimated to have a life expectancy shorter by 6.8 years.²

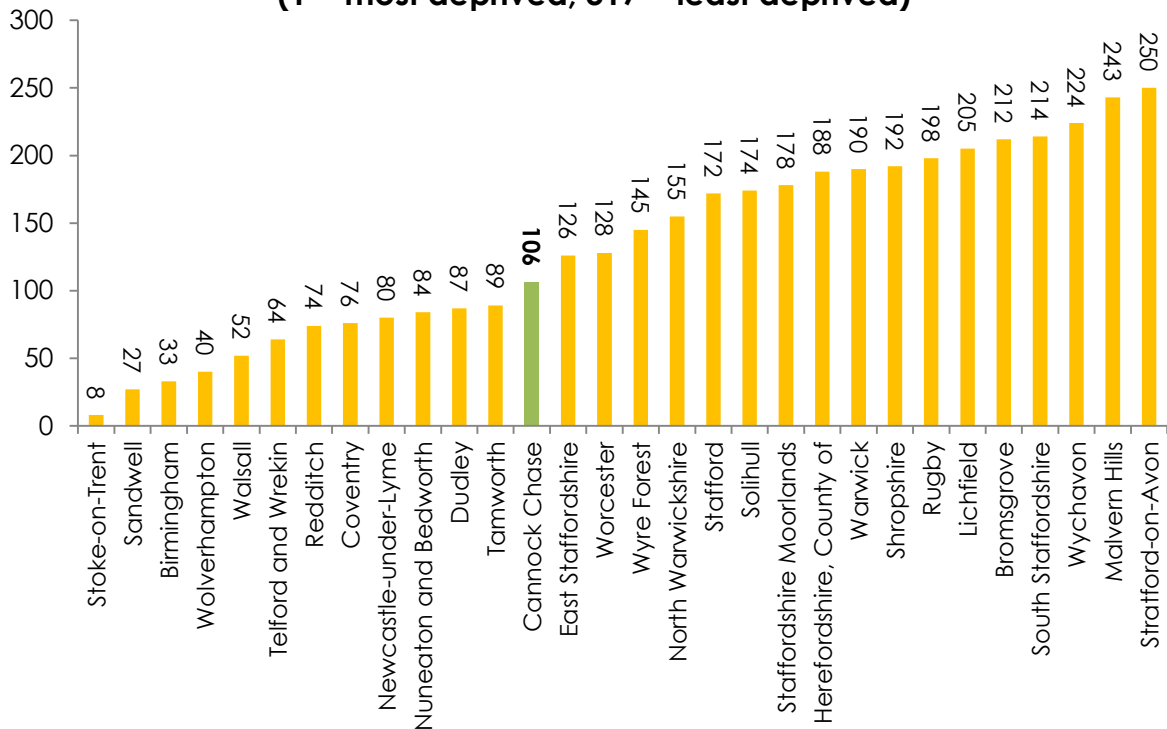
Health Deprivation

The IoD 2019 ranks Cannock Chase 106 out of the 317 local authority districts in England for health deprivation and disability where 1 is the most deprived and 317 the least deprived. The District is within the more deprived 50% of local authority districts for this domain which measures the risk of premature death and the impairment of quality of life through poor physical or mental health.³ The chart below illustrates where Cannock Chase ranks in relation to the other Districts and Boroughs in the West Midlands:

² Public Health England, Cannock Chase Local Authority Health Profile, 2019.

³ Ministry of Housing, Communities & Local Government, The English Indices of Deprivation 2019 (IoD2019) (September 2019).

**Indices of Deprivation 2019: Health Deprivation and Disability
Rank of Average Rank, West Midlands
(1 = most deprived, 317 = least deprived)**



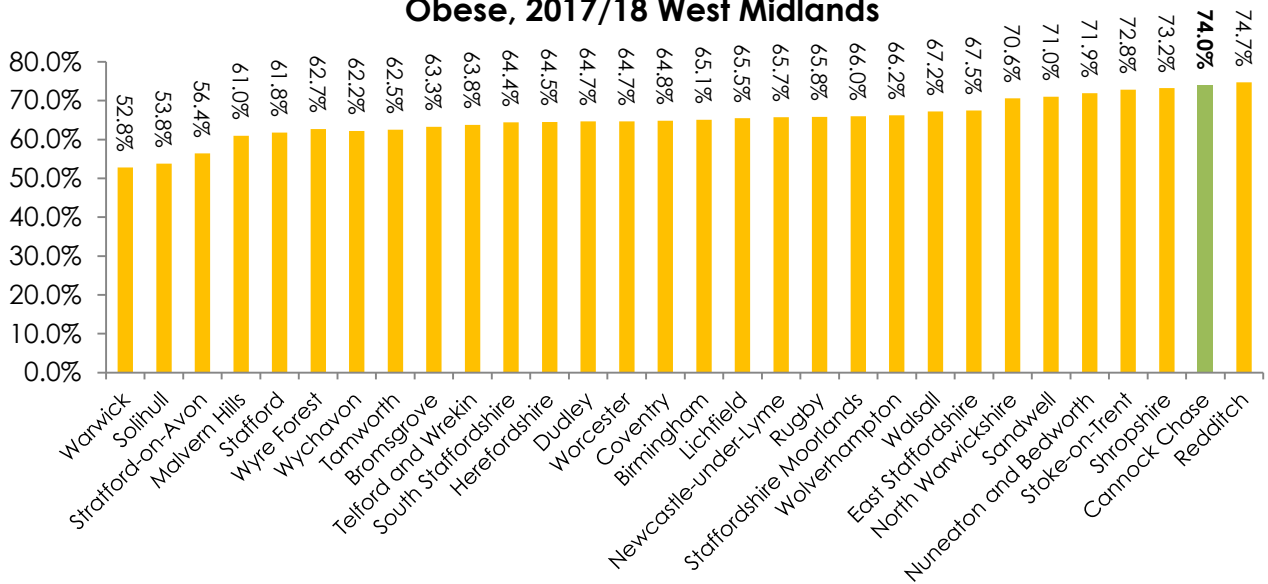
Some areas across Cannock Chase experience particular deprivation in relation to health, with one lower super output area in Cannock East ranked within the most deprived 10% of LSOAs nationally. Ten other LSOAs within Brereton and Ravenhill, Cannock East, Cannock North, Cannock South, Etching Hill and The Heath, Hednesford North and Western Springs are ranked within the most deprived 20% of LSOAs nationally for health deprivation.

Obesity

Obesity in both children and adults is linked to serious health conditions such as diabetes, hypertension, coronary heart disease, cancer and stroke as well as mental health issues ranging from low self-esteem to depression which can have a detrimental impact on educational attainment and employment. Obesity has been linked to environmental factors including access to fast food and wider socioeconomic factors, particularly deprivation.

74% of adults aged 18+ in Cannock Chase were classified as overweight or obese in 2017/18. This was the second highest proportion across the West Midlands after Redditch (74.7%) and above the England average of 62%.

Percentage of Adults (Aged 18+) classified as Overweight or Obese, 2017/18 West Midlands



The prevalence of overweight and obesity among children in the District was also above the national average in 2017/18. 26.4% of Reception (Age 4-5) children in Cannock Chase were overweight or obese compared to the England average of 22.4%. This saw a decrease to 24.9% in 2018/19 but remained above the England average of 22.6%. The proportion of overweight and obese children of reception age in the District was the 4th highest in the West Midlands in 2018/19.⁴

Among Year 6 (Age 10-11) children, 37.1% were overweight or obese compared to an England average of 34.3% in 2017/2018. This proportion decreased slightly in 2018/19 to 36.9% but similarly remained above the England average of 34.3% and was the second highest across the West Midlands local authority districts/boroughs.⁵

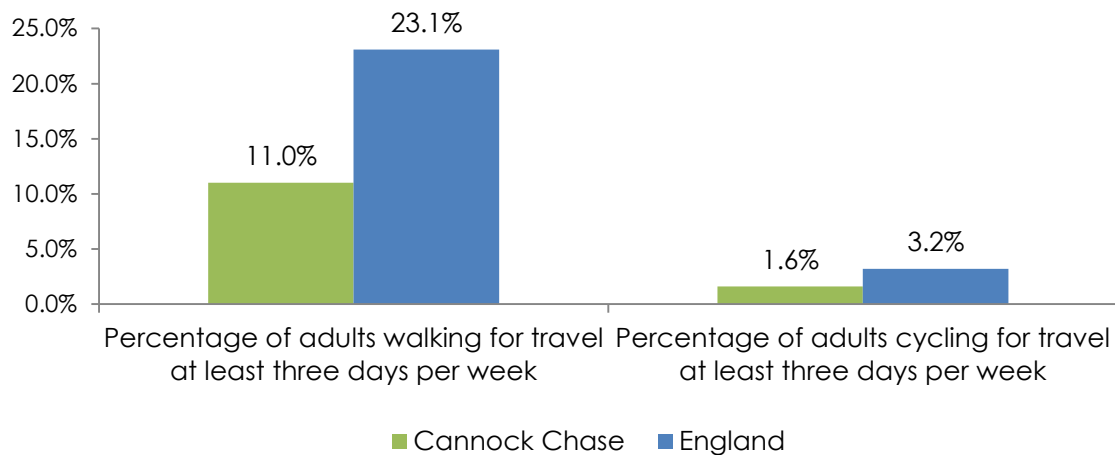
Physical Inactivity

Data from Sport England’s *Active Lives* survey indicate that levels of physical inactivity among adults aged 16+ in Cannock Chase have fallen during 2017-2018 to 26.6% of respondents which is a positive trend for the District. However, levels of inactivity remain above the England average of 24.8%. The percentage of adults walking or cycling for travel at least three days per week was below England average in 2017/18.

⁴ National Child Measurement Programme Data for Local Authority Districts via LG Inform.

⁵ National Child Measurement Programme Data for Local Authority Districts via LG Inform.

Walking and Cycling for Travel, 2017/18



Alcohol

The rate of hospital admission episodes for alcohol-related conditions in the District was 812 per 100,000 persons in 2017-2018, considerably higher than the England rate of 632.

Long-Term Limiting Illness

Economic inactivity due to long-term sickness was above Regional and National averages in Cannock Chase during 2017-2018.⁶ However, the gap in the employment rate between those with a long-term health condition and the overall employment rate was 10.7% in Cannock Chase during 2018-2019, below the England rate of 11.5%.

Research has identified 'a distinctly higher incidence of ill health in the former coalfields' including Cannock Chase, with a higher proportion of residents in these areas self-reporting long-term health problems which limit their daily activities.⁷ Data from the 2011 Census revealed that Cannock Chase reported the highest percentage proportion of residents who described their day-to-day activities as being limited 'a lot' through illness or disability of all the Staffordshire Districts at 10.4%. This was above the West Midlands (9.1%) proportion and the England (8.3%) proportion. In 2017/18 21.6% of people in Cannock Chase reported a long-term musculoskeletal (MSK) problem compared to an England average of 17%.

Ageing Population

The proportion of the Cannock Chase population aged 65+ is forecast to increase by nearly a fifth by 2027 (19.8%), with a rise of 37.7% estimated in

⁶ Office for National Statistics, Annual Population Survey via NOMIS Local Authority Profile for Cannock Chase.

⁷ Christina Beatty, Steve Fothergill and Tony Gore, *The State of the Coalfields 2019: Economic and Social Conditions in the Former Coalfields of England, Scotland and Wales* (Centre for Regional Economic and Social Research CRESR, July 2019).

residents aged 85+.⁸ The 2011 Census illustrated that ill health and caring responsibilities were more prevalent among older residents.

A larger proportion of usual residents in older age groups, particularly those aged 65 and over, reported 'bad or very bad health' at the time of the 2011 Census. Of the 15, 144 usual residents in households aged 65 and over, almost a fifth (19.3%, 2919 residents) described their health as 'bad or very bad'. The 2011 Census showed that people in older age groups are more likely to provide higher levels of unpaid care, with 44% usual residents in households aged 65 and over providing 50 or more hours of unpaid care in Cannock Chase.

⁸ Staffordshire County Council, Cannock Chase Locality Profile Data Pack (September 2018).

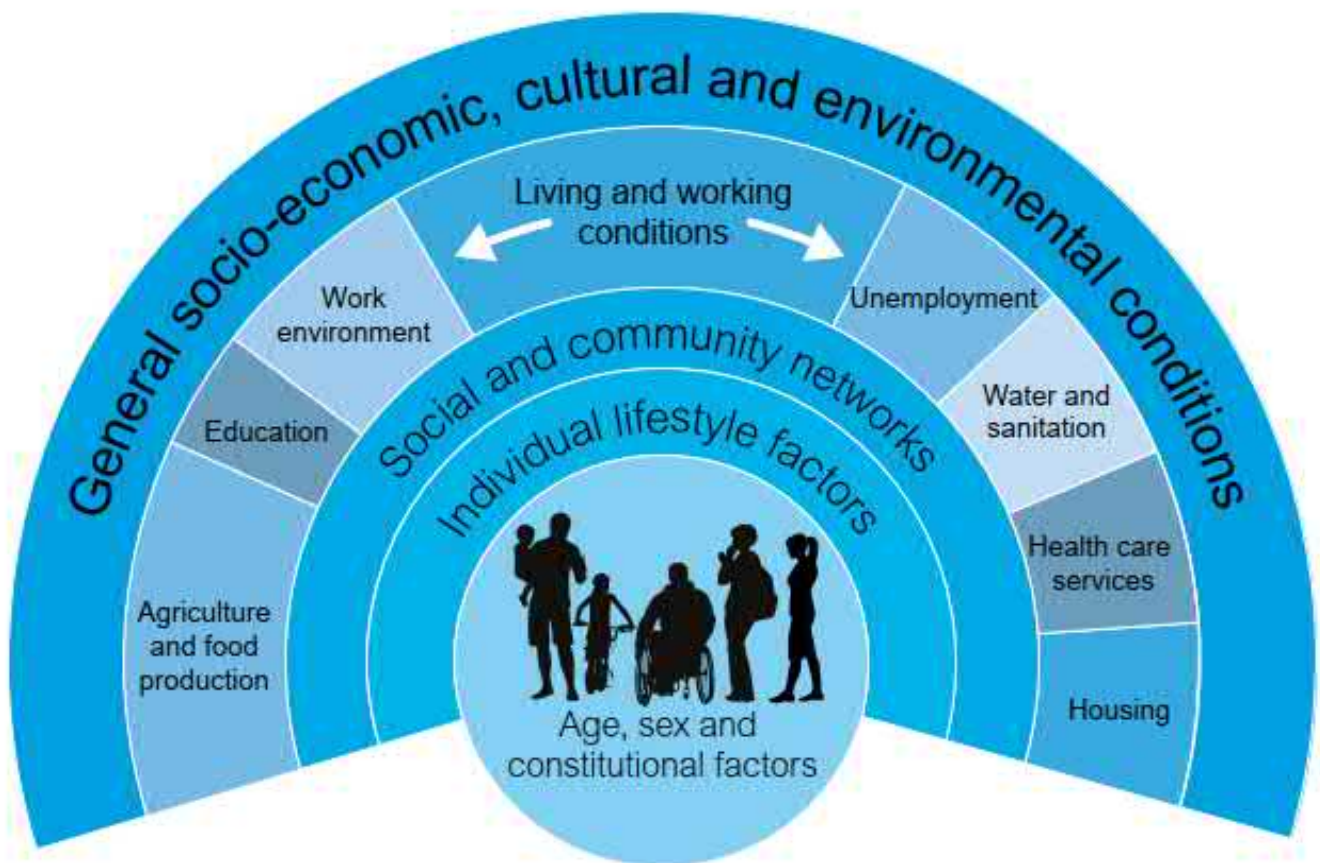
ITEM NO. 13.

Wider Determinants of Health

The determinants of health

The broad determinants of health, Dahlgren and Whitehead (1991)

The familiar diagram below was proposed by Goran Dahlgren and Margaret Whitehead in 1991 to illustrate the layers of influence of the social determinants of health.






Wider Determinants of Health in Cannock Chase

(Percentages illustrate relative contribution of determinant factors to impact on health)

Health Behaviours 30%

Smoking 10%




16.1%
Adults 18+ current smokers 2018/19. Above England avg. 14.5%

13.8% Smoking at time of delivery 2018/19 – above England avg. 10.6%

Source: Public Health England GP Patient Survey & NHS Digital Return on SATOD

Diet/Exercise 10%




74%
Adults 18+ overweight or obese 2017/18. Above England avg. 62%

26.6%
Active Lives May 2018-2019 estimates doing less than 30 minutes physical activity per week –above England avg. 24.8%


Source: Public Health England & Sport England Active Lives

Drug & Alcohol Use 5%

812 (rate per 100,000)
Hospital admissions for alcohol-related conditions. Above England avg. 632, 2017/18




Poor Sexual Health 5%
Aged 15-24 screening rates for chlamydia and other sexually transmitted infections below national averages in 2018



Source: Public Health England

Socio-economic Factors 40%

Education 10%




Cannock Chase within the 20% most deprived local authorities nationally for education, skills and training – 37th most deprived of 317 local authority districts in the Indices of Deprivation 2019

30% Pupils GCSE Grade 9-5 English and Maths - lowest GCSE attainment across West Midlands 2017/18 – below England avg. 43.3%


Source: MHCLG Indices of Deprivation 2019; Department for Education

Employment 10%



75.7% aged 16-64 in employment April 2018-March 2019. Above Great Britain avg. 75.4%

Rate of claims for unemployment benefit below national average July 2019



Highest proportion of workforce jobs in Wholesale and Transport 2018

Source: ONS NOMIS Labour Market Profile; Cannock Chase Council EDNA, April 2019

Income 10%




£530

Gross weekly full-time pay, 2018. Below Great Britain avg. £571.10

Proportion 16+ in occupations associated with higher skills and earnings estimated below national average


Source: ONS NOMIS Labour Market Profile

Community Safety 5%



86% Respondents to *Feeling the Difference* felt safe outside in their local area after dark – 49% satisfied with local visible police presence 2017-2018

Family/Social Support 5%




Highest health related quality of life among carers in Staffordshire 2016/17, with 62.2% of carers having as much social contact as they would like




Source: Staffordshire County Council, Cannock Chase Locality Profile 2018

Clinical Care 20%

Access to Care 10%




Data relating to Cannock Chase CCG, 2018/19

-  Percentage of patients referred for treatment within 18 weeks and diagnosed within 6 weeks below target
-  Patients accessing psychological therapies and completing treatment above target
-  Dementia diagnosis rate above target

Quality of Care 10%

Relating to Cannock Chase CCG, 2017/18

During 2017/18 the majority of GP Practices in Cannock Chase CCG rated as 'good overall' by the Care Quality Commission (CQC)




Source: NHS Cannock Chase Clinical Commissioning Group, Annual Report and Accounts 2017/18 (May 2018)

Built Environment 10%


Environmental Quality 5%

Cannock Chase ranked positively for living environment at 200 out of 317 local authority districts in England in the Indices of Deprivation 2019 where 1 is the most deprived and 317 the least deprived



Source: MHCLG Indices of Deprivation 2019

Travel & Built Environment 5%



Average house price more affordable in Cannock Chase than County, Regional or National affordability ratios indicate in 2018

Median private rent in Cannock Chase was £550 per month between September 2017 and September 2018 - below the England average of £690 per month

Cannock Chase ranked just outside the least deprived 10% of local authority districts in England for the physical and financial accessibility of housing and local services

Source: Cannock Chase Council District Needs Analysis 2019-2020; MHCLG Indices of Deprivation 2019

23,534
Residents commuted out of Cannock Chase to work elsewhere at the time of the 2011 Census, 699 by train

Source: ONS 2011 Census

Based on Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute cited in Local Government Association (LGA), *Health in All Policies: A Manual for Local Government* (2016).