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Friday, 16 March 2018

Dear Sir/Madam

COMMUNITY HOUSING AND HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE

A meeting of the Community Housing and Health (Overview and Scrutiny) Committee has been arranged to take place **MONDAY, 26TH MARCH, 2018 at 6.00 PM IN THE COMMITTEE ROOM** District Council House, Lichfield to consider the following business.

Access to the Committee Room is via the Members' Entrance.

Yours Faithfully

A handwritten signature in black ink, appearing to read 'Neil Turner', is written in a cursive style.

Neil Turner BSc (Hons) MSc
Director of Transformation & Resources

To: Members of Community Housing and Health (Overview and Scrutiny) Committee

Councillors Leytham (Chairman), Mrs Evans (Vice-Chair), Miss Shepherd (Vice-Chair), Bamborough, Mrs Banevicius, Mrs Boyle, Mrs Constable, Hout, Humphreys, Mosson, O'Hagan and Ray



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AGENDA

1. Apologies for Absence
2. Declarations of Interests
3. Minutes of the Previous Meeting 1 - 4
4. Work Programme 5 - 6
5. End of Life Care Verbal Report
6. Cancer Care Verbal Report
7. Health and Wellbeing in Lichfield District- our emerging Strategy 2018-2020 7 - 38
8. Update from the Environmental Crime Member Task Group Verbal Report
Update from the Chairman of the Task Group
9. Standing Items Verbal Report
 - a) Lichfield District Health Provision
 - b) Staffordshire Health Select Committee



**COMMUNITY, HOUSING AND HEALTH
(OVERVIEW AND SCRUTINY) COMMITTEE**

11 JANUARY 2018

PRESENT:

Councillors Leytham (Chairman), Mrs Evans (Vice-Chairman), Miss Shepherd (Vice-Chairman), Mrs Banevicius, Bamborough, Mrs Boyle, Mrs Constable, Hault, Mosson, O'Hagan and Ray.

Apologies for absence were received from Councillor Humphreys

(In accordance with Council Procedure No. 17 Councillors Pullen and Wilcox also attended the meeting.)

Also Present: Gavin Boyle – Chief Executive of Derby NHS Foundation Trust
Duncan Bedford – Chief Operations Officer of Burton NHS Foundation Trust

DECLARATIONS OF INTEREST

Councillor O'Hagan declared a personal interest he was currently employed by the Southern Staffordshire and Shropshire Mental Health Service.

Councillor Mrs Banevicius declared a personal interest as her business held a contract with the NHS

MINUTES

The Minutes of the Meeting held on 12th September 2017 were taken as read, and approved as a correct record and signed by the Chairman.

RESOLVED: That the Minutes of the Meeting held on 12th September 2017 be approved as a correct record

AFFORDABLE HOUSING DELIVERY – APPROVAL OF REGISTERED PROVIDERS AND USE OF S106 MONIES

The Committee received a report on how the council had worked with housing associations (Registered Providers (RP)) through a Development Partnership Agreement to deliver new affordable homes since stock transfer. It was reported that the agreement had now lapsed and it was proposed to replace it with a policy that included criteria to approved RP's for future s106 opportunities. It was reported how the council intended to invite bids from approved RPs for existing s106 monies and future commuted sums to deliver new affordable homes.

It was reported that there was originally four RPs in the Development Partnership which reduced to three when two merged and its purpose was to work together to deliver new affordable housing whether through grants or commuted s106 monies. It was then reported that following a review, it was proposed to open up this partnership to allow other organisations to become a RP.

Commuted sums of S106 monies was then discussed and it was reported that there were £400k in reserves and it was proposed to allow providers to bid for that fund to provide new affordable housing.

When asked, it was noted that although the new RPs were for profit organisations, there would be strict criteria and any surplus would have to be reinvested into the community.

Overall, the Committee were content with the proposals as it was felt there was a great need for affordable housing in the district.

RESOLVED: That Cabinet be recommended to approve the proposed criteria for the approval of Registered Providers and use of s106 monies.

MERGER OF BURTON HOSPITALS NHS FOUNDATION TRUST AND DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST

The Committee welcomed Mr Gavin Boyle and Mr Duncan Bedford to the Committee.

Mr Boyle gave a presentation to the Committee on the reasons for the desire to merge the two NHS Foundation Trusts along with the challenges and progress. He reported that, for legal reasons, it was technically an acquisition of Burton NHS Foundation Trust however in spirit it was a merger of the two trusts with support and desire coming from both sides. He then reported on the positives of the merger and that as Burton was smaller it was difficult for them to sustain services and being with Derby, they could overcome this. Also, access to a larger population would aid Derby to continue providing specialist services.

Mr Boyle then reported the progress made in merging the two Foundation Trusts and it was noted that governance arrangements were in place and a business case had been drafted for approval by both Trust Boards before submission to the NHS regulator. It was also reported that clearance to proceed with the merger was required from the Competition & Markets Authority. It was hoped that all steps would be completed by 1st April 2018.

The role of the community hospitals at both Samuel Johnson and Sir Robert Peel, which are in the district, was discussed in depth and Mr Bedford reported that it was seen that their role was vital in supporting the Sustainability & Transformation Plans (STPs). It was noted that it was planned to introduce services for longer term conditions including diabetes and provide more day case surgeries. It was then discussed that a Frailty clinic could be introduced to help patients stay out of the major hospitals and closer to their homes. Minor Injury Units were then discussed and that it was the preference of the Trusts to keep both and focus on urgent treatment and be better aligned with local GPs. When asked, it was confirmed that the Community Hospitals would continue to work with other Trusts that used that facility but it was hoped that being linked with Derby, greater specialist outpatient services could be provided.

Finally it was presented to Members that the merger process would not create any compulsory redundancies and it was believed that it would actually help retain staff through greater offerings and better progression prospects. There was concern that there was anxiety amongst staff and greater communications with them was required.

Members then asked questions regarding the financial position of the Trusts, especially the Private Finance Initiative (PFI) for Derby and the risk that had on the continuation of the community hospitals. It was reported that the PFI would not affect the merger plans and the commitment to maintain the community hospitals would be hardwired into any plans. It was also reported that there would be a £23m saving over five years achieved by the merger of the trusts. When asked, it was reported that the cost of the merger was in the region of £1.8m. It was asked if there would be a formal review of the merger and it was noted that there would be a post-merger plan to measure against. It was agreed that the Trust would return to the Committee and share that plan.

Members had concerns that similar could happen as what did with the Heart of England Foundation Trust when it took over the then failing Good Hope. It was reported by Mr Boyle that there was equal membership on the new Board and neither current Trust was failing and so was a much lower risk.

The Committee asked how the new Trust intended on recruiting local GPs to use the community hospitals especially in the urgent care units as there was a shortage. It was reported that training in specialist areas would be available and had already begun at Robert Peel and that also discussions were taking place regarding locating GP practices in the hospital as it was felt it would enhance services to patients.

Bed blocking and domiciliary care was discussed and it was reported by members that care providers in Staffordshire had reduced from 80 to 60. It was felt that more joined up thinking was required as this domiciliary care was vital in preventing bed blocking.

Mr Boyle and Mr Bedford were thanked for their attendance.

RESOLVED: That the information received be noted.

STANDING ITEMS

LICHFIELD DISTRICT HEALTH PROVISION

It was highlighted to the Committee that although it had been previously reported that there was a lack of GPs wanting to come to Burntwood, experience had shown that at least one locum had a desire to be permanently placed there but was turned down. It was agreed that the Chairman would investigate this further and get clarification as to the situation.

RESOLVED: That the information received be noted.

STAFFORDSHIRE HEALTH SELECT COMMITTEE

The Chairman of the Committee reported that at the last meeting, it was announced that there would be an agreement between the County Council and South Staffordshire and Shropshire Healthcare NHS Foundation Trust to provide adult social care mental health services.

RESOLVED: That the information received be noted.

WORK PROGRAMME

Members considered the Work Programme and it was agreed that the Wellbeing Strategy would be considered at the March meeting along with updates from the Funding the Voluntary Sector Member Task Group.

It was requested that County Councillor Alan White be invited to a future meeting to discuss Social Care. It was reported by the Leader of the Council that the County Council had agreed to increase Council Tax for Social Care but still below the thresholds to trigger a referendum. He also reported that they had not been chosen to be part of the pilot to retain 100% of business rates but through the LGA West Midlands, would be lobbying to keep 75%.

RESOLVED: That the Work Programme be noted and updated as agreed.

(The Meeting Closed at 7.55pm)

CHAIRMAN

COMMUNITY, HOUSING AND HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE DRAFT WORK PROGRAMME FOR 2017-18 (Version 2)

Item	30 May	12 Sep	11 Jan	26 Mar	Details	Link to CHH Top 10	Officer	Member Lead
Policy Development								
Terms of reference	✓				To remind the Committee of the terms of reference and suggest any amendments		CLL	N/A
General Health Service Review (standing item)	✓	✓	✓	✓	To update Members on GP Provision in the District and proposals emerging for Samuel Johnson and Sir Robert Peel Hospitals	N/A	GD	CG
Wellbeing Policy					Task Group to aid the formulation of a Wellbeing Policy		GD	
Feedback from Staffordshire Health Select Committee (standing item)	✓	✓	✓	✓	The Chairman of the Committee is the LDC representative on the County Council's Health Select Committee and will feed back on any items of relevance to Lichfield District residents. Councillor David Smith is the County Councillor representative on the Select Committee with a remit to feedback to the local Health Panel / Committee	N/A	GD	DL / DS
End of Life Care				✓	Verbal presentation	N/A	GD	DL
Cancer Care				✓	Verbal Presentation	N/A	GD	DL
Funding the community and voluntary sector					Task Group to monitor the process			
Disabled Facilities Grants	✓				Briefing Paper - Update on performance	'Deliver a programme of disabled facilities grants to help people remain living safely at home' is a Directorate top 10 priority	GD	CG

COMMUNITY, HOUSING AND HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE DRAFT WORK PROGRAMME FOR 2017-18 (Version 2)

Item	30 May	12 Sep	11 Jan	26 Mar	Details	Link to CHH Top 10	Officer	Member Lead
Public Space Protection Orders and an Environmental Crime Strategy					Briefing Paper from progress made by the Regulatory & Licensing Committee		GD	
Statement of Intent for Flexible Eligibility		✓					GD	
Affordable housing delivery- approval of Registered Providers and use of s106 monies			✓		Details of how the council has worked in partnership with housing associations (Registered Providers) through a Development Partnership Agreement to deliver new affordable homes since stock transfer. The report also sets out how the council intends to invite bids from Approved Registered Providers for existing s106 monies and future commuted sums to deliver new affordable homes.		GD	DP
Merger of Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust			✓		Discussion with Executive Directors from both Trusts			

Health and Wellbeing in Lichfield District- our emerging Strategy 2018-2020



Report of Councillor Doug Pullen, Cabinet Member for Regulatory Services, Housing and Wellbeing

Date:	26 th March 2018
Contact Officer:	Gareth Davies/Lucy Robinson
Tel Number:	01543 308741/308710
Email:	gareth.davies@lichfielddc.gov.uk lucy.robinson@lichfielddc.gov.uk
Key Decision?	YES
Local Ward Members	All, as applies to the whole of Lichfield district.

**Community,
Housing and
Health (Overview
& Scrutiny)
Committee**

1. Executive Summary

- 1.1 This is the Council’s first emerging Health and Wellbeing Strategy (HWS), which explores the ways in which the Council has an impact on the health and wellbeing of residents through our services. It identifies service areas that impact on the wider determinants of health and highlights existing Council activities which contribute to good health and wellbeing. It builds on the evidence contained in our Strategic Plan, provides a picture of the key local health and wellbeing indicators and highlights areas for improvement.
- 1.2 The vision of the emerging strategy is that ‘we want local people to live healthy fulfilled lives, have access to opportunities to be active and experience improved health and wellbeing’. To achieve this, the strategy proposes four priorities for action. The first is the development of a Health in All Policies approach (HiAP) that which will enable us to better understand our contribution to and measure our impact on health and wellbeing and will inform and influence our policy making and decisions. It will also provide a foundation for delivering future activities to maintain or improve health and wellbeing, in partnership with the Staffordshire Health and Wellbeing Board, Freedom Leisure, other organisations and local communities.
- 1.3 Our other priorities are to encourage people of all ages to have more active and healthy lifestyles and take control of their own health and wellbeing, support older and vulnerable people in our communities to live and age well and improve workplace health, wellbeing and safety.

2. Recommendations

- 2.1 That Members endorse the draft strategy attached at Appendix A and recommend the draft strategy to Cabinet for approval.

3. Background

- 3.1 The health and wellbeing of our residents is very important to the Council. Our Strategic Plan 2016-2020 sets out our vision to be a strong, flexible Council that delivers good value, quality services and helps to support a vibrant and prosperous economy, healthy and safe communities and clean, green and welcoming places to live. Our aim is to help our communities become more self-sufficient and ensure people have the support and opportunities to help themselves so that we can better assist those in need.

- 3.2 The District Council is responsible for the delivery of many services that impact in some way on health and wellbeing and we have a key part to play in many wider determinants of health such as planning, housing and leisure. We are therefore well placed to help ensure that Lichfield is a district where improved health and wellbeing is experienced by all and that it remains a good place to live for current and future generations.
- 3.3 Guided by the Strategic Plan’s principles, many service areas have developed policies and strategies which help to address the issues we face and this strategy provides the opportunity to bring this all together and to further integrate health and wellbeing activities across the Council in all our future policies, strategies and services plans.
- 3.4 As well as achieving our own strategic outcomes we are committed to develop this strategy to help deliver the Sustainability and Transformation Plan (STP) of the Staffordshire and Stoke-on-Trent NHS Partnership and also support the work of the Staffordshire Health and Wellbeing Board with delivery of its Health and Wellbeing Strategy for 2018 – 2023. The Board want to make sure that health is included in all policies and decisions and is promoting a ‘Health in all Policies’ (HiAP) approach across Staffordshire, which is a collaborative, evidence-based approach to improving health by incorporating health considerations into decision-making. We are committed to developing HiAP as a key part of our strategy and have established it as one of our priorities for action as an essential step towards achieving this.

Alternative Options	1. To do nothing and not have a Health and Wellbeing Strategy.
Consultation	<p>There has been much consultation to develop the strategy including:</p> <ul style="list-style-type: none"> • a Health and Wellbeing Working Group was set up in September 2017 to facilitate development consisting of officers representing Regulatory Service, Housing and Wellbeing, Leisure and Operational Services and Economic Growth service areas. • individual meetings with several officers, team managers and selected Heads of Service • a presentation by the Director of Place and Community to various stakeholders regarding the Council’s approach to HiAP • liaison with Staffordshire County Council’s Consultant in Public Health and Senior Commissioning Manager for Public Health Strategy & Policy who are both supportive of and have given their endorsement of the draft document • a Lecturer in Environmental Health at Birmingham University has read the draft strategy and has provided positive feedback.
Financial Implications	£54,000 of residual Locality Commissioning funding is available to spend on delivery of the strategy. Proposals to spend this will be set out in the Delivery Plan but will include expenditure to take forward Health in All Policies.
Contribution to the Delivery of the Strategic Plan	The Strategic Plan 2016-2020 sets out what we want to achieve in four main themes. The development of the strategy will contribute most significantly towards the themes of ‘healthy and safe communities’, ‘clean, green and welcoming places to live’ and also ‘a vibrant and prosperous economy’.
Equality, Diversity and Human Rights Implications	It is not anticipated that this strategy will have any negative implications for equality, diversity or human rights. The final draft of the strategy will be discussed and evaluated by our Equality Impact Assessment group.

Crime & Safety Issues	None identified
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RISK	Risk Description	How We Manage It	Severity of Risk (RAG)
A	The strategy presents an incomplete account of the health and wellbeing indicators for the district.	The first version of the strategy will apply for a relatively short period (2018-2020) as we recognise that there is much work to do in adopting HiAP, as well as developing our partnership with Freedom Leisure who manage our leisure centres. The 2020 update will include more extensive consultation with external stakeholders, particularly with Public Health colleagues and organisations within the community and voluntary sectors. It will allow time for unexpected omissions and changes in the available evidence base to be identified and included within the update.	Green
B	The priorities cannot be achieved within the timeframe set.	As above; shortcomings can be identified and modified once reviewed.	Green
C	There are insufficient resources to develop a robust delivery plan	We will consider all available resources in developing the delivery plan. The funding and/or the plan will be reviewed.	Green

Background documents:

Relevant web links:

Lichfield District Housing Strategy 2013-2017 -

<https://www.lichfielddc.gov.uk/Residents/Housing/Housing-strategy/Download-our-housing-strategies>

Lichfield District Council Strategic Plan - <https://www.lichfielddc.gov.uk/Council/Performance-efficiency/Downloads/Strategic-plan-2016-2020.pdf>

Staffordshire Health and Wellbeing Board draft Strategy Consultation -

<https://www.supportstaffordshire.org.uk/news/staffordshire-health-and-wellbeing-board-draft-strategy-consultation>

Lichfield Locality Profile – <https://www.lichfielddc.gov.uk/Residents/Community/Community-funding/Downloads/Lichfield-locality-profile.pdf>

Lichfield District Public Health Profile 2017 - <http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000194.pdf>

Lichfield Early Years District Profile 2016 -

<https://www.staffordshire.gov.uk/education/childcare/families/ccentres/data-and-information/Lichfield-District-Profile-2016.pdf>

Lichfield District Physical Activity and Sports Strategy -

<https://www.lichfielddc.gov.uk/Residents/Sports-fitness-and-wellbeing/Physical-Activity-and-Sport-Strategy.aspx>

7 Domains of Wellbeing – <https://www.whatworkswellbeing.org/product/local-authority-wellbeing-indicator-sets-and-guidance-only/>

Public Health Outcomes Framework - <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0>



HEALTH AND WELLBEING IN LICHFIELD
DISTRICT-
OUR EMERGING STRATEGY
2018-2020

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Foreword

Draft statement by Cllr Doug Pullen Cabinet Member for Regulatory Services, Housing and Wellbeing

Welcome to our first Health and Wellbeing Strategy. It sets out how a whole range of council services and activities contribute towards the health and wellbeing of local residents - from homelessness prevention and environmental protection, to leisure and parks and supporting our voluntary and community sector. I am aware that many important council decisions on such matters as planning, housing and economic development also have an important impact on the health and wellbeing of our local communities.

While we certainly have a key role to play through the services and facilities we provide, our ability to influence behaviours amongst the population is limited, and as we are also challenged significantly by ongoing financial pressures we will need to prioritise what we do.

In the wider context although our contribution is relatively small, a Health in All Policies approach will strengthen our local impact. By working in partnership with the Staffordshire Health and Wellbeing Board, other organisations and local communities we can increase our overall contribution and lead us to a healthier, more sustainable future.

Add Photo and signature etc

1. Introduction

Health, wellbeing and the quality of life in Lichfield District is generally better than the England average and in recent years life expectancy has increased and employment rates have improved. However, we face many challenges many of which are associated with our ageing population and our latest Public Health profile tells us that there are improvements to be made in some areas.

This emerging Strategy explores the ways in which the council has an impact on the health and wellbeing of residents through our services. It identifies service areas that impact on the wider determinants of health and highlights existing council activities which contribute to good health and wellbeing. It builds on the evidence contained in our Strategic Plan, highlights areas for improvement and sets out our priorities for action.

The council is not the lead agency on all of the services and initiatives highlighted in the Strategy but we have identified where the council can add value by promoting, providing support for or contributing to these in other ways.

Through a Health in All Policies (HiAP) approach explored in section 5, the Strategy's longer-term intentions are to inform and influence our policy making and decisions, and to provide a foundation for delivering future activities relating to maintaining or improving health and wellbeing. As we recognise that there is much to do in adopting HiAP, as well as developing our partnership with Freedom Leisure who manage our leisure centres, we have set a two year time frame for our first strategy to allow time for this work to be done.

2. Our Vision

Our vision is inspired by the healthy and safe communities theme of our Strategic Plan:

"We want local people to live healthy fulfilled lives, have access to opportunities to be active and experience improved health and wellbeing".

3. What is Health and Wellbeing?

So what is health and wellbeing? A person's health and wellbeing is influenced by many things; this includes where you live, your income, education, how you interact with your local community and the lifestyle choices you make. The environment that surrounds you is also very important; for example, access to local transport and what shops, facilities and services are available in your community.

When we think of health we often consider our physical resilience and our ability to prevent, recover from and live free of illness, injury or disability. Wellbeing is about feeling good and functioning well; these things are possible when our basic human needs (food, water, shelter, warmth, safety) are met and we successfully take care of our needs including education, family relationships, friendships, employment, income and fun.

Wellbeing is shaped by a complex combination of influences and there are no established indicators to measure wellbeing at a local authority level. However, the Framework for Wellbeing indicator set below created by the local wellbeing indicators project¹ is useful to look at. The framework is built around 7 domains that contribute towards wellbeing: personal wellbeing, economy, education and childhood, equality, health, place and social relationships.



Figure 1 Understanding local needs for wellbeing data: measures and indicators scoping report

The District Council is responsible for the delivery of many services that impact in some way on all of these domains and we have a key part to play on many related wider determinants of health such as planning and housing. We are therefore well placed to help to ensure that Lichfield is a district where improved health and wellbeing is experienced by all and that it remains a good place to live for current and future generations. In section 6 we explore health and wellbeing indicators in relation to these domains to present a profile of the district.

¹ The local wellbeing indicators project was co-commissioned by Public Health England and ONS in collaboration with the What Works Centre for Wellbeing and Happy City that aimed to scope out adult wellbeing indicators that are needed and can be used at a local level. (Helen Brown, 2017)

4. Why are we developing this Strategy?

The health and wellbeing of our residents is very important to us. Our **Strategic Plan 2016-2020** sets out our vision to be a strong, flexible council that delivers good value, quality services and helps to support a vibrant and prosperous economy, healthy and safe communities and clean, green and welcoming places to live. Our aim is to help our communities become more self-sufficient and ensure people have the support and opportunities to help themselves so that we can better assist those in most need.

Under the healthy and safe communities theme of our Strategic Plan we have set out how:-

“We want local people to have access to opportunities to be active and live healthy, fulfilled lives. We want to prevent social isolation and loneliness, particularly in older members of our community. We want our communities to be safe and for people to be less worried about crime and anti-social behaviour. We want to encourage and support people to volunteer and help shape their communities, and be an active part of local life”.

This strategy supports delivery of the overall vision of our strategic plan and will be a useful tool to aid delivery of several outcomes, in particular:

- More people will be active and healthy
- More people will be involved in volunteering and community activity
- More people will be living independently at home
- There will be more affordable homes in the district
- Our heritage and open spaces will be well maintained or enhanced
- More people will use parks and open spaces

It will also support our **Local Plan Strategy 2008 and 2029** which will shape the physical, economic, social and environmental characteristics of the district.

The Strategy will also contribute towards the delivery of several outcomes of our **Physical Activity and Sport Strategy (PASS) 2016 – 2020²** in particular:

- Reduced inactivity and a healthier population - a reduction in inactivity levels in turn contributing towards health improvement of the population
- Reducing inequalities - engaging those that would benefit the most in being more active to reduce inequalities in participation between different social groups

We are currently reviewing the PASS in line with Sport England and plan to consult on a revised strategy by 2019. We are also working with Freedom Leisure who now manage our leisure centres to develop the approach that they will take to support the council achieve its objective to improve health and wellbeing and will be developing joint outcomes with them to deliver this. A Leisure Services Health and Wellbeing Action Plan is in development which will incorporate these outcomes and will be incorporated into our Delivery Plan.

As well as achieving our own strategic outcomes we are committed to working in Staffordshire to help deliver the **Sustainability and Transformation Plan (STP)**, as we recognise our key role as a provider of local services and how pivotal we are to developing a healthy policy framework for some of the wider determinants of health. Furthermore, we are committed to supporting the work of the Staffordshire Health and Wellbeing Board and delivery of its **Health and Wellbeing Strategy for 2018**

² <https://www.lichfielddc.gov.uk/Residents/Sports-fitness-and-wellbeing/Downloads/Lichfield-District-Physical-Activity-and-Sport-Strategy.pdf>

– **2023** with its aim to help people to stay as well as they can to reduce the growing pressure on services. These are both explored further in section 5.

There are other potential benefits to the council in developing and implementing this strategy including:

- It will help us to develop new, and strengthen existing, networks and partnerships
- It can be used as a foundation for attracting external funding to achieve health related outcomes
- Improved health and wellbeing will mean that more residents maintain their independence for longer and in the long term demand for Disabled Facilities Grants(DFGs) and other services and interventions will be more manageable
- We will have a healthier, happier, better informed and more productive workforce and population

5. National and sub-regional context

Since 1 April 2013 all upper-tier (such as Staffordshire County Council) and unitary local authorities in England have been responsible for local public health services and improving the health of their local population as set out in the **Health and Social Care Act 2012**. The Act also established **Health and Wellbeing Boards** where key leaders from the local health and care system work together to improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services. They join up the commissioning of local NHS services, social care and health improvement and allow local authorities to take a strategic approach and promote integration across health, adult social care and children's services including safeguarding.

Clinical Commissioning Groups (CCGs) which are clinically-led statutory NHS bodies responsible for the planning and commissioning of health and care services were also created at this time. There are two CCG's covering Lichfield District- the South East Staffordshire and Seisdon Peninsula CCG and East Staffordshire CCG. Commissioning means assessing local needs, deciding on priorities and strategies and then buying services on behalf of the population from providers such as hospitals and clinics to meet identified need. CCGs' members are local GP practices that are led by an elected governing body including GPs, nurses and consultants; they remain independent and are accountable to the Secretary of State for Health through NHS England.

To involve patients and the public in the running of the NHS, **Healthwatch England** was established to represent local populations; its purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

In March 2016 the NHS in England was split into 44 planning areas which brought together local health and care organisations, the voluntary and community sector and communities. For **Staffordshire and Stoke-on-Trent**, the partnership known as '**Together We're Better**' has recently developed a **Sustainability and Transformation Plan (STP)** Public Health Prevention Programme. The strategic objectives of this new programme of reducing demand on social care, tackling cardio-vascular disease and diabetes, improving public mental health and tackling falls and frailty will be achieved through taking a life-course approach to prevention.

This is fully aligned with **The Staffordshire Health and Wellbeing Board's** emerging Health and Wellbeing Strategy for 2018 – 2023 that builds on its previous Living Well in Staffordshire Strategy 2013-2018 and wider Corporate Plan. The emerging strategy indicates that the Board intends 'to help people to stay as well as they can to reduce the growing pressure on services' through information sharing, engagement with the public, understanding and supporting communities and influencing decision making. The Board want to make sure that health is included in all policies and decisions and

is promoting a ‘**Health in all Policies**’ (HiAP) approach, which is a collaborative, evidence-based approach to improving health by incorporating health considerations into decision-making.

Through HiAP local policy making takes into account that health, wellbeing and health inequalities are largely determined by living conditions and wider social, economic, environmental, cultural and political factors. These in turn are controlled by policies and actions outside the health sector, relating to the wider determinants of health and wellbeing, such as (but not limited to) housing, planning, leisure, transport and licensing policy. We are committed to developing HiAP as a key part of our strategy and have established it as one of our priorities for action.

The STP Public Health Prevention Programme and emerging Health and Wellbeing Strategy both advocate a ‘Place-based approach’ – focussing on places rather than institutions as a means to achieving healthier communities and better integrated health and wellbeing interventions which more effectively encompass the wider determinants of health. Our Delivery Plan will include various actions in priority wards as part of this Place based approach.

The Healthy Staffordshire Select Committee is responsible for the scrutiny of matters relating to the planning, provision and operation of health services, including public health in Staffordshire. Comprising County councillors and one councillor from each district/ borough, the Committee scrutinises the work of the Health and Wellbeing Board and is developing a working relationship to enable this to be undertaken effectively and constructively. Our representative on this is the Chair of our **Community, Housing and Health Overview and Scrutiny Committee** which scrutinises council decisions and services that relate to community, housing and health as well as health services commissioned and provided by the NHS. This involves looking at provisions relating to the health of the community, including those services commissioned and provided by the NHS that are delegated to the District Council by the Staffordshire Health Scrutiny Committee.

6. Local context

Health and wellbeing profile of our district

Around 102,700 people live in Lichfield District. Our population is expected to have a small overall increase by 2025 with a much larger growth in people aged 65 and over.

When compared to the England average, the health, wellbeing and the quality of life for most of our residents is generally similar or better. The district is an affluent area: household income is higher than both the county and national averages³ and at 79.1% the employment rate amongst 16-64 year olds is better than regional and national figures. However, our Public Health Profile 2017⁴ and Lichfield Locality Profile⁵ illustrates a number of issues and highlights some of the areas where inequalities exist, providing us with a focus for action.

This section explores the key health and wellbeing indicators that we have identified⁶. They are themed according to the 7 domains of wellbeing introduced in section 3 to present a structured snapshot of health and wellbeing across the district. **Appendix 1** also contains charts and maps of the district to show several of these indicators by ward to highlight areas for action.

³ Average household income for the District is approximately £46,000 per year. This compares with £39,000 for Staffordshire and £40,000 for Great Britain. Variance across wards is significant, with average household income of £28,000 in Summerfield and £73,000 in Little Aston. 5 of 22 wards fare worse than the national average: Boney Hay, Chadsmead, Chasetown, Curborough and Summerfield. (Council, Early Years District Profile 2017, 2017) (Council, A Focus on Lichfield 2015, 2015)

⁴ <http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000194.pdf>

⁵ <https://www.lichfielddc.gov.uk/Residents/Community/Community-funding/Downloads/Lichfield-locality-profile.pdf>

⁶ Sources used: (Staffordshire Observatory 2016, Improving mental health and wellbeing outcomes); (Staffordshire Observatory 2016); (LP 2016); (PHP 2017); (Staffordshire CC Strategy Team); (BEIS 2017) (Housing Enquiries records); (PHE); (Census 2011)

Table 1: Key Health and Wellbeing indicators

Domain		In our District...
Personal Wellbeing	Mental health, happiness, anxiety, self-esteem, sense of purpose	<ul style="list-style-type: none"> • At least 1 in 4 people experience mental health problems in their lives • Around 1,150 under 16s (8.6%) and 26,000 adults (22%) are estimated to be living with a mental health condition and 8,500 adults cases have been identified by a GP • The prevalence of depression amongst over 18's is nearly 7%, affecting around 5,070 people. • Around 5,000 pensioners live alone, with higher proportions in Fazeley, Curborough, Armitage with Handsacre and Chase Terrace wards • There are around 648 hospital admissions related to alcohol per year • There are around 10 suicides per year, similar to the national average
Health	Physical health, resilience	<ul style="list-style-type: none"> • Healthy life expectancy is 65 years for men and 67 years for women; this is longer than average but isn't improving. Women spend more of their lives in poor health than men (16 years compared to 14) • 1 in 4 adults are physically inactive, while just over half meet the recommended level of physical activity • 6.7% of adults (around 5,000 people) aged 17 or over has diabetes and 15.6% (over 14,500 people) have hypertension (high blood pressure), both worse than the England average • Data from the latest Sport England's Active People Survey suggests that around one in four adults are obese and almost 63% have excess weight (53,900 adults aged 16 and over) with rates being similar to England • More than 1 in 6 people of all ages have a limiting long-term illness, higher than the national average, with greatest prevalence in Chasetown, Curborough, Boney Hay and Central and Fazeley. However, the prevalence of limiting long term illness amongst over 65s is lower than England, suggesting younger people are disproportionately affected • Around 670 people are recorded as living with dementia, and at 54.2% the diagnosis rate is worse than the national average • 35% of people aged 65 and over experience one or more falls each year. Up to a quarter of those over 80 who fall sustain a serious injury • The proportion of older people who take up their offer of a seasonal flu vaccine or their offer of a pneumococcal vaccine is lower than average • Accidental deaths account for around 30 deaths per year with rates being higher than the England average. Accidental death rates in older people aged 65 and over are also higher
Education and childhood	Education and skills, school readiness, start in life, childhood health	<ul style="list-style-type: none"> • The proportion of children who had reached a good level of development at the age of five (72%) is better than the national average • GCSE attainment is significantly better than the England average but there are inequalities with achievement ranging from 37% in Fazeley ward to 86% in Boley Park ward • Around 24% of children aged four to five have excess weight (overweight or obese) with rates being similar to average • Around 34% of children aged 10-11 (Year 6) have excess weight with rates being similar to average • Breastfeeding prevalence rates at six to eight weeks remain lower than England

Domain		In our District...
Place	Community & neighbourhood, crime, housing, transport & commuting, built environment, air quality, noise, natural environment, green infrastructure, sense of belonging	<ul style="list-style-type: none"> • Most residents (91%) are satisfied with the area they live in. There are lower than average levels of crime and anti-social behaviour however the perception of crime is greater than the experience of crime • Housing affordability is an issue; the lowest quartile house price is 7.1 times the lowest quartile income and higher than the England average of 6.5. • 12% of children live in low income households • 11% (around 4,600) of households live in fuel poverty • There are around 70 excess winter deaths annually, a rate similar to the national • There is a lower proportion of people with a learning disability (45.5%) living in stable and appropriate accommodation than is the case regionally and nationally • We received 1,690 unique enquiries from households at risk of homelessness between 2014 and 2017; of these enquiries 393 households (23%) received homelessness prevention assistance and 191 (11%) were accepted as being statutorily homeless • Air quality is generally very good, however air pollution as a result of road transport has resulted in two air quality management areas at Muckley Corner and the A38 between Streethay and Alrewas.
Domain		In our District...
Economy	Employment, skills personal finance, financial stress, poverty, debt	<ul style="list-style-type: none"> • Educational attainment and employment rates have improved but this is not universal. The gap in the employment rate between those with a long term health condition and the general population is 4% • There are gaps in levels of adult skills and qualifications. 1 in 10 adults aged 16-64 has no formal qualifications, higher than the England average • Using the Mosaic variable 'Financial Stress' 23% (23,000) of the population find it 'difficult or very difficult to cope on current income; this is lower than the national average (28%) but varies from 13% in Little Aston & Stonnall ward to 36% in Chadsmead ward. Three wards are higher than the national average • Unemployment and youth unemployment rates (as at June 2016) were lower than the national average and performed well compared to our CIPFA district comparators • The proportion of people claiming out-of-work benefits is better than average (6.0% compared to 8.6%) • The proportion of residents aged 60 and over living in income deprived households is significantly better than the national average • There are 1,100 households with children where there are no adults in employment. • Around 2% of 16-19 year olds are not in employment, education or training (NEET), with relatively high rates in Chase Terrace, Armitage with Handsacre, Chadsmead, Chasetown and Fazeley • There are two lower super output areas (LSOAs) within the most deprived national quintile, representing around 4% of the total population- Chadsmead and Chasetown
Domain		In our District...
Social relationships and equality	Family, marriage, partnerships, loneliness, volunteering, equality & fairness, rights, trust, social action	<ul style="list-style-type: none"> • Life expectancy at birth is 81 years for men and 83 years for women, both similar to the national average. Men and women living in the most deprived areas live 7 and 9.5 years less than those living in less deprived areas respectively • The dependency ratio for older people is around 38 older people per 100 working age people, a trend which is increasing. 19 wards are higher than the national average, particularly around Colton and the Ridwares, Boney Hay and Central and Bole Park • More residents provide unpaid care compared to the England average which is around 11,600 people. In particular, 15% (3,100 people) of residents aged 65 and over provide unpaid care which is higher than the England average of 14% • Proportion of social isolation amongst the over 65s is 12.2%

7. Our contribution and impact

Through our diverse range of duties and activities, we contribute and influence our residents' health and wellbeing in many ways. A summary of our main activities broken down by service area that have the greatest health and wellbeing implications locally is in **Appendix 2**. It is not an exhaustive account of what we do but illustrates key activities ordered according to the themes in our Strategic Plan.

8. Our priorities for action

In Appendix 2 we have demonstrated the positive impacts that many of our services and activities have on the health and wellbeing of our residents, however in section 6 we have seen that many health and wellbeing indicators are in need of improvement. To address these **our first priority** is for the council to **develop a council wide Health in all Policies (HiAP) approach** which will enable us to better understand our contribution to and measure our impact on health and wellbeing.

From reviewing the evidence in section 6 we have also established three other priorities for action:

- **Encourage people of all ages to have more active and healthy lifestyles and take control of their own health and wellbeing**
- **Support older and vulnerable people in our communities to live and age well**
- **Improve workplace health, wellbeing and safety**

For each priority we have set ourselves a number of objectives which are detailed in the table below along with the rationale for their selection. Our Delivery Plan in **Appendix 3** sets out our detailed actions and shows how different service areas will work together and in partnership with a wide range of organisations to achieve these priorities and deliver our objectives.

Table 2: Priorities for action and objectives

Priority 1: Develop a council wide Health in all Policies (HiAP) approach	
Objectives	Rationale
To ensure all our emerging policies and strategies take into account health and wellbeing impacts	<ul style="list-style-type: none"> • HiAP is an approach being promoted by Staffordshire's HWBB. • HiAP builds upon our existing commitments, including that of 'making every contact count', whereby our frontline staff deliver health and wellbeing 'brief interventions' and advice to residents. • High level strategic HiAP leadership will demonstrate that we are a council that leads by example and are committed to embedding and maximising HiAP considerations into council-wide policy development and decision making processes • There are gaps in our knowledge of how our policies and procedures impact the health and wellbeing of our communities, what risks they may pose and how we can improve on this • We need to be able to measure health and wellbeing impacts of our policies and decision making processes against recognised indicators if we are to improve
To better understand our contribution to and impact on health and wellbeing	
To enhance the health and wellbeing of the local population and minimise risks or harms to health through a HiAP approach	

Priority 2: Encourage people of all ages to have more active and healthy lifestyles and take control of their own health and wellbeing

Objectives	Rationale
<p>Develop and support initiatives that enable people to be more active, with a particular focus on tackling inactivity</p>	<ul style="list-style-type: none"> • Levels of inactivity in adults have not decreased in recent years • Insufficient physical activity is one of the leading cause of chronic, limiting diseases (cardiovascular, cancer and diabetes) and premature mortality. • Exercise promotes good mental and cardiovascular health regardless of weight, particularly for middle-age and elderly people. • Physical activity levels are known to vary by household income. • Sports club participation and physical activity is associated with higher emotional wellbeing for children • Active lifestyles and social inclusion projects can be far reaching and impact positively on people’s physical and mental health • Average life expectancy has increased, but the number of years spent in good health has not • The direct cost of physical inactivity to the NHS has been estimated at £1.06 billion (2006/07 prices) across the United Kingdom, based on costs associated with five conditions: coronary heart disease, stroke, diabetes, colorectal cancer and breast cancer. (Allender et al 2007). • A recent report from Public Health England (2014) estimates the total UK-wide cost of inactivity as £7.4 billion a year.
<p>Reduce childhood and adult obesity</p>	<ul style="list-style-type: none"> • Levels of obesity in adults and children are increasing across the district. • Obesity increases the risk of chronic illnesses, psychological health problems and reduces life expectancy • Obesity is linked to at least 10 types of cancer and is the second most preventable cause of cancer after smoking; maintaining a healthy body weight reduces this risk • Obesity (similarly with poor diet and physical inactivity) is strongly linked to increased risk of developing type 2 diabetes, and the age of initial diagnosis of this disease is decreasing. This can be a limiting disease and in many cases it is preventable through positive lifestyle changes • Adults and children from poorer households and deprived areas are more likely to become obese • Good or bad food habits formed in early childhood often pervade into adulthood
<p>Develop a more informed and empowered district and inspire healthier food choices and eating habits</p>	<ul style="list-style-type: none"> • Good information can inspire healthier life choices and reduce unnecessary demand on services • Average number of portions of vegetables consumed daily for adults is lower than for the region and England at 2.51 portions • The proportion of the adult population meeting the recommended ‘5-a-day’ on a usual day is lower than for England at 56.3%
<p>Improve mental wellbeing</p>	<ul style="list-style-type: none"> • People living with mental health problems are often marginalised, vulnerable to discrimination and stigma and face obstacles to accessing services • Life expectancy for people living with severe mental illness is reduced by as much as an estimated 9-24 years • About half of mental health problems are established by age 14 and three quarters by age 24

	<ul style="list-style-type: none"> • Every £1 invested in innovative district council reduced-cost schemes and free access to leisure services generates up to £23 in value, and is as important to mental health as it is to physical health
Priority 3: Support older and vulnerable people in our communities to live and age well	
Objectives	Rationale
Reduce social isolation of older and vulnerable people	<ul style="list-style-type: none"> • Social isolation has been linked to increased morbidity and mortality, including degenerative brain diseases, depression and suicides • Older people are at increased risk of depression due to factors such as having a long-term physical health condition or disability, retirement, social isolation, loneliness or bereavement
Reduce the number of fuel poor households	<ul style="list-style-type: none"> • Housing remains a key wider determinant of health and a central component of the relationship between poverty and health • Long-term exposure to a cold home can affect weight gain in babies and young children, increase hospital admission rates for children, and increase the severity and frequency of asthmatic symptoms • Children in cold homes are more than twice as likely to suffer from breathing problems, and those in damp and mouldy homes are up to three times more likely to suffer from coughing, wheezing and respiratory illness, compared with those with warm, dry homes • Struggling with high energy bills can have an adverse impact on the mental health of family members • Fuel poverty may affect children's education – for example, if health problems keep them off school, or if a cold home means there is no warm, separate room to do their homework (Royston, 2013) • Every £1 spent by district councils improving 100,000 homes where residents are otherwise likely to require treatment due to issues of excess cold could save the NHS £34.19 over 10 years. The total annual cost to the NHS in England of cold homes is £1.36bn
Reduce the number of excess winter deaths	<ul style="list-style-type: none"> • Evidence suggests that excess winter deaths can be prevented. National research shows that winter deaths increase more in England compared to other European countries with colder climates • It is more than just lower temperatures that are responsible for the excess mortality, for example unsuitable housing for frail people
Create and refer people to employment, training and volunteering opportunities, particularly in our more deprived areas	<ul style="list-style-type: none"> • Being unemployed can have a negative impact on subjective wellbeing and mental health • The decline in wellbeing is beyond what would be expected from a decline in income from not having a job – unemployment can affect wellbeing by diminishing our sense of purpose and by reducing our social connections⁷
Promote Support Independent Living in Staffordshire (SILIS) and increase personal independence	<ul style="list-style-type: none"> • The proportion of our residents aged over 65 is very high and increasing, indicating more future demand for Disabled Facilities Grant (DFGs) • Around 90 residents have grant funded adaptations each year • Around 80% of DFG requests are to enable improved access to and within homes and to provide level access showers • Every £1 spent by a district council adapting 100,000 homes (through DFGs) where a serious fall is likely to otherwise occur could save the NHS £69.37

⁷ Brown, H

Reduce the number of people experiencing serious injury from falls	<ul style="list-style-type: none"> • Around 420 over 65s are admitted to hospital following a fall, and 120 have hip fractures • About 45% of people over 80 who live in the community fall each year, between 10-25% of which will sustain a serious injury⁸ • Around 29% of fallers were not discharged to their usual place of residence with 17% being discharged to another hospital; 3% being discharged to a care home; 2% discharged to a temporary place of residence (80 people)
Reduce housing inequalities by preventing homelessness and increasing the number of affordable homes	<ul style="list-style-type: none"> • Housing affordability continues to be an issue • The number of homelessness applications and households being accepted as statutorily homeless has increased in recent years • The number of unique homelessness enquiries and homelessness preventions has decreased over recent years • The introduction of the Homelessness Reduction Act presents opportunities for us to further assist homeless households and households at risk of homelessness
Priority 4: Improve workplace health, wellbeing and safety	
Objectives	Rationale
Lichfield District Council to encourage employees to become a healthier, more active workforce	<ul style="list-style-type: none"> • With a health in all policies approach the council will be committed to leading by example • There are opportunities for us to promote a healthier, more active workplace • Encouraging workplace health and wellbeing principles is consistent with the ongoing transformation to become a council which is 'fit for the future' • A healthier workforce/place is a happier, more productive workforce/place
Incorporate mental health awareness as a core focus in the emerging People Strategy	<ul style="list-style-type: none"> • Stress and mental health issues amongst council employees accounted for 476 days lost in 2016/17 – this is 8.6% of all absence • Wellbeing has a direct link to our equalities agenda and there is significant evidence to show that looking after the mental health of our employees makes business sense and increases productivity
Promote healthy and safe workplaces to further reduce the risk of accidents, mental stress and sickness absence	<ul style="list-style-type: none"> • The most commonly reported causes of occupational ill health in Great Britain are: <ul style="list-style-type: none"> ○ Musculoskeletal disorders, accounting for 41% of all work-related ill-health cases and 34% of all working days lost due to ill health; and ○ Work-related stress, accounting for 37% of all work-related ill-health cases, and 45% of all working days lost due to ill health

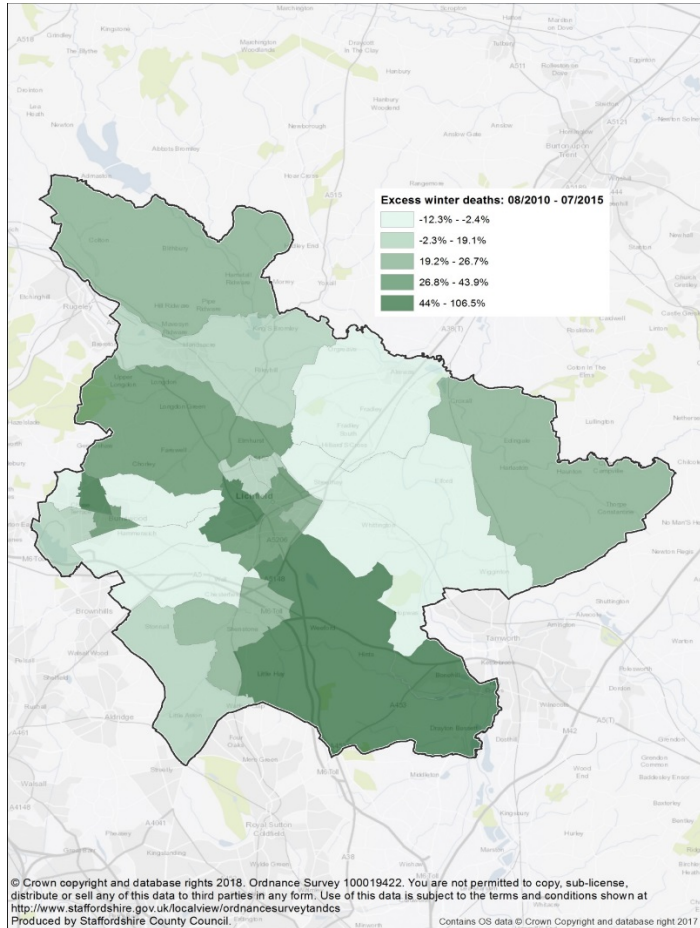
List of Appendices

1. Maps and charts of key health and wellbeing indicators
2. Our contribution and impact
3. Our Delivery Plan- to follow

⁸ Falls and fractures: effective interventions in health and social care, Department of Health, 2009

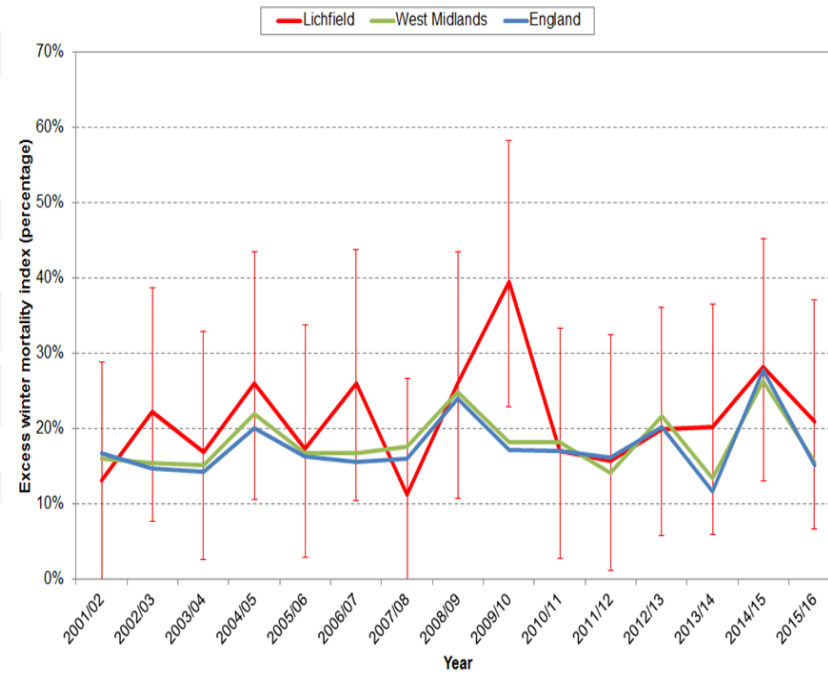
Appendix 1 – Maps and Charts of key Health and Wellbeing indicators

Map 1: Excess winter deaths in Lichfield, August 2010 to July 2015



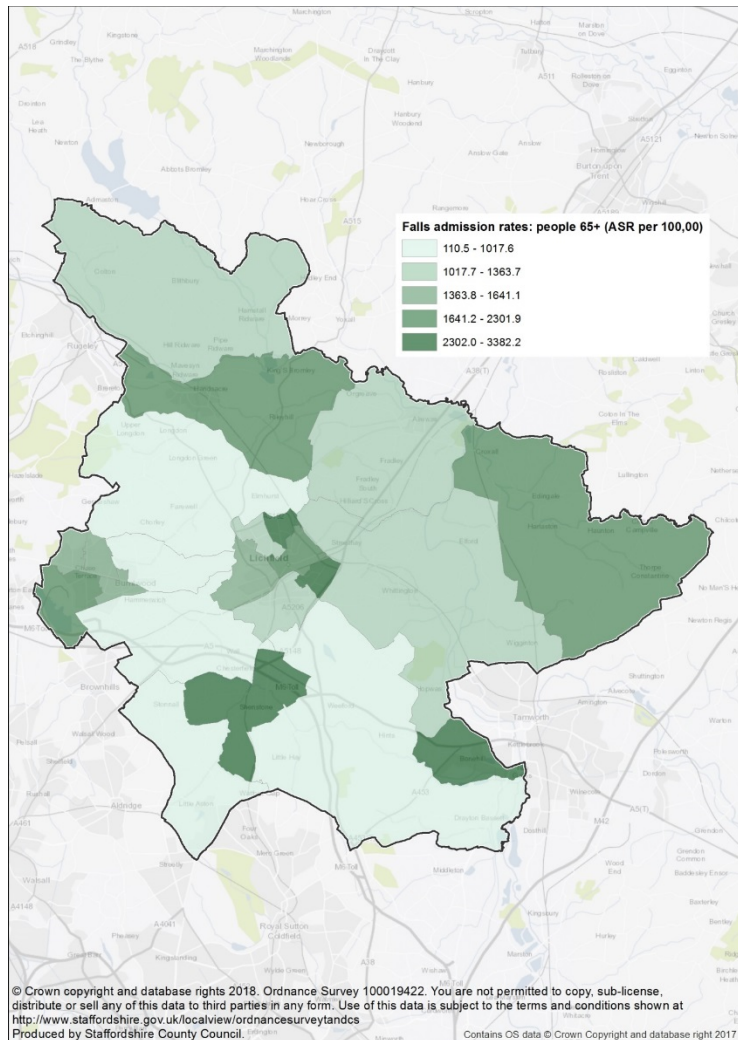
Source: Primary Care Mortality Database, Office for National Statistics and Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

Figure 2: Trends in excess winter mortality



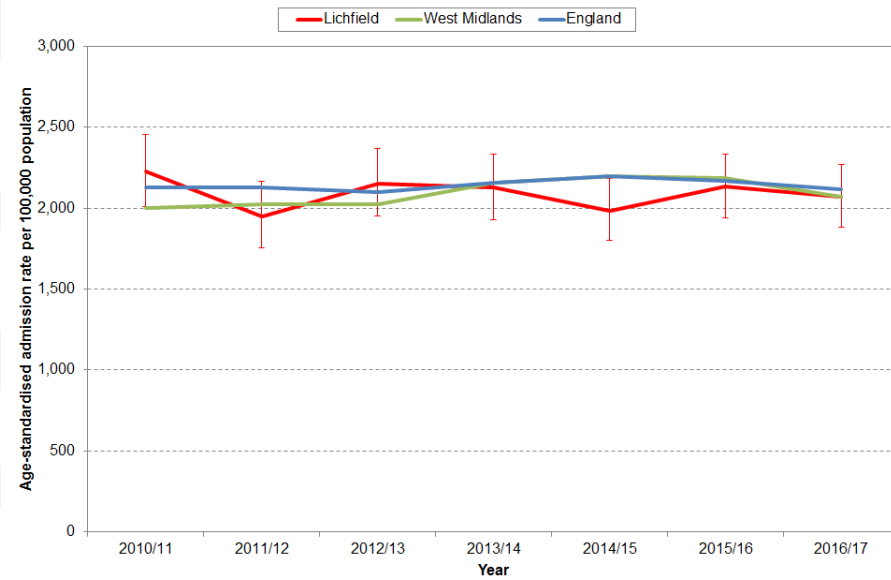
Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

Map 2: Admission rates from falls in older people aged 65 and over in Lichfield, 2015/16



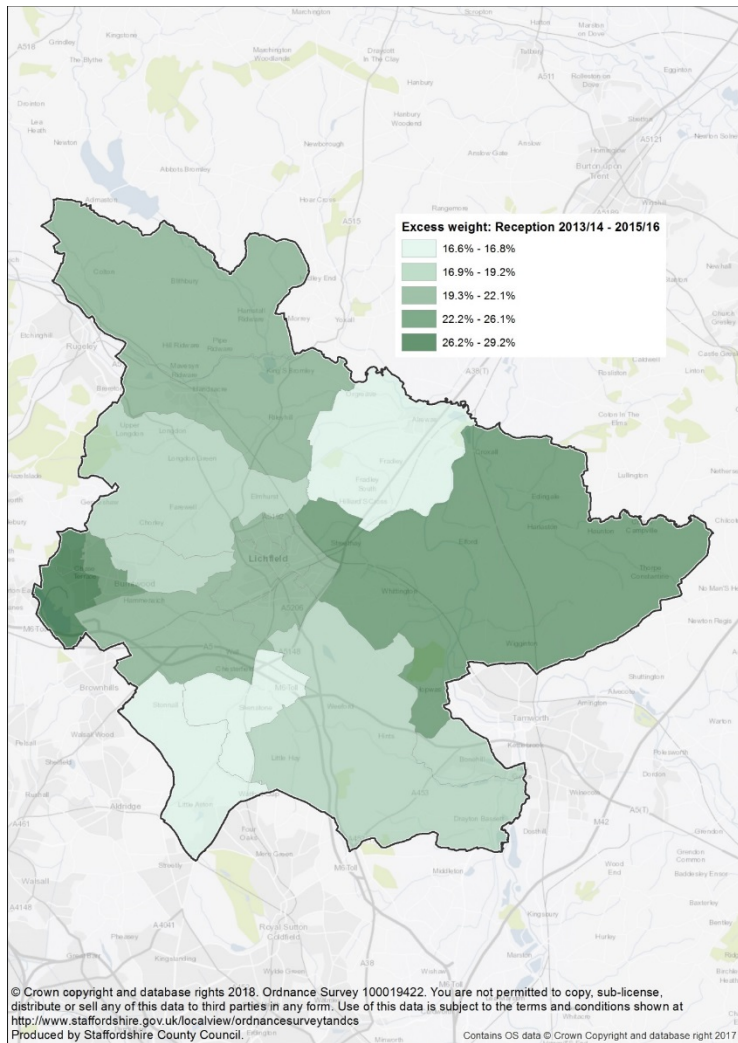
Source: Midlands and Lancashire Commissioning Support Unit (MLCS) and Mid-Year Population Estimates, Office for National Statistics, Crown copyright

Figure 3: Trends in falls admissions in people aged 65 and over



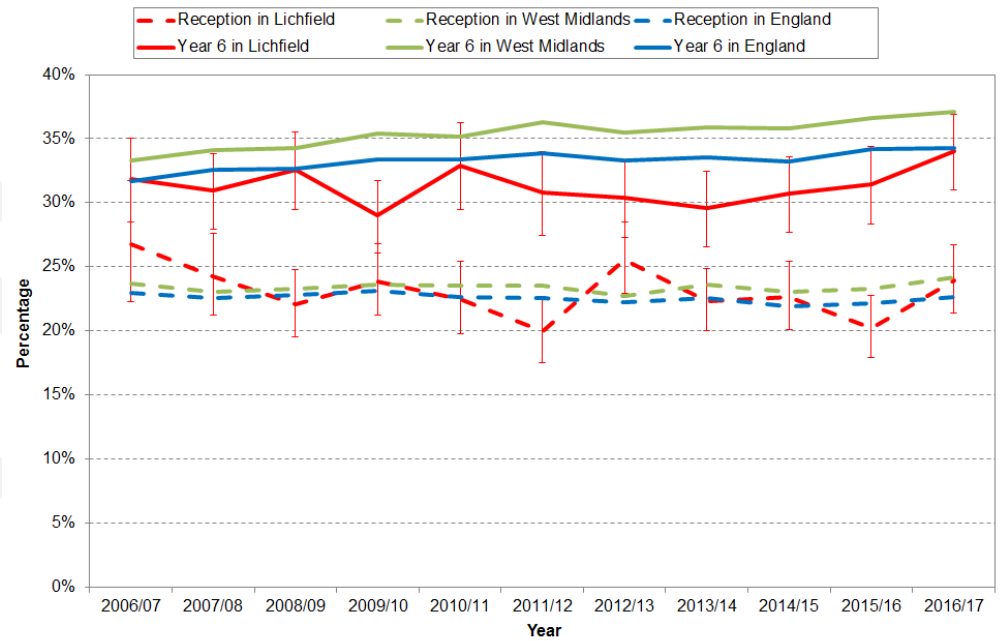
Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

Map 3: Childhood obesity rates for Reception in Lichfield, 2013/14 to 2015/16



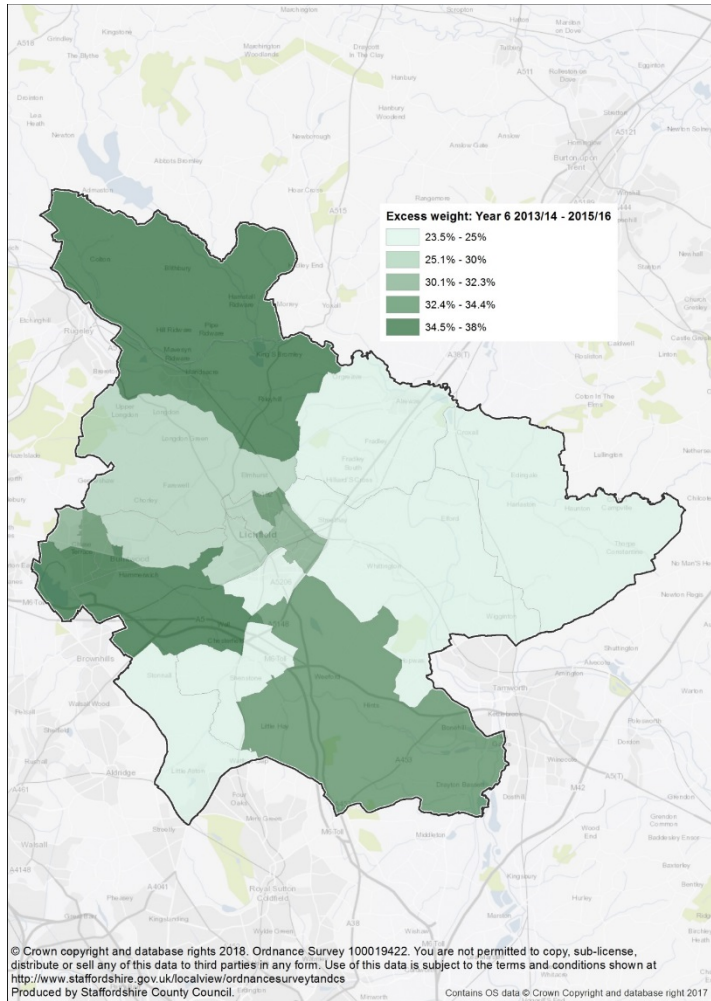
Source: Public Health England

Figure 4: Trends in children with excess weight



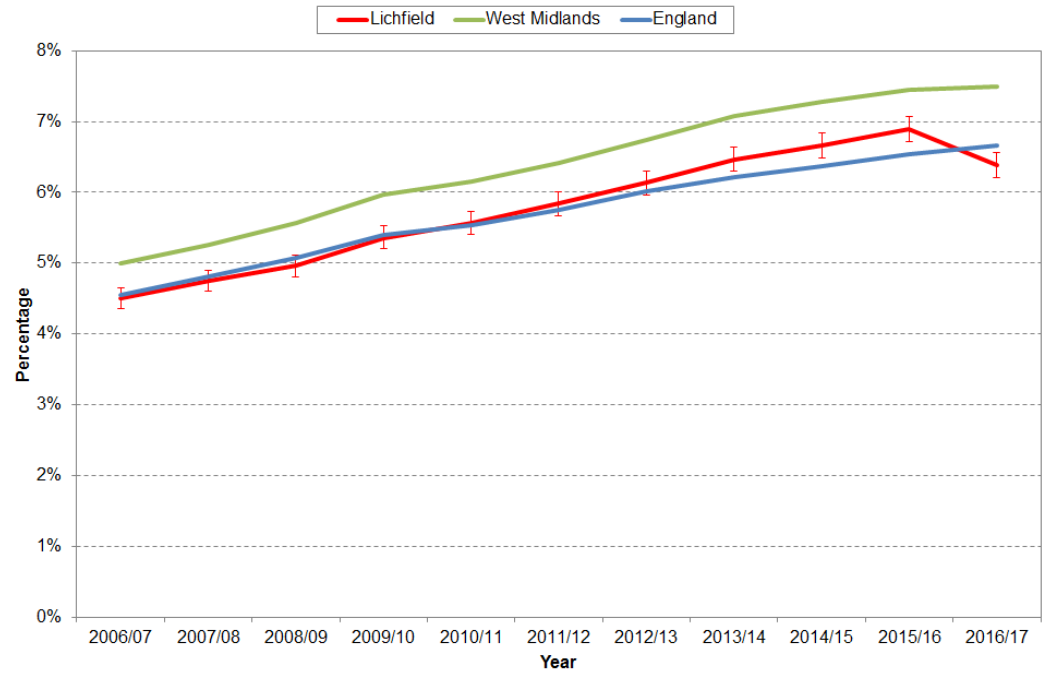
Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

Map 4: Childhood obesity rates for Year 6 in Lichfield, 2013/14 to 2015/16



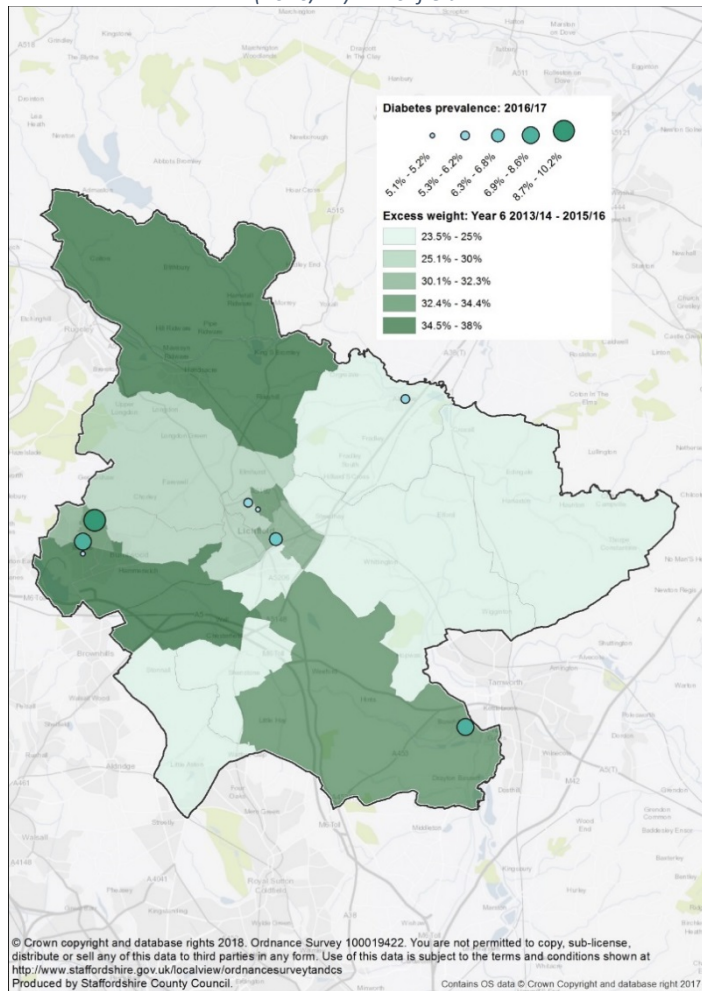
Source: Public Health England

Figure 5: Trends in diabetes prevalence (aged 17 and over)



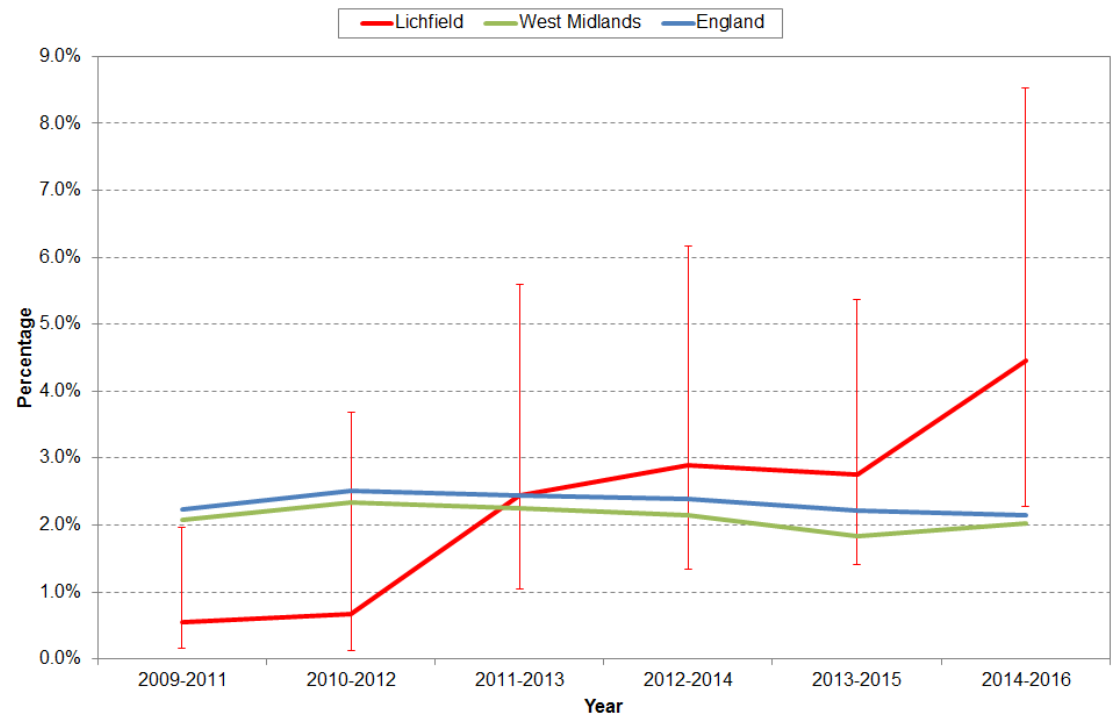
Source: Quality and Outcomes Framework (QOF), Copyright © 2017 Health and Social Care Information Centre. The Health and Social Care Information Centre is a non-departmental body created by statute, also known as NHS Digital

Map 5: Childhood obesity rates for Year 6 (2013/14 to 2015/16) and adults with diabetes (2016/17) in Lichfield



Source: Public Health England and Quality and Outcomes Framework (QOF), Copyright © 2017 Health and Social Care Information Centre. The Health and Social Care Information Centre is a non-departmental body created by statute, also known as NHS Digital

Figure 6: Sickness absence rates



Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

Appendix 2 – Our contribution and impact

Strategic Plan	Summary of service area contribution	Health and Wellbeing impacts
<p>Vibrant and prosperous economy</p> <p>More local jobs and more people in employment.</p> <p>More new businesses locate in our district. More businesses succeed.</p> <p>More visitors and greater visitor spend in our district.</p> <p>A regenerated Lichfield City centre and an improved retail offer in Burntwood.</p>	<p>Economic Growth</p> <p>The Economic Growth service promotes, facilitates and helps to deliver economic prosperity across the District. The two core functions of this service are Spatial Planning (planning policy); and Economic Development. Other functions include tourism, car parking, city/town centre CCTV and major development projects.</p> <p>The Economic Development Team:</p> <ul style="list-style-type: none"> • engage with local business and community groups raising awareness of business support information to the local community • assists local businesses to identify their workforce needs and to match these to the existing skills-base or training being offered to local residents • support existing businesses to grow and develop and encourage the formation of new employment opportunities • collaborate with developers and investors to increase the opportunities for job creation and encourages more economic activity for all areas of the district <p>The LPS has identified and sets out specific commitments to enhance local economic prosperity, which will increase good quality employment opportunities for residents, in particular though:</p> <ul style="list-style-type: none"> ○ Section 9: Economic Development and Enterprise elements; ○ Core Policy 8: Our Centres; and ○ Place Policies including Policy Lichfield 3: Lichfield Economy and Policy Burntwood 3: Burntwood Economy 	<p>Health and wellbeing impacts</p> <ul style="list-style-type: none"> • We are working to improve the quality of employment options for residents. Better employment opportunities are known to improve personal wellbeing. • Self-esteem is strengthened by good education and employment experiences. • Having a very low income, or experiencing economic deprivation is associated with low wellbeing. • Behaviours such as drinking, smoking and lack of exercise are far greater among the long-term unemployed than among people in employment; these effects can last for several years even after a person has found employment. • Negative growth (national/local recession) is worse for wellbeing; positive growth is good for it • We can nurture and support Lichfield District’s entrepreneurial talent • The ability to access appropriate services within Lichfield and Burntwood centres is important to developing the district’s economy; this is an area of ongoing focus
<p>Clean, green and Welcoming places to live</p>	<p>The Spatial Policy and Delivery Team are responsible for Plan Making in the District; the current Development Plan is the Local Plan Strategy (LPS). The LPS and the evidence that supports this document includes a number of Planning Policy measures that promote healthy communities. Focusing on enabling enhanced opportunities for healthier living and lifestyles choices ensures an environment where the healthy choice is the easy choice. In Summary relevant policy areas are listed below:</p>	<p>Health and wellbeing impacts</p> <ul style="list-style-type: none"> • The Local Plan Strategy has been created to promote good health, social and cultural wellbeing for all of our residents, and to reduce the severity of health and other inequalities.

More affordable homes in the district.

Our heritage and open spaces will be well maintained or enhanced. Our streets will be clean and well maintained.

More people will use parks and open spaces

New homes, office, retail and manufacturing spaces will be built or developed in line with our Local Plan and planning guidance.

- green infrastructure, open spaces, landscapes and natural resources
- economic development, enterprise, retail, employment and education
- sustainable transport infrastructure
- biodiversity, protected species and habitats
- sustainable development (including housing need, affordability and delivery), connecting communities, climate change and mitigating its impacts
- preserving the natural, cultural, artistic and heritage assets of the district
- access to amenities to support and encourage positive health and wellbeing

The Local Plan Strategy has 15 Strategic Priorities covering a wide range of topics. In particular Strategic Priority 11: Healthy & Safe Lifestyles, supported by Core Policy 10: Healthy & Safe Lifestyles and Core Policy 11: Participation in Sport and Physical Activity

Development Services

The Development Service promotes, shapes and delivers sustainable development and economic growth across the District through the implementation of the LPS and other statutory regulations. The teams and their activities are:

The Development Management Team:

- make sure that the adopted planning policies are delivered through robust determination of planning applications and appeals, and that safety, health and wellbeing issues are considered and delivered throughout the planning process
- work closely with developers, individual applicants and a broad network of consultees to achieve high quality and sustainable design, layout and scheduling of developments and to regulate the use and development of land in the public interest
- evaluate issues such as pollution or nuisance arising from development activities or use following completion, health and safety impacts on the community, green infrastructure, housing density and conditions, building materials, resources and aesthetics
- seek to maximize opportunities for enhancing biodiversity, accessible greenspace, canopy cover and play spaces, and where these cannot be reasonably achieved on site set the requirements for alternative provision to offset any shortcomings
- seek to enhance transport choice with a particular emphasis on encouraging active transport such as walking and cycling

- The environment in which people live can influence personal health and wellbeing. We seek to improve the quality and affordability of housing, and mix of use on sites, all of which are demonstrable determinants of health and the relationship between poverty and health
- Living near greenspace and in well-connected communities is associated with an increase in wellbeing
- Our emphasis on considerate, evidence based, strategic local design and development principles promotes good health, access to employment, goods and services and encourages more sustainable transport options including active movement. This also helps in preventing unnecessary declines in both air quality and road noise and safety
- The provision of open space and good public transport promotes outdoor physical activity and improved health and social interaction
- Through the Community Infrastructure Levy we are able to improve the quality and availability of a range of infrastructure for our residents
- The quality of the natural and built environment can influence health challenges. By formulating our policies to protect and enhance the local natural and built environments, heritage and culture we help to positively influence community pride and sense of place and subjective wellbeing, and improve the viability of neighbourhoods
- Our arboriculture requirements for new developments help to modulate extremes in

	<p>The Planning Enforcement Team:</p> <ul style="list-style-type: none"> • establish effective controls over unauthorised development where it assists with the preservation and enhancement of the qualities of both the built and natural environment and to protect public amenity • address complaints relating to high hedges and unauthorised works to Listed Buildings and protected trees. <p>The Building Control Team are part of a joint service across the districts of South Staffordshire which implement the Building Regulations in our area to ensure the health and safety of people in and around buildings.</p> <p>The Lichfield and Tamworth Joint Waste Service Teams:</p> <ul style="list-style-type: none"> • help to keep Lichfield’s streets and environment clean and safe • help to preserve the quality of the spaces where we live, work and spend leisure time • help mobility impaired and vulnerable people with bin collections through our assisted bin collection service • help residents learn about how to recycle and dispose of waste responsibly. 	<p>temperature, improves air quality and provides protection from the sun.</p> <ul style="list-style-type: none"> • Enforcing against unauthorised development prevents the significant negative consequences it can have for individual households, communities and the environment. • Effective housing Standards enforcement and Building Control help to keep building and areas safe, healthy and accessible. • Over 50% of our waste is now being recycled, helping to keep our environment clean
<p>Healthy and safe communities</p> <p>More people will be active and healthy.</p> <p>More people will be involved in volunteering and community activity.</p> <p>Fewer people and families will be homeless.</p> <p>More people will feel safer and less</p>	<p>Leisure and Operational Services</p> <p>Leisure and Operational Services has a strategic and operational role in improving the health and wellbeing of the district’s residents as they aim to ensure that all leisure and operational services and facilities are utilised and maintained effectively in order to deliver improved health outcomes. Our primary assets include our leisure centres, parks, open spaces and outdoor sports facilities and the opportunities they present. The service is undergoing a significant transformation and as part of this process the management of two of our leisure centres have been outsourced to a specialist provider Freedom Leisure to bring about much needed improvements to both sites and focus resources on non-facility based provision.</p> <p>The Health and Wellbeing Development Team:</p> <ul style="list-style-type: none"> • takes the strategic lead for the delivery of the PASS • works in partnership with a diverse range of organisations having a local, regional and national reach, for example Sport Across Staffordshire and Stoke-on-Trent County Sports Partnership (SASSOT), Sport England, other local authorities, national governing bodies, schools, colleges, universities and sports clubs 	<p>Health and wellbeing impacts</p> <ul style="list-style-type: none"> • Active lifestyles and social inclusion can make people healthier, happier and more likely to be successful in academic and professional life • A more active population can help enrich lives, build civic pride, create stronger communities, generate economic prosperity, and ensure that the District is a better place • Being active from a young age develops better emotional wellbeing and overall wellbeing • A sense of belonging comes from a sense of relatedness; a connection to other people • Our participation in the Sportivate and Positive Futures projects saw around 600 young people complete sport related programmes per year, and

worried about crime and anti-social behaviour.

More people will be living independently at home.

- promotes and supports health and wellbeing through a 'Healthy Walks' programme, mental wellness events, half marathons and fun runs
- has important roles in community building and education by supporting and enabling a variety of activities with schools/ community groups and having a strong volunteer base

The Parks Team:

- maintains the District's historic parks, green and open spaces
- ensure the parks consistently achieve Green Flag Awards, recognising their role as important contributors to our positive health and wellbeing and in mitigating the stresses of modern living
- focus on maximizing the potential of Parks and Open Spaces to contribute to improved health outcomes
- produce a comprehensive activity programme of nearly 200 large and small scale events (e.g. FUSE festival, Lichfield Proms).

A Health & Wellbeing Action Plan is being developed to cover the period 2018 – 2021 and this is reflected in the Delivery Plan in Appendix 3. The PASS is currently under revision with Sport England and this will further help to identify where to target our interventions.

Regulatory Services, Housing and Wellbeing

The activities of the Regulatory Services, Housing and Wellbeing team is extensive, covering strategic housing and homelessness activities, environmental health, community safety, licensing and emergency planning. Many of the things we do have an impact on individual and community health and wellbeing through our roles as a facilitator, enabler, enforcer of standards, and consultee through the planning and licensing regimes.

The Housing and Health Strategy and Housing Options Teams:

- deliver homelessness prevention and housing options services in accordance with the statutory duties of the Homelessness Reduction Act
- supports the delivery of new affordable housing
- enable delivery of DFG's to facilitate adaptations, supporting disabled people to live more independently and comfortably and remain in their existing homes for longer

physical activity sessions for disabled children and adults

- The council promoted a 'step-challenge' in February 2018 to encourage an active workplace
- Our parks are accessible places with a calendar of events suitable for the needs and abilities of all of our residents and user groups
- Individuals who are experiencing difficulties tend to approach community and voluntary organisations earlier than they do statutory organisations

Health and wellbeing impacts

- Our interventions help prevent around 130 households each year from becoming homeless.
- We process homeless applications, and offer a range of support to all households who are accepted as becoming or being statutorily homeless

- oversee the administration of emergency home repair (HRA) grants for vulnerable residents whose homes present a serious risk to their health
- help residents to improve their home's energy efficiency, stay warmer in winter and reduce their energy bills and impacts of fuel poverty through our Warmer Homes, Greener District initiative and, where possible, bring in external funding to enhance this.

The Environmental Protection Team:

- investigate complaints about noise, smoke, dust, odour and other nuisances
- monitor and formulate action plans to improve local air quality
- deal with pest control problems and stray dogs
- take action in relation to defective private sewerage systems
- take enforcement action in relation to a range of environmental crimes relating to waste, dog fouling, fly posting, graffiti, etc
- enforce housing standards, primarily in the private rented sector, particularly where hazards have been identified which represent a significant risk to occupants
- arrange for empty and problematic premises, which can be a draw for anti-social behavior, to be boarded up

The Food, Health and Safety Team:

- conduct food safety inspections ensuring the distribution and quality of premises serving fast food and alcohol as well as places where people are permitted to smoke are not disruptive to health
- investigate and work to reduce outbreaks of food poisoning and waterborne infections such as Legionnaire's disease both in commercial premises and at home
- conduct workplace health and safety inspections, particularly within warehousing, retail, catering and leisure premises. Two key areas of work related ill-health that we address are stress and manual handling/accidents
- we help to keep workplaces safe for employees and customers through the use of prohibition notices and, where necessary, prosecuting offenders

Our Community Safety, Licensing and Partnerships Team:

- work to prevent crime, disorder, public nuisance, anti-social behavior, substance abuse, fear of crime and harm to children and vulnerable adults

- We provide a comprehensive housing advice service including tenants' rights, maintaining a tenancy, accessing the local housing register and money advice
- Being able to live independently at home is fundamental to our sense of wellbeing. In 2016/17 we completed 90 DFGs with a combined value of nearly £800,000. This enabled the installation of much needed adaptations to improve accessibility to and within the homes of mobility impaired households ; around 4 in every 5 applications included a level access shower
- Living in unsuitable conditions can have severe consequences for our health and wellbeing. In 2016/17 WHGD helped 38 vulnerable households benefit from over £100,000 of funding energy efficiency measures for vulnerable 38 households, including elderly and fuel poor. Combined, these fuel poor and elderly households will save a further £100,000 over the life of the installations
- WHGD also provided specialist, bespoke advice to 172 households and supported a further 52 vulnerable households through home visits, helping people to live more affordably and comfortably
- Emergency home repair assistance grants are available to vulnerable home-owners whose home poses one or more serious or danger-to-life hazards
- Poor quality housing is associated with higher stress and poorer health. We help to keeping housing safe for occupants and pleasant for communities, for example through the use of improvement notices and by carrying out works in default, often helping protect the rights of tenants

- administer the licensing and permitting of premises, individuals and events e.g. taxi drivers, tattooists, tanning and beauty salons, alcohol suppliers, street traders, zoos, pet shops, houses of multiple occupancy (HMOs) owners, mobile home owners and businesses
- help protect children, young people and families from coming to harm by implementing our safeguarding policy and procedures
- support the voluntary and community sector through our funding prospectus for 2018-2021, in particular for organisations that support residents to resolve and cope with issues such as domestic abuse, loneliness, social isolation, self-harm and to prevent suicide.

Economic Growth

Spatial Policy and Delivery Team:

The Spatial Policy and Delivery Team fulfil the 'Healthy and Safe Communities' objectives of the Strategic Plan through the LPS by incorporating the guidance and obligations of the National Planning Policy Framework (in particular Section 8: Promoting Healthy Communities) and by defining the following core policies and strategic priorities:

- More people will be active and healthy:
 - Strategic Priority 11: Healthy and Safe Lifestyles
 - Core Policy 10: Healthy and Safe Lifestyles ,
 - Core Policy 11: Participation in Sports & Physical Activity,
 - Policy HSC1: Open Space Standards,
 - Policy HSC2 Playing Pitch & Sports Facility Standards.
 - Core Policy 4: delivering our Infrastructure
- Fewer people and families will be homeless:
 - Core Policy 1: The Spatial Strategy
 - Core Policy 6: Housing Delivery
 - Policy H1:A Balanced Housing Market
 - Policy H2: Provision of Affordable Homes
 - Policy H3: Gypsies Travellers & Travelling Show people.
- More people will feel safer and less worried about crime and anti-social behaviour:
 - Core Policy 10: Healthy & Safe Lifestyles
 - Policy BE1: High quality Development

- Poor air quality, noise and other sources of pollution and nuisance can significantly impact health and wellbeing; we work to minimise these effects where we can. Our effective environmental protection work helps to maintain healthy, clean and safe communities
- We carry out over 1,000 food safety interventions per year, helping over 97% of food outlets achieve expected hygiene and safety standards
- Safeguarding activities keep communities safe for example, by helping prevent radicalisation, domestic abuse, modern day slavery and sexual exploitation of adults and minors. We contribute to the Police and Crime Commissioner's priorities, for example around early intervention and supporting victims and witnesses
- Through the Locality Commissioning Board we have provided long-term, valuable support to community and voluntary organisations who work to improve the lives of some of the most vulnerable people in the district. This same assistance is now provided through our new Voluntary and Community Sector Funding Prospectus
- Volunteering has a positive impact on the individual and local community and that community and voluntary organisations are close to communities and well placed to support those who are vulnerable and disadvantaged
- The broad strategic delivery context Local Plan Strategy significantly enhances the capacity for other teams to positively influence health and wellbeing

A council
that is fit for
the future

Revenues, Benefits and Customer Services

Our Revenues, Benefits and Customer Services 'Connects Team' is the 'face' of the Council and often the only part that residents interact with and they fulfill an extremely wide range of customer needs over the phone or in person such as:

- advising, referring, signposting and advocacy
- housing benefit and local council tax support advice and assistance
- requests for financial assessments relating to benefits, document verification or paying for care at home
- logging complaints (noisy neighbours, dog fouling, waste, etc.);
- assistance with blue badge online applications as not everyone has access to computers or a family member who can assist them with the application process
- work closely with residents who fall into arrears with their council tax payments and are unable to resolve this by themselves

Team members are trained and qualified in delivering professional customer service and some have also had specific additional training in both 'Right Advice First Time' (RAFT)⁹ and safeguarding.

Health and wellbeing impacts

- Not all service requests from residents have an obvious link to health and wellbeing, though the information and support the team provide contributes to it in many cases
- We ensure that people are and feel listened to and that their views are important to the council
- We are able to notice and act upon changes in the health and wellbeing and general welfare of customers who contact us frequently, either by phone or in person and can act accordingly
- We offer a relationship with the council that customers can trust, and provide a safe space for vulnerable people
- Through our signposting work we direct vulnerable customers to vital services including WHGD, food banks and other community support projects
- We provide financial assessments and assistance for people receiving care in their homes or who are going into residential care

[Appendix 3 – Delivery plan to follow](#) (note that this will incorporate actions in the Leisure Services Health and Wellbeing action plan that is in development)

⁹ Right Advice First Time (RAFT) is a project to facilitate closer working between agencies offering advice by sharing good practice, adopting common standards and jointly developing services to ensure that residents have access to quality advice to meet their individual needs.

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