

Joint Report of:	Head of Environment & Healthy Lifestyles and Head of Economic Prosperity
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Portfolio Leaders:	Community Engagement, Health & Wellbeing and Housing, Heritage & Leisure
Key Decision:	No
Report Track:	Cabinet: 31/03/22

**Cabinet
31 March 2022
Health in All Policies**

1 Purpose of Report

- 1.1 To provide Members with an overview of the current evidence and best practice in relation to Health in All Policies (HiAP) in second tier councils across England and to provide a proposed implementation plan for the adoption of HiAP.

2 Recommendation(s)

- 2.1 That Cabinet adopt the proposed initial HiAP implementation plan at Appendix 1, which includes the preparation of a Council Health and Wellbeing Strategy.
- 2.2 That the Head of Economic Prosperity be designated as the lead officer for this workstream, implementing all necessary actions to progress the implementation plan.

3 Key Issues and Reasons for Recommendations

- 3.1 Cabinet agreed to adopt a HiAP approach in January 2020. The COVID-19 pandemic and a lack of capacity meant this work was put on hold. Using resources reallocated from the Environmental Health Food & Safety Team, a part-time Health Improvement Officer has now been recruited to progress this work.
- 3.2 Members now need to determine how best to deliver HiAP in the wider context of the recently launched County Public Health programme "Better Health

Staffordshire” which aims to identify and tackle the root causes of unhealthy weight.

- 3.3 The health of the population is affected by many aspects of service provision, not just direct Health Services (see Appendices 4a and 4b). This includes housing conditions, spatial planning, economic growth, leisure, culture and recreation, green spaces, environmental health and licensing, community safety and benefits services (these are elements of a place-based approach to population health).
- 3.4 HiAP is an approach to policies that systematically and explicitly takes into account the health implications of the decisions we make as a Council; HiAP 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 health inequalities.
- 3.5 According to an LGA/PHE paper on HiAP (2016), the best way to maximise beneficial impact on social determinants of health is to make this an explicitly declared objective of the whole council and its local partners- HiAP fulfils this function.
- 3.6 Adopting the proposed plan shown in Appendix 1, comprising key initial actions, would create momentum and give insight into the practicalities of implementing HiAP at Cannock Chase Council.
- 3.7 Evidence on implementation of a HiAP approach is mostly drawn from County or unitary authorities. A list of second tier authorities undertaking work on HiAP is provided in Appendix 2. There are three approaches to HiAP and examples of their implementation in other councils (unitary/county) are shown in 5.5 below.
- 3.8 An overarching Health and Wellbeing (HWB) Strategy, structured around the Marmot Principles (2021) would mainstream HWB and support members and officers throughout the Council in keeping HWB front of mind. This in turn would promote the prioritisation of HiAP and corresponding reduction in health inequalities.

4 Relationship to Corporate Priorities

- 4.1 Adoption of the proposed implementation plan supports the Council's Corporate Priorities as follows:
 - (i) **Supporting Health & Wellbeing** - Ensures that the consequences and impacts on health, and particularly the wider, or social, determinants of health, are considered in all that the Council does through service delivery and policy making. A Health and Wellbeing Strategy will promote the health and wellbeing of all residents of Cannock Chase regardless of their social status, age or geographical location will support all residents to live their lives to their full potential.

5 Report Detail

- 5.1 Cabinet agreed the adoption of an HiAP approach in January 2020. Members now need to choose the most effective way to implement this, based on available evidence and resources.
- 5.2 An online data trawl of 160 tier 2 councils in England was undertaken in January 2022 and of the 160 councils examined, 13 mentioned the existing use of HiAP. Of these 13, ten had HWB Strategies (or Reviews or Partnerships) to drive HWB in the local population. The other three included HWB in the Local or Strategic Plan (see Appendix 2).
- 5.3 Place-based interventions have been identified as those which have the biggest impact across the population. This evidence base has also influenced the recently created Government Office of Health Improvement and Disparities (OHID)'s emphasis on place-based interventions. Evidence-based interventions have the largest impacts, offering value for money and best outcomes.
- 5.4 Place-based (or environmental, or upstream) health interventions change the environment to support healthier behaviours across the population. They do not simply rely on targeting the Person (by offering school children information leaflets suggesting that they choose salad rather than fried chicken for lunch for example). Instead, they focus on elements such as the Place (limiting how near to a school fried chicken outlets can operate). These interventions increase health equity, reducing health inequalities between different demographics across the population (see Appendix 6).
- 5.5 Health in All Policies can vary in its focus. The three main approaches are listed below in order of increasing breadth of focus. Illustrative examples from an LGA/PHE document **Local wellbeing, local growth Implementing Health in All Policies at a local level: practical examples** (2016) are given below:

HiAP type	Key Features	Advantages	Disadvantages	Example from LGA/PHE (2016)
Strategic	<p>This approach focuses on specific priority public health issues such as obesity or inactivity.</p> <p>The relevant policy areas and departments or sectors with impact upon these would be targeted</p>	<p>Narrow focus allows specific priority to be clearly targeted and obvious lines of impact from relevant services.</p> <p>May be quicker to implement</p>	<p>Does not account for the co-occurrence of different public health issues or the impact that one issue may have upon another (e.g. lack of access to safe green spaces /public transport may mean leisure services are not accessible to reduce inactivity).</p>	<p>Blackburn with Darwen Borough Council (unitary) targeted problem drinking: <i>"priorities include[d] responsible retailing, easier access to support for those who need it, ensuring everyone is supported to make informed choices about their alcohol use, protecting those most affected – and working with local communities to reduce alcohol-related crime and to make them safer places to live"</i></p>
Programme	<p>This focuses on a key policy area/service with significant health impacts (this would include planning, transport, housing).</p>	<p>Clear lines of accountability. Service able to include this as an aim in their DPD.</p> <p>Less impact on officers across the council.</p>	<p>Silo, reducing opportunities for council services to work collaboratively and effectively to address complex problems.</p>	<p>Swindon Borough Council (unitary) created strong connections between Planning and Public Health. One example was the creation of <i>"a healthy environment within a new housing development that is relevant from retirement to end of life – and attractive to potential buyers"</i>.</p> <p>Proactive approach involved <i>"Public Health...working with the Planning team to support and influence new communities so that thinking about health is integrated from the beginning"</i>. Initiatives included: <i>"making the retail centre smoke free • incorporating green gyms and a wellbeing centre • welcome packs to residents with information about leisure opportunities • best practice in dementia design."</i></p>
Process	<p>A mechanism is established to promote working across services and sectors in order to support working towards health equity and wellbeing</p>	<p>Allows a place-based approach tackling social determinants.</p> <p>More likely to impact health inequalities.</p> <p>HiAP front of mind across LA and partners, simplifying approach to policies/strategies.</p>	<p>Requires engagement across all service areas.</p> <p>May be perceived as demanding in terms of officer time/ resource</p>	<p>Derbyshire County Council developed a Health Impact Assessment (HIA) tool to <i>"embed... the systematic consideration of health into Council decision-making"</i>.</p> <p>Three-month pilot was led by the Director of Public Health and senior officers. <i>"During the pilot (March-June 2015), six Cabinet reports requiring an EIA were submitted... four had the HIA screening tool completed, including potential reductions to children's centres and the revised specification of the Council's domestic abuse services contract. One... will be completed for residential provision for older people."</i></p>

- 5.6 Of the three approaches to HiAP the one OHID judges to be the most effective is **process**: “*Establishing and/or using a particular mechanism or process to enhance cross-departmental and cross-sectoral working, to introduce the approach and lever action for health, wellbeing and health equity*”. This aligns with OHID’s place-based (environmental) approach. Changing the environment through means such as policies for delivery and commissioning maximises the chance of increasing health equity across the entire population as well as health in general. This may differentially benefit those already who are more vulnerable.
- 5.7 Appendices 4a and 4b illustrate the impact that diverse service areas can have on population health. Clinical (medical) care only determines about 20% of health. Should the Council agree an approach which includes a wider range of services, this would be expected to have a greater impact on these four priorities. This is predicted by the evidence for place-based/ environmental interventions.
- 5.8 A process approach to HiAP maximises potential impact by looking at all spheres of the council’s influence, both direct delivery and proxy (see Appendices 3, 4a, 4b and 5). Many of the issues of health inequalities are “wicked problems”; that is, they have many causes and are seen as embedded and difficult to tackle. A wider approach is likely to address more of these causes.
- 5.9 The new Health and Care Act (due to be enacted April 2022) emphasises the role of social determinants and place in preventative population health work. It is anticipated that the forthcoming White Paper on Health Disparities is likely also to focus on place-based interventions.
- 5.10 Identifying the stakeholders, partners and providers involved in a new Health and Wellbeing Strategy for Cannock Chase will allow the parameters of a Health and Wellbeing Strategy to be established. Work could then commence on providing clear direction for services and emphasising the prioritisation of Health and Wellbeing for the population of Cannock Chase. A Health and Wellbeing Strategy will illustrate how the Council’s services and activities can impact on the health of the local population, particularly in relation to social determinants.
- 5.11 Assessing the practicality of including health impact in procurement and commissioning activity would offer a simple way to prioritise HWB in council decisions internally and with external providers. For example, work has commenced with IHL to establish a new ‘partnership’ approach with a view to ensuring its Wellbeing service, Leisure and Cultural facilities and related activity are more focused on meeting the District’s health and wellbeing priorities. Equally, a greater focus on health and wellbeing could be considered when procuring or commissioning the Council’s Occupational Health service, or when engaging advice services.
- 5.12 Future consideration of asset-based commissioning may also offer support to the HiAP approach (see Appendix 7 on assets). A 2019 LGA [paper](#) on asset-based commissioning recommended avoiding restrictive commissioning contracts that limit the use of community assets such as community centres or social spaces in parks in order to increase social utility and long-term value.
- 5.13 Establishing a new award to recognise excellence in existing practice will promote awareness of HiAP and help to identify strengths on which we can build.

- 5.14 The requirement for an assessment of any impact of policies and strategies on Health Equity would prompt support for all services to implement HiAP. This has been done in other nearby authorities (e.g. Stafford Borough Council) by requiring a health equality impact assessment statement as part of the submission process (similar to that required for assessment of Equality and Diversity implications). . It may be that there is scope for this to be done through a guided checklist or online toolkit and this will be assessed as part of the proposed initial implementation plan.

6 Implications

6.1 Financial

None

6.2 Legal

None

6.3 Human Resources

None.

6.4 Risk Management

None

6.5 Equality & Diversity

None

6.6 Climate Change

Encouraging greater use of active travel, as part of a wider wellbeing strategy within the District will have a positive impact on Carbon emissions.

7 Appendices to the Report

Appendix 1: Proposed initial implementation plan

Appendix 2: Table detailing tier 2 councils' implementation of HiAP.

Appendix 3: Social Determinants of Health

Appendix 4a: Factors impacting health

Appendix 4b: Cannock Chase Impact on Health

Appendix 5: The District Council's Offer to Public Health

Appendix 6: The impact of different health interventions on health inequalities

Appendix 7: Community Health Assets

Appendix 8: Background papers used to prepare this report

Previous Consideration

Cabinet Report: Health in All Policies, 30th January 2020.

Background Papers

None.

Proposed Health in All Policies Implementation Plan

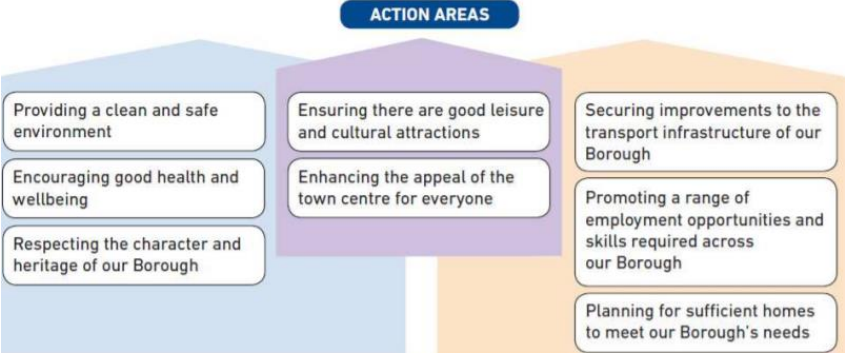
No.	ITEM	OUTCOME / ACTION	TIMEFRAME	RESPONSIBILITY
1	Draft a Corporate Health and Wellbeing Strategy for adoption	<ul style="list-style-type: none"> • Initial potential scoping meeting • Working group formed • HWB Strategy creation structured around Marmot Principles • Consultation phase 	Work to be undertaken over 2022/23	Head of Economic Prosperity
2	Assess the practicality of changing commissioning specifications	<ul style="list-style-type: none"> • Identify opportunities for incorporating health outcomes in commissioning and procurement activities 	Work to be undertaken over 2022/23	Head of Economic Prosperity
3	Recognition of Existing Excellence	<ul style="list-style-type: none"> • Nomination of colleagues who have made a difference to the lives of service users by identifying cross-cutting ways of promoting health. • Use this information to identify potential for further development 	Ongoing	Communications Team
4	Health Impact Assessment implementation	<ul style="list-style-type: none"> • Examine feasibility of applying health equity assessment to new and existing policies and strategies. • Drafting of guidance and/or online tool kit to assist the consideration of health impact in development of policy and strategy. • Lead officers will attend OHID training on use of Health Equity Assessment Tool (HEAT). 	16 th March 2022 - initial training for Health Improvement Officer and Service Manager	Head of Economic Prosperity
5	Collaborate with County Public Health on development of best practice for Health in All Policies	<ul style="list-style-type: none"> • Identify opportunities for collaboration with County Public Health, and other districts, on relevant best practice for Health in All Policies 	Ongoing	Head of Economic Prosperity

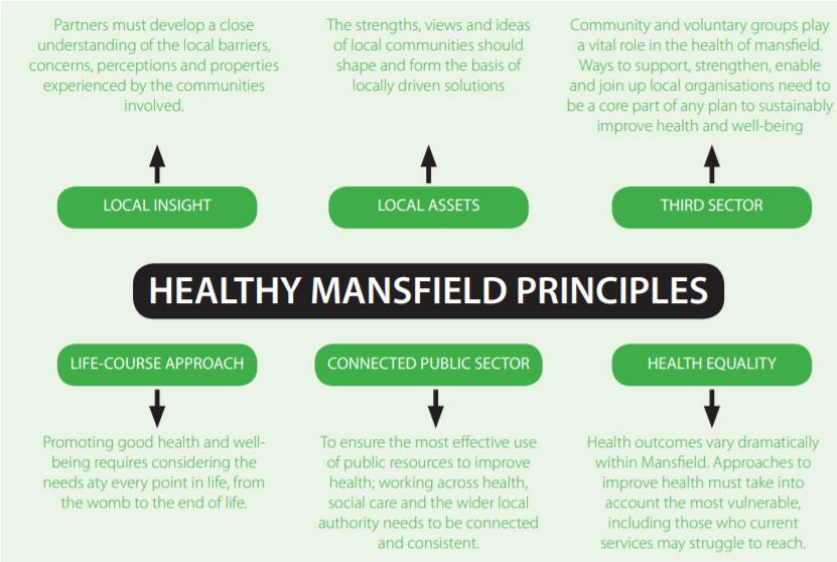
Second Tier Councils and Their Approach to Health in All Policies

COUNCIL	County Council involved?	Type of HiAP	Key Service Areas	Relevant links	Aligned with HWB strategy?
Basildon	Yes (Essex County Council part-funded Health Improvement Practitioner)	Process	<p>Promoting health through all functions, both through direct provision AND strategic shaping of local area/economy</p> <p>Identified key areas of concern to address through HiAP.</p> <p>They link these Outcomes to the Council's Priorities (Outcome 1 Reduce the prevalence of child and adult obesity Best start for young people Drugs and/or alcohol Supporting vulnerable people Outcome 2 To improve mental health and wellbeing Long- term conditions Ageing well Employment and skills Outcome 3 Reduce health inequalities by tackling the wider social determinants of health Supporting vulnerable people Loneliness and isolation Improved access to information, advice and guidance on health and wellbeing.)</p>	HiAP pg. 14 Basildon HWB 2021-2025 (page 10 links all relevant strategies / policies)	Yes
Brentwood	Yes (Essex County Council part-funded Health Improvement Practitioner)	Programme	Tie in the Health and Wellbeing Strategy to Essex County's HWBS. And also to Brentwood Corporate Plan	Brentwood HWB 2017-2022	Yes
East Devon	No	Programme	<p>Mention in HWB Strategy but not in Council Plan</p> <p>Anti-poverty plan to promote HWB</p>	Public Health Strategic Plan 2019-23	Yes

COUNCIL	County Council involved?	Type of HiAP	Key Service Areas	Relevant links	Aligned with HWB strategy?
Eastleigh Borough Council	No	Strategic	Corporate Strategy includes HWB element	Eastleigh HWB	Yes
Fareham Council	Yes fits in with Hampshire plan	Strategic	Forward Plan has specific element to plan for Health and Wellbeing. This includes planning to support social interaction, sustainable travel and access to green spaces	Fareham: Planning Health Background Paper	HWB in Forward Plan
Fenland Council	Yes with some partnerships within Cambridge	Programme	<p>Linking Corporate Priorities with Social Determinants of Health:</p> <p>Communities • Supporting vulnerable members of our community • Promote health and wellbeing for all • Work with partners to promote Fenland through culture and heritage</p> <p>Environment • Deliver a high performing refuse, recycling and street cleansing service • Work with partners and the community on projects to improve the environment and our streetscene • Work with partners to keep people safe and their neighbourhoods by reducing crime and antisocial behaviour and promoting social cohesion</p> <p>Economy • Attract new businesses, jobs and opportunities whilst supporting existing businesses in Fenland • Promote and enable housing growth, economic growth and regeneration across Fenland • Promote and lobby for infrastructure improvements across Fenland.</p>	Fenland HWB Strategy	Yes

COUNCIL	County Council involved?	Type of HiAP	Key Service Areas	Relevant links	Aligned with HWB strategy?
Havant Borough Council		Programme	Planning. Also using national guidance to focus on these priorities: 1. Healthy Homes; 2. Healthy Neighbourhoods; 3. Food Environment; 4. Green, Blue and Recreation Spaces; and 5. Sustainability and Transport	Havant Healthy Borough Assessment	Local Plan
Hertsmere	Aligned with County Public Health Strategy	Programme	Led by Health and Wellbeing Partnership: Four key principles: Whole Systems Approach, Partnership Working, Prevention and Person Centred Approach. Looking at statutory service provision to make impact. List: Street Scene/ Community Safety/ Licensing and Health and Safety/ Housing/ Planning/ Sports, Leisure and Culture/	Hertsmere HWB Strategy	Yes
Lichfield	Yes, Together We're Better Staffordshire & Stoke on Trent	Process	Aligned with Strategic Plan. Looking at all areas	Lichfield HWB Strategy	Yes
Maidstone	YES Kent Health Inequalities Strategy: "Mind the Gap"	Strategic	There is a Health Inequalities Plan in Strategic Plan but focusing on all Strategies in Strategic Plan addressing Health Inequalities Specific indicators: <ul style="list-style-type: none"> • Each indicator must relate to health inequalities (e.g. social determinants of health, health behaviours, health service uptake/use, health outcomes) • Indicators collectively cover a wide breadth of issues, but minimising overlap 	2014 Health Inequalities Action Plan 2016 Health Inequalities Action Plan (updated)	No, Health Inequalities addressed in Strategic Plan with a separate Action Plan

COUNCIL	County Council involved?	Type of HiAP	Key Service Areas	Relevant links	Aligned with HWB strategy?
			<ul style="list-style-type: none"> • Data for each indicator must be collected in a robust way, and consistent methodology, at least at County level, and ideally at District level (indicated where this is the case) • Must be accessible on Public Health England (PHE) Fingertips website. • Data for each indicator must have been collected recently (post-2011) and must continue to be collected routinely and on a regular basis  <p>4 sub-groups: Ageing well, Homelessness & Health, Local Children’s Partnership, Skills and Employability.</p>		
Mansfield	No mention of Nottinghamshire policies but they are on Healthy Mansfield Commission Place Department,	Programme	Undertook a Commission to understand the scope of the problem: <i>“Review the information behind poor health outcomes and their underlying causes in Mansfield. 2. Review the evidence of effective interventions and policies which are known to positively impact on these health outcomes. 3. Map existing work done by all local stakeholders to address these health outcomes in order to identify any gaps and opportunities to build on existing strengths.”</i>	2019 Healthy Mansfield Review	HWB Review rather than Strategy

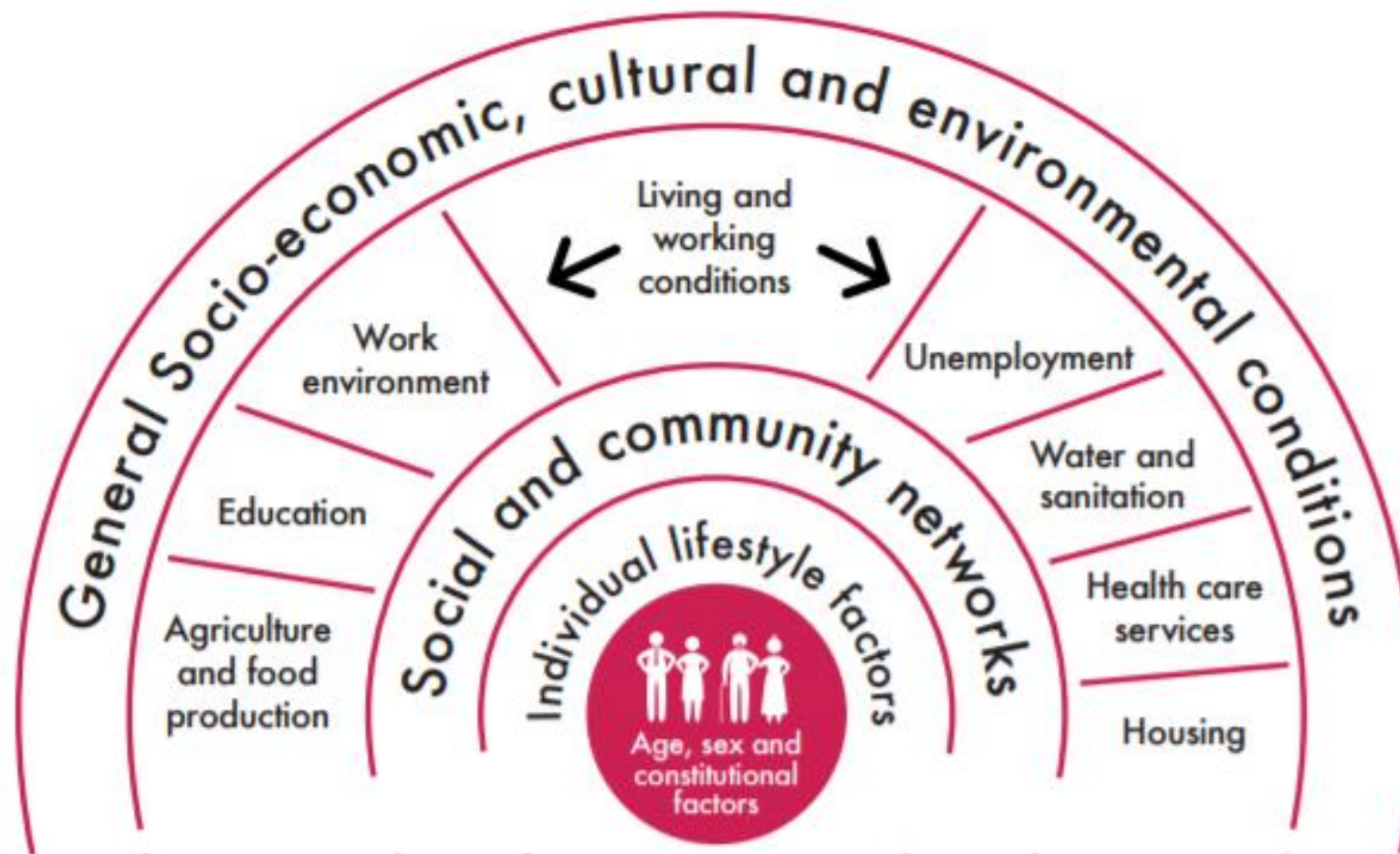
COUNCIL	County Council involved?	Type of HiAP	Key Service Areas	Relevant links	Aligned with HWB strategy?
	Nottinghamshire County Council		<p>Geographic focus of interventions (so not all policies across whole council?)</p> <p>Commission findings:</p>  <p>The diagram illustrates the 'HEALTHY MANSFIELD PRINCIPLES' in a central black box. It is surrounded by six green rounded rectangular boxes, each with an arrow pointing towards the center. The top row includes: 'LOCAL INSIGHT' (with an upward arrow), 'LOCAL ASSETS' (with an upward arrow), and 'THIRD SECTOR' (with an upward arrow). The bottom row includes: 'LIFE-COURSE APPROACH' (with a downward arrow), 'CONNECTED PUBLIC SECTOR' (with a downward arrow), and 'HEALTH EQUALITY' (with a downward arrow). Each box is accompanied by a short paragraph of text explaining its significance.</p> <p>Commission recommendations:</p> <ul style="list-style-type: none"> Address obesity Night-time economy refocused towards family friendly, safe Planning to change choice architecture (alcohol licensing, planning restrictions on fast food) Address social capital: more diverse populations accommodated in council housing 		

COUNCIL	County Council involved?	Type of HiAP	Key Service Areas	Relevant links	Aligned with HWB strategy?
North-East Derbyshire	Partnered with Derbyshire County Council and Public Health Team	Strategic	<p>Created a healthy NED partnership:</p> <p>Three key areas:</p> <ul style="list-style-type: none"> • Building Healthy Communities – Helping local people to make healthier choices by addressing issues like employment, education, housing and the environment. • Promoting Healthy Lifestyles – Helping to reduce to risk of ill health and early death from major diseases like cancer, heart disease, stroke, respiratory illness and diabetes. • Improving Access to Preventative Health and Social Care – Early identification of people at risk of requiring preventative health care can allow them to remain independent and self-manage their conditions better. 	Healthy NED Partnership - North East Derbyshire District Council	Partnership rather than Strategy
Sevenoaks	Yes (Kent County Council)		<p>Focusing on Wellbeing</p> <p><i>This means going beyond the traditional remit of a district council by putting the wellbeing of our residents and businesses at the heart of everything we do, while still providing high quality services at a price people can afford.</i></p> <p>Licensing and Environmental teams.</p> <p>Frontline Health</p> <p>HERO service (Housing, Energy and Retraining Options) e.g. prioritising housing adaptations to promote hospital discharge.</p> <p>Better Care Fund- addressing wellbeing issues flagged by drs.</p>	Council Plan page 14-15	<p>Yes, Delivery plan is linked with the Sevenoaks District Community Plan and Sevenoaks District Council Plan:</p> <ul style="list-style-type: none"> • Sevenoaks District Housing Strategy - Wellbeing Starts at Home • Sevenoaks District Local Plan

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COUNCIL	County Council involved?	Type of HiAP	Key Service Areas	Relevant links	Aligned with HWB strategy?
					<ul style="list-style-type: none"> • Kent Sustainability and Transformation Partnership (STP) • NHS Five Year Forward View • Kent Public Health Outcomes Framework • Kent Joint Health and Wellbeing Strategy

Social Determinants of Health



Determinants of Health. From Dahlgren and Whitehead (1993)

Relative contribution of the determinants of health

Health Behaviours 30%	Socio-economic Factors 40%	Clinical Care 20%	Built environment 10%
Smoking 10%	Education 10%	Access to Care 10%	Environmental Quality 5%
Diet/Exercise 10%	Employment 10%	Quality of care 10%	Built Environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/Social Support 5%		
	Community Safety 5%		

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status

Taken from: <https://www.local.gov.uk/sites/default/files/documents/health-all-policies-hiap--8df.pdf>



Wider Determinants of Health in Cannock Chase

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



X 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

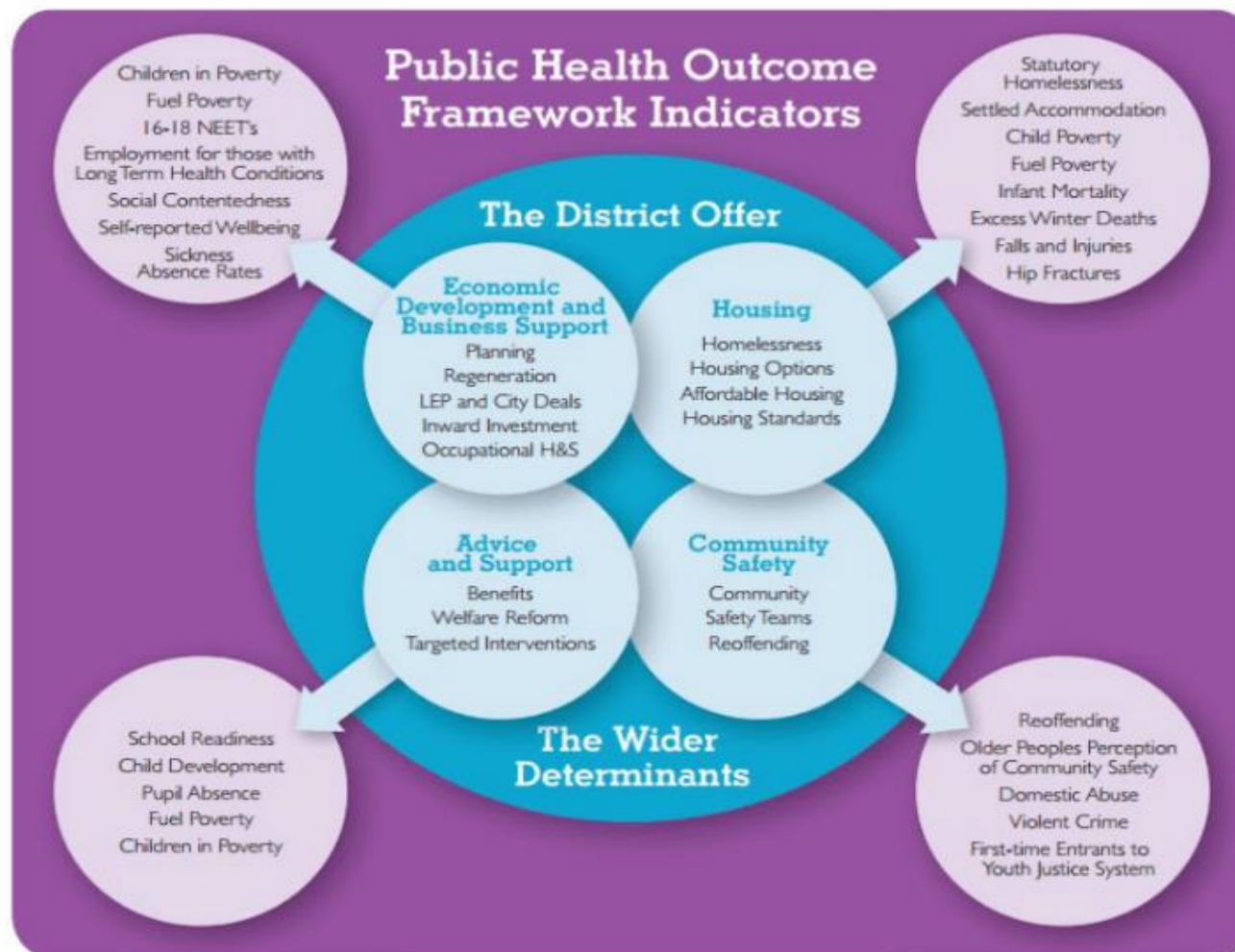
Source: Cannock Chase Council District Needs Analysis 2019-2020; MHCLG Indices of Deprivation 2019

23,534

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

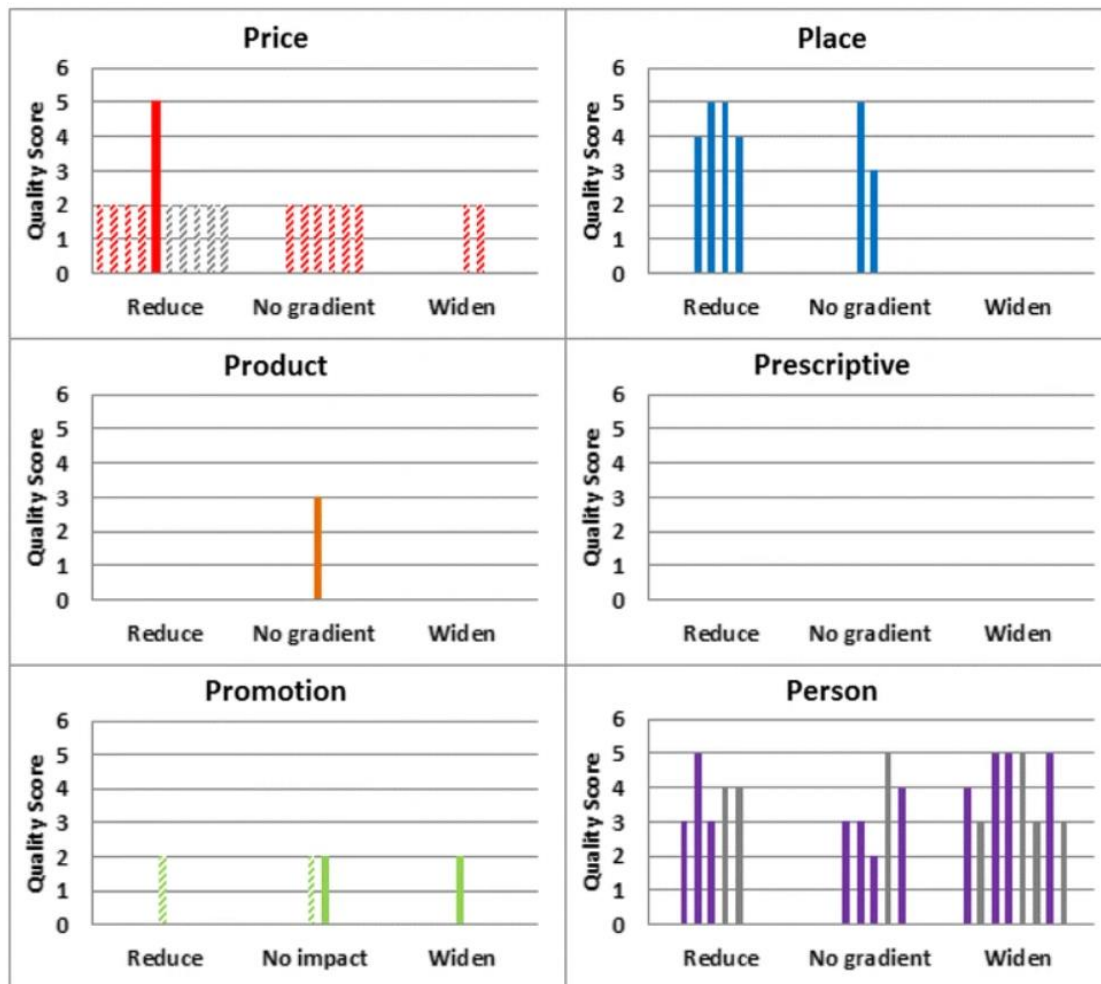
Source: ONS 2011 Census

The District Council's Offer to Public Health



Source: District Councils' Network 2013

The Impact of Different Health Interventions on Health Inequalities (from McGill et al., 2015)



Flow chart showing the progress of the review. *studies sum to 37 because one study examined several different types of interventions which were included in two separate categories.

Community Health Assets

What are community health assets?

All communities have health assets that can contribute to positive health and wellbeing

The skills, knowledge and commitment of individual community members

The resources and facilities within the public, private and third sector



Friendships, good neighbours, local groups and community and voluntary associations

Physical, environmental and economic resources that enhance wellbeing

Background Papers

- **Cannock Chase District Council** [2018-2023 Corporate Plan](#) (in process of being updated to 2020-2024)
- **Cannock Chase District Council** Priority Delivery Plan for 2021-22- Priority 2 – Supporting Health & Wellbeing
- **Cannock Chase** [Cannock Health and Wellbeing Strategy 2013-2018](#)
- **Department of Health** (2014) [Wellbeing: Why it matters to health](#)
- **Department of Public Health and Primary Care, Cambridge University** (2021) [Levelling Up Health: A practical, evidence-based framework](#)
- **House of Commons Library** (2014) [Local Authorities' Public Health Responsibilities](#)
- **The Kings Fund** (2015) [The district council contribution to public health: a time of challenge and opportunity](#)
- **Local Government Association** (2015) [Health in All Policies: A Manual for Local Government](#)
- **Local Government Association** (2019) [How Commissioning is Supporting Community Development and Community Building](#)
- **Local Government Association** (2021) [Integrated health and care - How do you know your council is doing all it can to promote integration to improve health and social care outcomes at a time of change?](#)
- **Local Government Association & Public Health England** (2016) [Local wellbeing, local growth Implementing Health in All Policies at a local level: practical examples](#)
- **McGill et al.** (2015) Are interventions to promote healthy eating equally effective for all? Systematic review of socioeconomic inequalities in impact
<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-1781-7>
- **Public Health England** (2016) [Local wellbeing, local growth Implementing Health in All Policies at a local level: practical examples. Published 2016](#)
- **Public Health England** (2021) [Health inequalities: place-based approaches to reduce inequalities. Published 2019 and updated 2021](#)
- **Public Policy Projects and the Institute of Health Equity** (2021) [Addressing the National Syndemic: Place-based problems and solutions to UK health inequality](#)
- **Staffordshire Observatory** (2021) [Joint Strategic Needs Assessment 2021](#)
- **The World Health Organisation:** [Social Determinants of Health](#)