Agenda

AGENDA for a meeting of the PUBLIC HEALTH, PREVENTION AND PERFORMANCE CABINET PANEL in COMMITTEE ROOM B at County Hall, Hertford on THURSDAY, 10 MAY 2018 at 10.00AM

MEMBERS OF THE PANEL (12) (Quorum 3)

A P Brewster, L A Chesterman, C Clapper, B A Gibson, S Gordon, N A Hollinghurst, M B J Mills-Bishop, R M Roberts (Chairman), A S B Walkington (substituting for A F Rowlands), A Stevenson, A D Williams (Vice Chairman), W J Wyatt-Lowe

Meetings of the Cabinet Panel are open to the public (this includes the press) and attendance is welcomed. However, there may be occasions when the public are excluded from the meeting for particular items of business. Any such items are taken at the end of the public part of the meeting and are listed under "Part II ('closed') agenda".

Committee Room B is fitted with an audio system to assist those with hearing impairment. Anyone who wishes to use this should contact main (front) reception.

Members are reminded that all equalities implications and equalities impact assessments undertaken in relation to any matter on this agenda must be rigorously considered prior to any decision being reached on that matter.

Members are reminded that:

(1) if they consider that they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting they must declare that interest and must not participate in or vote on that matter unless a dispensation has been granted by the Standards Committee;

(2) if they consider that they have a Declarable Interest (as defined in paragraph 5.3 of the Code of Conduct for Members) in any matter to be considered at the meeting they must declare the existence and nature of that interest. If a member has a Declarable Interest they should consider whether they should participate in consideration of the matter and vote on it.

PART I (PUBLIC) AGENDA

1. MINUTES

To confirm the Minutes of the meeting held on 12 March 2018.

2. PUBLIC PETITIONS

The opportunity for any member of the public, being resident in Hertfordshire, to present a petition relating to a matter with which the Council is concerned, which is relevant to the remit of this Cabinet Panel and which contains signatories who are either resident in or who work in Hertfordshire.

Members of the public who are considering raising an issue of concern via a petition are advised to contact their local member of the Council. The Council's arrangements for the receipt of petitions are set out in Annex 22 - Petitions Scheme of the Constitution.

If you have any queries about the procedure please contact Theresa Baker, by telephone on 01992 556545 or by e-mail to theresa.baker@hertfordshire.gov.uk

At the time of the publication of this agenda no notices of petitions have been received**.**

3. FAMILY CENTRE SERVICE CONTRACT AWARD - PUBLIC HEALTH NURSING ELEMENT

Report of the Director of Public Health

4. PUBLIC HEALTH PEER CHALLENGE ACTION PLAN

Report of the Director of Resources

5. HEALTHY PLACES UPDATE

Report of the Director of Public Health

6. HERTFORDSHIRE HEALTH EVIDENCE WEBSITE TOUR

Report of the Director of Public Health

OTHER PART I BUSINESS

Such Part I (public) business which, if the Chairman agrees, is of sufficient urgency to warrant consideration.

PART II ('CLOSED') AGENDA

EXCLUSION OF PRESS AND PUBLIC

There are no items of Part II business on this agenda. If Part II business is notified the

Chairman will move:-

“That under Section 100(A) (4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item/s of business on the grounds that it/they involve/s the likely disclosure of exempt information as defined in paragraph/s ……. of Part 1 of Schedule 12A to the said Act and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.”

If you require further information about this agenda please contact Theresa Baker, Democratic Services, on telephone no 01992 556545 or email theresa.baker@hertfordshire.gov.uk.

Agenda documents are also available on the internet at:
https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings.aspx

Minutes

To: All Members of the Public Health, Prevention and Performance Cabinet Panel, Chief Executive, Chief Officers, All officers named for 'actions'

From: Legal, Democratic & Statutory Services
Ask for: Theresa Baker
Ext: 26545

PUBLIC HEALTH, PREVENTION AND PERFORMANCE CABINET PANEL
12 MARCH 2018: 10.15 AM

ATTENDANCE

MEMBERS OF THE PANEL

A P Brewster, L A Chesterman, R H Smith (substituted for C Clapper), B A Gibson, S Gordon, M B J Mills-Bishop, R M Roberts (Chairman), A F Rowlands, A Stevenson, A D Williams (Vice Chairman), W J Wyatt-Lowe

Upon consideration of the agenda for the Public Health, Prevention and Performance Cabinet Panel meeting on 12 March 2018 as circulated, copy annexed, conclusions were reached and are recorded below:

Note: A conflict of interest was declared by a member of the Cabinet Panel in relation to the matters on which conclusions were reached at this meeting and are recorded at item 4

CHAIRMANS ANNOUNCEMENTS

i	Information on actions from minutes in future to be circulated prior to panel meetings.	T A Baker
ii	Actions from 2 February 2018: Note to be circulated to members	T A Baker

PART I ('OPEN') BUSINESS

1. MINUTES **ACTION**

1.1 The Minutes of the Cabinet Panel meeting held on 2 February 2018 were confirmed as a correct record and signed by the Chairman.

2. PUBLIC PETITIONS

2.1 There were no public petitions.

3. DEEP DIVE: UNDER 18 MENTAL HEALTH ADMISSIONS

[Officer contact: David Conrad, Consultant in Public Health (Evidence & Intelligence) (Tel: 01992 555391; Will Yuill, Public Health Analyst (Tel: 01992 555127); Simon Pattison, Head of Service, Integrated Health and Care Commissioning Team (Tel: 01438 845392); Jen Beer, Health Improvement Lead – Children and Young People, Public Health (Tel: 01438 843309); Sue Beck, Head of Service – Children and Young People, Public Health (Tel: 01438 845914)].

3.1 The panel viewed an updated presentation of statistical data on mental health (MH) in Hertfordshire's children and young people (CYP), including relevant local treatment services and current prevention work, which can be viewed at: PHP&P Cabinet Panel-12 March 2018-**Updated Version** of Presentation on Under 18 Mental Health Admissions

3.2 Hertfordshire figures incorporating both emergency and planned hospital admissions for CYP under 18 in which MH issues were the primary cause, showed a statistically significant rise in the rate between 2015/16 and projected figures for 2017/18.

3.3 Members noted the current prevention work in Hertfordshire aimed at reducing the overall number of admissions of CYP with MH issues; however the number of admissions to acute hospitals, as opposed to specialist hospitals, had continued to rise. Public reluctance to report MH conditions distorted prevalence data and meant that there was also the likelihood of unmet need. In 2016/17 the main causes of CYP MH admission in Hertfordshire were anxiety and eating disorders, the rates per 100,000 being higher than in England.

3.4 The panel heard that no single factor explained the rise in CYP MH admissions to acute hospitals. Increasing prevalence of MH issues; a greater willingness to talk about and greater focus on MH leading to better identification of MH need; improved coding of MH issues on admission; individual family decisions on the best place to go in a crisis (i.e. A & E as the default); and changes to the care pathways were all potential contributory factors. Previous analysis had also shown that 50% of emergency CYP MH emergency admissions to acute hospitals were unknown to the MH system.

3.5 Members observed that:

- greater availability of tier 4 beds in specialist MH hospitals could reduce the number CYP MH admissions to acute hospitals and provided a more suitable environment for children undergoing planned admissions;
- greater emphasis was needed on parenting as childhood trauma was at the root of some MH issues;
- health and wellbeing checks might identify CYP with mental

health issues before they reach crisis point;
- financial inequality and racial issues impacted MH admissions;
- a rise in admissions to acute hospitals might link to periods of increase in CAMHS referral waiting times particularly if the CYP was not in receipt of counselling and had reached crisis point;
- G.P. behaviour could influence MH admissions;
- CS and PHP&P should coordinate on this issue of joint concern;
- tracking updates on CAMHS referrals could be undertaken as many things were interconnected.

Conclusions:

3.6 1. Panel noted and commented on the content of the presentation.
2. Panel agreed further work was needed to understand why young people with high anxiety and eating disorders were going to A and E hospitals in Hertfordshire. The suggestion of asking the CAMHS scrutiny group to take another look at this would allow a cross party view. The chairman would also meet with commissioners.

R Roberts
J McManus

4. HERTFORDSHIRE COUNTY COUNCIL PERFORMANCE MONITOR –QUARTER 3 (Q2), 2017-18

[Officer Contact: Alex James, Head of Corporate Policy (Tel: 01992 588259); Martin Aust, Head of Intelligence, Improvement and Technology, Resources (Tel: 01992 555793)]

M B J Bishop declared a non-pecuniary interest in relation to item 4 of the agenda (page 22, 4.2 - Veolia Application) as he is the Leader of Broxbourne Borough Council. He remained in the room but did not participate in the debate and vote.

4.1 The panel received the Performance Report for Q3 of 2017-18.

4.2 Members requested that future performance reports include absolute data on the number of people affected by Delayed Transfers of Care (DTOC) by each hospital trust.

4.3 Noting that in Q3 59.3% of employee annual sickness was due to long term absences of over 20 days, it was agreed that the Workplace Health Strategy under development should come as a report to the panel for guidance.

4.4 Commenting on the condition of the county's roads and that 100% was being achieved on some Highways Service performance indicators, it was agreed that background information on the service standards behind the figures be brought to the panel in due course.

4.5 Continuing on the earlier Mental Health theme, and on hearing that the suicide rate was greatest in adults, members requested a report on the suicide rate including numbers, age group and reasons.

Conclusions:

4.6 The Public Health, Prevention and Performance Cabinet Panel
a) Commented on the recommendations on any performance, project, contract and risk or audit matter outlined in this report.
b) Identified further actions to address any performance concerns raised in the performance monitor.

5. CURRENT PROGRESS ON PREVENTION AND NEXT STEPS: TOWARDS A PREVENTION STRATEGY

[Officer Contact: Jim McManus, Director of Public Health (Tel: 01992 556884); Joanne Doggett, Head of Programme Delivery and Resources for Public Health (Tel: 01992 556358)]

5.1 The Panel received a report on the background to work on Prevention across the Council, an update on work being undertaken and a precis of the work established by the Prevention work stream. Their views were sought on what aspects to include in the County Council Prevention Strategy under development.

5.2 Considerable progress had been made and Prevention now needed to be made systematic and crystallised into policy and strategy; although the prevention work was much wider than health, by way of example, 85% of health determinants were non-clinical and this framework of looking at determinants would prove useful for a prevention strategy.

5.3 Members commented that archives and heritage were embedded in the government's Culture Strategy and that a wide definition of community health to encompass such initiatives could unlock other sources of funding e.g. heritage lottery fund.

5.4 Prevention needed to be built into the LTP4 to avoid past problems with new developments i.e. consideration of heritage, music, air quality, parks, modal shift towards sustainable transport (e.g. footpaths etc.).

5.5 Members emphasised the need to harness the social capital of retired people so that aging could be seen as an opportunity rather than a problem and, by helping to meet some of the call on services, increase quality of life (and concomitantly health) of provider and receiver; this could also impact Youth Strategy. Associated with this was the need to celebrate and welcome the high percentage of volunteering and locally based activism.

5.6 The panel highlighted the need to support voluntary societies and heard that PH had an open offer to any voluntary organisation, including the 2.5K sports clubs which relied on ageing volunteers and which struggled to get funding, to write a letter of support for sensible bids and also to lobby Sport England. Information on volunteering that took place needed to be compiled.

5.7 Due to providing grandchild care, older people might no longer be involved in volunteering and because of this grandparent/toddler groups needed to be included.

5.8 A county wide continuing dialogue with the District and Borough Councils was required to introduce the Prevention agenda on to the Waste Strategy at a District level.

Conclusions:

5.9 The panel noted and commented upon the contents of the report, and identified other areas of the County Council's business in which it felt that opportunities to progress Prevention existed so that these could also be considered by Officers as they developed the Strategy to be brought back to Panel.

6. OTHER PART I BUSINESS

There was no other business.

KATHRYN PETTITT
CHIEF LEGAL OFFICER **CHAIRMAN**_____

HERTFORDSHIRE COUNTY COUNCIL

PUBLIC HEALTH, PREVENTION AND PERFORMANCE CABINET PANEL
10 MAY 2018 AT 10.00 AM

Agenda Item No.

3

FAMILY CENTRE SERVICE CONTRACT AWARD - PUBLIC HEALTH NURSING ELEMENT

Report of the Director of Public Health

Author: - Sue Beck, Head of Children and Young People Service, Public Health (Tel: 01438 845914)

Executive Member:-Richard Roberts, Public Health, Prevention and Performance

1. Purpose of the Report

1.1 To inform panel of the outcome of the procurement process for the Public Health Nursing element of the new Hertfordshire Family Centre Service.

2. Summary

2.1 The County Council is responsible for a range of services for families, children and young people including Health Visiting, School Nursing and Children's Centres.

2.2 The County Council's contracts for the Health Visiting service and School Nursing service (Public Health Nursing Service) and Children's Centre programme, currently expire on 30 September 2018 and needed to be re-procured.

2.3 Children's Services and Public Health have now jointly commissioned a new service that offers a coterminous aligned service which is integrated at the point of delivery – "the Hertfordshire Family Centre Service".

2.4 The new contract is for a 6 year period and will start on 1 October 2018 with an option of extending the contract for a further 2 years. A mobilisation period is currently underway as of 1 April 2018 until 30 September 2018.

3. Recommendation

3.1 Panel is asked to comment upon and note the content of the Report.

4. Background

4.1 The 0 – 19 Healthy Child Programme (HCP) is the Department of Health universal programme for improving the health and wellbeing of children and young people. The programme is divided into two parts 0-5 years and 5-19 years. The programme is commissioned by local authorities with some elements being mandatory and is mainly delivered through public health nursing services (health visitors and school nurses) working in partnership with other services/agencies.

4.2 The Health Visiting Service is a universal service i.e. it is offered to all families with children aged pre-birth to 5 years. There is additional targeted work with families with specific needs.

4.3 There are five mandated contacts for families with new babies that form part of the Healthy Child Programme – an antenatal health promoting contact; a new baby review; an assessment of the baby at 6-8 weeks old; an assessment at 1 year old and an assessment when the child is 2-2 ½ years old.

4.4 There are six high impact areas where health visitors make a significant contribution in terms of health and wellbeing and improving outcomes for children, families and communities:

i. Transition to parenthood and the early weeks;
ii. Maternal mental health (perinatal depression);
iii. Breastfeeding (initiation and duration);
iv. Healthy weight, healthy nutrition and physical activity;
v. Managing minor illness and reducing hospital attendance and admission;
vi. Health, wellbeing and development of the child age 2-2 ½ years old and support to be 'ready for school'.

4.5 Public Health Nursing 5-19 (school nurses) delivers the National Child Measurement Programme in reception year and year 6 which is a mandated requirement. The service also undertakes health needs assessments in each school, vision and hearing screening, school health profiling, medicine management training for staff, one to one support and advice for children and their families.

4.6 The Childcare Act 2006 places Hertfordshire County Council under a duty, so far as reasonably practical, to provide sufficient children's centres to meet local need. A children's centre is defined as a place or group of places where, collectively, the early childhood services are provided alongside activities for young children. The early childhood services are:

- Early years provision (early education and childcare)
- Children's social care
- Health services for children
- Assistance for employment and training opportunities for parents or prospective parents
- Provision of information and assistance for parents

4.7 A report was presented to Cabinet on 10 July 2017 which set out the vision for the new Family Centre Service, a jointly commissioned new service that offered a coterminous aligned service which is integrated at the point of delivery. Cabinet also agreed to the launch of a formal public consultation on key aspects of both Family Centre Services i.e. Family Support and Public Health Nursing. The consultation commenced on 17 July 2017 and ceased on 20 September 2017.

4.8 Panel received a paper at Public Health, Prevention and Performance and Children's Services joint panel on 25 September 2017 which summarised the results of the consultation about the new service and the proposed way forward.

4.9 Key findings from the consultation were that families value and respect the universal access into children's centre and health visiting services. Generally there is an understanding of the financial pressures facing the County Council and the need for change, but a clear demand emerged for locally accessible services because of the challenges facing all families before and after a new birth. Families supported the proposed widening of the age range for families to access Family Support from 0-5 years to 0-11 years.

4.10 The ambition was to deliver an aligned service which is integrated at the point of delivery so that every child will have the best possible start in life, giving them the best opportunities throughout their education and working lives and ensure that the County Council meets its statutory and mandated duties for babies, children, young people and their families. This will lead to a more holistic service for families and a reduction in duplication where it currently exists and increased efficiencies.

4.11 On 21 September 2017 Cabinet agreed the proposed approach of Children's Services and Public Health to jointly commission a new service that offers a coterminous aligned service which is integrated at the point of delivery. The proposal was that the service would be delivered under one overarching offer "Hertfordshire Family Centre Service". The service aimed to enable families from pre-birth (and the transition to parenting) through to 19 years (or 25 for young adults with special educational needs and disabilities (SEND)) to access support from one place as much as possible. Children Centres would be called Family Centres in the new contract.

4.12 Public Health and Children's Services undertook a robust tender process to ensure that these 2 services will be transformed as part of the future contract and aligned to become a new service known as the Hertfordshire Family Centre Service.

4.13 The Public Health Nursing element of the service (health visiting and school nursing) has been awarded to Hertfordshire Community NHS Trust. The provider will work across the 4 quadrants of the county.

4.14 The Family Support element of the service has been awarded to 3 providers and they will collectively cover the 4 quadrants of the county. They are:

- Hertsmere Leisure : West and South quadrant
- One YMCA : East quadrant
- Barnardos : North quadrant

4.15 The new contract is for a 6 year period and will start on 1 October 2018 with an option of extending the contract for a further 2 years. A mobilisation period is currently underway as of 1 April 2018 and will finish on 30 September 2018.

5.0 Equality Impact Assessment

5.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.

5.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.

5.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

5.4 The Equality Impact Assessment (EqIA) undertaken on 21 August 2017 has been reviewed on an ongoing basis and is attached at Appendix 1. As officers had identified that changes will be made in

terms of service delivery in light of the proposals made, it was identified that some individuals with protected characteristics may be adversely affected and a number of mitigating actions were identified. These actions have and will continue to be taken forward as part of the implementation of the new Service.

6.0 Financial Implications

6.1 The financial implications of this contract will be met within the current budget allocations.

Equality Impact Assessment (EqIA) August 2017	APPENDIX 1

Guidance is available on Compass. Completion of an EqIA should be proportional and relevant to the anticipated impact of the project on equalities. The form can be tailored to your project and should be completed before decisions are made. Key EqIAs should be reviewed by the Business Manager or Service Head, signed off by your department's Equality Action Group (EAG) and sent to the Equality and Diversity team to publish on HertsDirect. For support and advice please contact equalities@hertfordshire.gov.uk.

STEP 1: Responsibility and involvement

Title of proposal/ project/strategy/ procurement/policy	Family Centre Services commissioning	**Head of Service or Business Manager**	Sue Beck, Public Health Sally Orr, Children's Services
Names of those involved in completing the EqIA:	Mel Donnelly Sue Beck Jane Banbury Sally Orr Sue Matthews	**Lead officer contact details:**	Jim McManus, Director of Public Health Jenny Coles, Director of Children's Services
Date completed:	21 August 2017	**Review date:**	August 2018

STEP 2: Objectives of proposal and scope of assessment – what do you want to achieve?

Proposal objectives: **− what you want to achieve** **− intended outcomes** **− purpose and need**	**Objectives** The overarching objective of this programme of work is to procure a Family Centre Service comprising of high quality public health nursing services and children's centres services to improve outcomes for children, young people and their families across Hertfordshire. The programme objectives are to; • focus on outcomes for children and families • re-evaluate and agree what the core offer will be for Health Visitors, Children's Centres and School Nurses • work towards creating better alignment of children centres, health visitors and school nursing to ensure a more cohesive approach to delivering services • create an opportunity to integrate approaches to prevention and early help • identify new ways of working • establish a whole system approach to planning and commissioning, re-engineering existing business processes where appropriate • reduce silo-working, duplication, and make best use of resources available

	• identify efficiency savings and obtain best value for money • create clear accountability for any new commissioning arrangements • to meet the Public Health Outcomes Framework • to deliver the Health Visiting mandated contacts • to deliver the children centre core purpose • to support the Families First programme for early help This document therefore provides an Equality Impact Assessment (EQIA) on the commissioning of a Family Centre Service. The Equality Act 2010 requires a public authority to have due regard to the nine protected characteristic groups in its decision making and whether there is a disproportionate impact on such groups. We anticipate mitigation of this impact through developing greater workforce skill mix, reduction in duplication, better use of the resources available leading to more aligned services and integrated point at delivery. **Background** The Childcare Act 2006 places Hertfordshire County Council under a duty, so far as reasonably practical, to provide sufficient children's centres to meet local need. A children's centre is defined as a place or group of places where, collectively, the early childhood services are provided alongside activities for young children. The early childhood services are: • Early years provision (early education and childcare) • Children's social care • Health services for children • Assistance for employment and training opportunities for parents or prospective parents • Provision of Information and assistance for parents The Children Act 2006 places the following duties on local authorities. Section 1: To improve the well-being of young children in their area and reduce inequalities between them Section 3: To make arrangements to secure that early

	childhood services in their area are provided in an integrated manner in order to facilitate access and maximise the benefits of those services to young children and their parents. Section 4: Duty on commissioners of local health services and Jobcentre Plus (as 'relevant partners') to work together with local authorities in their arrangements for improving the well-being of young children and securing integrated early childhood services. Section 5A: An obligation on local authorities to make the necessary arrangements so that there are sufficient children's centres, so far as reasonably practicable, to meet local need. Section 5D: To ensure there is consultation before any significant changes are made to children's centre provision in their area. Section 5E: An obligation on local authorities, local commissioners of health services and Jobcentre Plus to consider whether the early childhood services they provide should be provided through children's centres in the area Healthy Child Programme 0-19 years. The 0 – 19 Healthy Child Programme (HCP) is the Department of Health universal programme for improving the health and wellbeing of children and young people. The programme is divided into two parts 0-5 years and 5-19 years. The programme is commissioned by local authorities with some elements being mandatory. The programme is mainly delivered through public health nursing services (health visitors and school nurses) working in partnership with other services/agencies Health Visiting Service is a universal service i.e. it is offered to all families with children aged pre-birth to 5 years. There is additional targeted work with families with specific needs. There are six high impact areas where health visitors make a significant contribution in terms of health and wellbeing and improving outcomes for children, families and communities: • Transition to parenthood and the early weeks • Maternal mental health (perinatal depression) • Breastfeeding (initiation and duration) • Healthy weight, healthy nutrition and physical activity

	• Managing minor illness and reducing hospital attendance and admission • Health, wellbeing and development of the child age 2 – 2 1/2 year old and support to be 'ready for school'. There are five mandated contacts for families with new babies that form part of the Healthy Child Programme – an antenatal health promoting contact; a new baby review; an assessment of the baby at 6-8 weeks old; an assessment at 1 year old and an assessment when the child is 2- 2 1/2 years old. The School Nursing service will work with other partner agencies who contribute to the HCP across a range of settings using the Healthy Child Programme as a progressive universal programme, i.e. it is a universal service offered to all with additional preventive services for those with specific needs and risks that have been identified and are recognised as having a potential impact on future health and well-being. The School Nursing service delivers the Healthy Child Programme for those in mainstream schools aged 5 - 19 years. The universal prevention and early intervention programme for children and young people is designed to enhance a child's or young person's life chances and is a continuum of the programme that began in pregnancy; "The Healthy Child Programme - Pregnancy and the first five years of life". The school nursing service is a county wide service and provides a service for all maintained schools and academies. There is a school nurse team for each school, and school nursing is a visible and flexible service. The service will continue to work with individuals, families and communities to promote the health of children and young people within Hertfordshire. Thus, the School Nursing Service will work in partnership with children, young people and their families in an integrated way across general practice, community health services, schools, youth services and third sector providers that support the delivery of the Healthy Child Programme. All 3 services prioritise safeguarding of children and young people.

	Outcomes The key outcomes to be derived from this programme of work are set out below; 1. Sustainable and effective Family Centre Services i.e. Health Visitor, School Nursing and Children's Centre Services 2. Collaborative commissioning approaches and alignment of Health Visitors and Children's Centres specifications 3. Delivery of these services within a reduced financial envelope 4. Achievement of the County Council's statutory responsibilities and ambitions for Children and Young People (responsibilities of both Director of Public Health and Director of Children's Services) 5. Achievement of the Hertfordshire 6 Bs high level outcomes across Family Centre Services to ensure services are focused on delivering those outcomes for children and young people, known as the 6 Bees 6. To ensure a consistent quality of service for all children in Hertfordshire There is a commitment amongst commissioners from both the Public Health and Children Services within the County Council to work together to transform and align services for children and young people where this delivers better outcomes for children, young people and their families. The Early Childhood Board will be responsible for overseeing the procurement of an aligned family centre service. The Board meets regularly to review progress and to ensure that timescales are met. A new contract will be in place for October 2018 for a 6-year period with the option to extend the contract by 2 years.
Stakeholders: **Who will be affected: the public, partners, staff, service users, local Member etc**	Stakeholder groups have been identified as; • Families/carers with children and young people from pre-birth up to the age of 19 years (25 years for young people with SEND) • Maternity services • Families First workforce • Health Watch • Maintained Schools and Academies • Local Schools Partnerships • Carers groups

	• Parents groups • Schools • Acute trusts • Children's Social Care teams • Early education and childcare providers • Citizens Advice Bureau • Food banks • GPs • Community NHS Trusts • Voluntary and Community Sector groups • Clinical Commissioning Groups • District/Borough Councils • Elected members • Staff groups (children's centres, school nurses and health visitors) • Small and medium enterprises

STEP 3: Available data and monitoring information

Relevant equality information **For example: Community profiles / service user demographics, data and monitoring information (local and national), similar or previous EqIAs, complaints, audits or inspections, local knowledge and consultations.**	**What the data tells us about equalities**
Health Related Behaviour Questionnaire / Joint Strategic Needs Assessment https://www.hertshealthevidence.org/data/catalogue/topicmcyp/	The Health Related Behaviour Questionnaire is a survey that is carried out in Hertfordshire on a bi-annual basis. In the most recent 2016 survey a total of 8531 pupils from 65 primary schools and 22 secondary schools took part across Herts. In primary schools the age group surveyed was 9-11 years and in secondary schools the age group surveyed was 12-15 year olds. 2% of primary school pupils who were surveyed and 9% of secondary school pupils said that they had nothing to drink or eat for breakfast on the day of the survey. 33% of primary school pupils and 23% of secondary school pupils had eaten the recommended portions of 5 fruit and vegetables per day. There is a decline

	in physical activity levels from primary to secondary school. Together with the childhood obesity and poor childhood dental health there is a case for more advice and support in healthy eating and healthy weight. 68% primary school pupils reported they would like their parents to talk to them about drugs. Parents may need support to do this. 84% of boys and 90% of girls in primary school wanted their parents to talk to them about puberty. Again, parents may need support in doing this. Around 27% of Hertfordshire secondary pupils in the survey know where to get free condoms compared to 50% of pupils in the wider sample analysed by the School and Education Unit in Exeter.
Health Challenges for Herts http://atlas.hertslis.org/IAS/Custom/Resources/HealthChallengesPDF.pdf	Overall Hertfordshire has a lower prevalence rate of childhood obesity than England. However, higher levels of obesity are found in Stevenage, Watford and Broxbourne and lower rates in East Hertfordshire, North Hertfordshire and St. Albans. There is a correlation between childhood deprivation and obesity. Therefore any changes to the level of support are more likely to affect those in areas of deprivation where they are more heavily reliant on support.
Needs Assessment of Teenage Pregnancy http://atlas.hertslis.org/IAS/Custom/Resources/TeenagePregnancyDetailedPDF.pdf	• The rate of teenage pregnancy (under 18 conceptions) in Hertfordshire is significantly lower than the rate in England and in 2015 was at its lowest level since 1998. • The most recent data which is from 2015 there were 315 conceptions to under 18 year olds in Hertfordshire, a rate of 15.3 per 1,000 females aged 15-17. This is a decrease of 14% from 2014 (17.7 per 1,000, 369 conceptions) and an overall decrease of 52% since 1998. • The under 16 conception rate decreased by 29% between 2015 and 2014 to 2.7 per 1,000 females aged 13-15 (53 conceptions) compared to 3.8 per 1,000 (78 conceptions) in 2014 and is at its lowest rate since 2009. • In 2015 the proportion of Hertfordshire's under 18 conceptions leading to abortions fell to 57%, compared to 63% the previous year and is the lowest since 2008, although it is still significantly

	higher than the national average (51% in 2015). • The proportion of Hertfordshire's under 16 conceptions leading to abortions fell to 60% in 2015, compared to 73% the previous year and is the lowest since 2009, and is now similar to England (60% in 2015) whereas previously it was higher. • In 2015, district level data showed that Stevenage had the highest rates of teenage conception.
Child Health Profile 2017	The health profile showed that the health of children and young people in Hertfordshire is generally better than in the East of England and the national average.
Children's Centre profiles http://www.hertslis.org/homefeat/ccprofiles/	In Hertfordshire there are 77,711 children aged 0-4 years. 90.4% of these children are currently registered with a children's centre and of these 43.7% of children and their families have accessed children's centre services in the past twelve months. Children's centres offer services to all children aged 0-4 years and their families. Centres are expected to target resources to those children and families who fall into the following categories where a need for support is identified: • Lone parents, teenage mothers and pregnant teenagers • Children from low income backgrounds • Children living with domestic abuse, adult mental health issues and substance misuse • Children "in need" or with a child protection plan • Children of offenders and/or those in custody • Fathers (particularly those with an identified need e.g. teenage fathers) • Those with protected characteristics as defined by the Equality Act 2010 • Adopted children and adopter families • Children who are in the care of the local authority (looked after children) • Children who are being cared for by a member of their extended family • Families identified by the local authority as "troubled families" who have children under five • Transient families such as asylum seekers, armed forces personnel etc. • Any other vulnerable groups

Children's Centre user satisfaction survey 2016	The annual children's centre user satisfaction survey in October 2016 showed that 98% of respondents were satisfied/very satisfied with the services at their local children's centre, and 98% would recommend their children's centre to other parents/carers.

STEP 4: Impact Assessment – Service Users, communities and partners (where relevant)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
Age	Currently, Children's Centres offer services to families with children aged 0-5 years. The new Family Support element of the Family Centre Services will offer services to families from pre-birth to the end of primary school (usually 11 years). Health Visitors will continue to provide a universal offer to families with children aged 0-5 years who live in the county. School nurse service will continue to offer a service to children and young people aged 5-19) who attend mainstream schools in the county.	It is not currently envisaged that any mitigations are required but the situation will continue to be monitored.
Disability Including Learning Disability	Children with disabilities are at specific and increased risk of needing safeguarding services Health Visitors will continue to offer support to families with children with disabilities. The School Nurse service for special schools is commissioned by the Herts Valley CCG and East & North Hertfordshire Clinical commissioning and is therefore not part of this procurement. Children with disabilities and special needs in mainstream schools will continue to be able to	There will continue to be close working with Children's social care as needed and other NHS services Staff will attend appropriate training. All buildings that are provided by the service will be Disability Discrimination Act (DDA) compliant.

	access the School Nurse Service Children and/or parents with disabilities and special needs, are a target user group for children's centres and will continue to access services as they do at present.	
Race	BME children including Gypsy and Traveller Children, whose school attendance is affected. Children and families who do not have English as a first language and who may not understand the information being relayed to them. Children/young people from some cultures are more at risk of Female Genital Mutilation, than others. Access to children's centre services on the basis of race would be unlikely to change as a result of the proposed changes.	Where it is appropriate Health Visitors will offer outreach to Gypsy and Traveller families including immunisations where traditionally there has been low take up. These children will be considered as part of the school profile assessment that school nurses will carry out for each school. An interpreting and translation service is available for schools and children's centres to access on a traded basis. The health provider for health visiting and school nursing should also have access to interpreting services. School Nurses, Children's Centres and Health Visitors must be trained to be aware of these practises and the legal mitigation that is in place to support anyone adversely affected by cultural practises. Children's centres actively collaborate with local partners across the reach area to develop local knowledge of the families within the area. Many children's centres provide groups and services for particular minority ethnic groups. Parents from minority ethnic groups are encouraged to offer peer support to other parents.
Gender reassignment	Data is limited however we are aware of the emotional impact of this. No disproportionate impact	None have been identified but will be kept under review

	is anticipated.	
Pregnancy and maternity	Pregnant women, women and their families with young children under the age of five will continue to be a target group for the family centre, health visitors and family support workers. Perinatal mental health risk - Between 10% and 20% of women are affected by mental health problems at some point during pregnancy or the first year after childbirth. Evidence highlights low identification of need. Teenage pregnancy may result in young people missing school. Teenage parents may need more support.	A reduction in funding will require greater effort to ensure resources are targeted at those most in need. This should mean that those with protected characteristics are among the targeted services users experiencing earlier identification, and response to need. Required savings may impact upon the service's ability to deliver the full healthy child programme. In particular those who are not amongst the targeted service users may experience reduced services. We will work with the service provider to look at options to mitigate risks to vulnerable families and those with protected characteristics. Safeguarding will continue to remain a priority. We will develop more integrated approaches across Early Years settings to deliver services differently through the current Health Visitor and Children's Centres to reduce impact of these changes to the service. Both Health Visitors and GPs undertake a mental health assessment 6-8 weeks after the birth. Health Visitors provide evidence based support for those identified to have a mental health problem. There is a risk of mental health problems developing after this period so the specification does state this is routinely monitored

		both by Health Visitors during other contacts with the family. CC staff will also have sufficient training to identify parents who may be at risk. Support and signposting will be available through the school nurse. An enhanced offer by Health Visitors will be in place for young parents who need additional support and Children Centres will also prioritise this group through offering additional contacts by staff.
Religion or belief	We are aware that there may be conflicting views with some religions around health issues. Parents may be unable to access services due to commitments of their faith.	Parents can choose to opt out of any service that a school nurse service offers e.g. National Child Measurement Programme. Parents will be kept informed of activities that may be culturally sensitive. Services' staff teams pay attention to the religious calendars of faith groups in their locality and make appropriate adjustments e.g. recognising periods of fasting. Premises used for service delivery will be accessible to those with differing faiths.
Sex	Data is limited however we are aware that there may be gender differences. More users of children's centres are women and more lone parents are women. The way in which services are marketed may contribute to a lack of male awareness because the main channels for referral are from GPs, Midwives and Health Visitors. Males may perceive the children's	Children's centres provide specific groups to encourage the participation of fathers and male carers. Many centres offer sessions aimed at dads and male carers particularly on Saturdays Positive images of fathers and male carers are used by children's centres in their publicity materials and websites. Where appropriate/requested Health Visitors will provide

	centre to be for mothers only and be unwilling to access services. Low numbers of male workers within the children's centres can lead to environments being classed 'too female'. Working fathers may find the services more difficult to access owing to their working pattern.	support to male parents and carers. School nurses provide an open access service which will be available for all young people to attend regardless of their gender. We will also roll out digital platforms through social media to ensure that young people have access to the service– a texting service where the pupil will remain anonymous (except for safeguarding concerns). Health visitors, school nurses and children's centres provide an open access service which will be available for all children and young people to attend regardless of their gender. We will also roll out digital platforms through social media to ensure that all young people have access to services and know how to contact them. For example, a texting service for secondary school pupils where the pupil can choose to remain anonymous (except for safeguarding concerns).
Sexual orientation	Data is limited however we are aware that there may be gender differences around this subject. No disproportionate impact is anticipated.	Lesbian, Gay, Bisexual and Transgender (LGBT) parents are welcomed by children's centres. A centre in central Hertfordshire hosts a monthly LGBT parent group.
Marriage & civil partnership	Services are provided to parents regardless of relationship status.	It is not currently envisaged that any mitigations are required but the situation will continue to be monitored.
Carers (by association with any of the above)	Young Carers often miss more school than their peers. Caring responsibilities can have an emotional and educational impact. Carers of children can access all	Under the Children and Families Act and Care Act 2014, local authorities have a responsibility to meet their duty to identify, assess and support young carers, young

	children's centre services. No disproportionate impact is anticipated.	adult carers and their families. The school needs assessment will identify any requirements. We envisage a lead school nurse role with subject specialism for vulnerable children including young carers. This will be monitored and reviewed throughout the re-commissioning process.
Carers and CARE ACT 2014	From April 2015, carers will be entitled to an assessment of their own needs in the same way as those they care for. If the focus of your EqIA relates to care and support, consider carers new rights and see the Care Act pages on Compass for more guidance	

Opportunity to advance equality of opportunity and/or foster good relations (Please refer to the guidance for more information on the public sector duties)
Improving outcomes, modernising and making the service more visible and accountable. Text messaging service/website and being accessed by groups that otherwise would not have accessed the service.

Impact Assessment – Staff (where relevant)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
Age	If the age range is increased to deal with older children's ages. New training requirements may be required for children centres	Staff training and awareness will be required in order to deal with any arising issues None have been identified but will be kept under review
Disability Including Learning Disability	None have been identified	None have been identified but will be kept under review
Race	None have been identified	None have been identified but will be kept under review
Gender reassignment	None have been identified	None have been identified but will be kept under review

Pregnancy and maternity	As this is a predominantly female workforce and a significant proportion of staff are younger there could be many instances where maternity cover is required.	Good HR policies and procedures need to be put in place to support pregnant staff. Policies will be in place to ensure a resilient and sustainable workforce.
Religion or belief	None have been identified	None have been identified but will be kept under review
Sex	None have been identified	None have been identified but will be kept under review
Sexual orientation	None have been identified	None have been identified but will be kept under review
Marriage & civil partnership	None have been identified	None have been identified but will be kept under review
Carers (by association with any of the above)	Staff who have caring responsibilities	Services will offer flexible approaches to working time as long as the service is able to be delivered

Opportunity to advance equality of opportunity and/or foster good relations (Please refer to the guidance for more information on the public sector duties)
The County Council does not directly employ School Nurses, Health Visitors or Children's Centre staff members as the services are provided by third party commissioned organisations. HR advice has been sought and TUPE arrangements will be adhered to if required.

STEP 5: Gaps identified

Gaps identified **Do you need to collect more data/information or carry out consultation? (A 'How to engage' consultation guide is on Compass).** **How will you make sure your consultation is accessible to those affected?**	Arrangements in colleges and independent schools will continue as they do currently. Specific issues will be addressed as and when they are identified and strategies will be put in to place to ensure the best outcomes in each given scenario.

STEP 6: Other impacts

Consider if your proposal has the potential (positive and negative) to impact on areas such as health and wellbeing, crime and disorder and community relations. There is more information in the guidance.

- Health outcomes tend to be worse in more deprived areas so service provision will take this into consideration.

- Community impact if Children's Centres in the community close. Parents may have to travel further to access services.
- Some aspects of the Family Centre Services may be delivered on a targeted basis i.e. where there is increased need so that families receive the help they need early before problems escalate.
- If the current health provider is not successful in being awarded the new contract then this may impact on the Rapid Response Team in place. This service is provided by the current provider and is commissioned by the Clinical Commissioning Groups.
- New provider/s may not understand the size and geography of Hertfordshire. There will be a six month mobilisation period which should provide them with them time to familiarise themselves with the county and to put key operational processes in place.

STEP 7: Conclusion of your analysis

	Select one conclusion of your analysis	Give details
	No equality impacts identified − **No change required to proposal.**	
	Minimal equality impacts identified − **Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate).** − **Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality.**	
X	**Potential equality impacts identified** − **Take 'mitigating action' to remove barriers or better advance equality.** − **Complete the action plan in the next section.**	As the service has been reviewed and changes will be made in terms of service delivery, this process has identified groups that may be adversely affected. Please see Step 8, below, for mitigating actions.
	Major equality impacts identified − **Stop and remove the policy** − **The adverse effects are not justified, cannot be mitigated or show unlawful discrimination** − **Ensure decision makers understand the equality impact**	

STEP 8: Action plan

Issue or opportunity identified relating to: − Mitigation measures − Further research − Consultation proposal	Action proposed	Officer Responsible and target date
Protected Characteristic – Age **College pupils will not be covered.**	Existing arrangements will continue to be applied.	Sue Beck September 2018
Disability Including Learning Disability **Children with emotional behavioural difficulties (EBD) and moderate learning disabilities (MLD)**	Health Visitor service and Children's Centres will continue to provide a service to these children and young people. Children in mainstream schools will continue to access the school nursing service. (Note: School Nursing in special schools are commissioned by CCGs in Hertfordshire).	Sue Beck Sally Orr September 2018
Race **BME children including Gypsy and Traveller Children.**	Health Visitors will continue to undertake outreach as required. These children and young people will be considered as part of the needs assessment that school nurses will carry out in each school. CC have outreach workers who support vulnerable and hard to reach families available for schools to access on a traded basis.	Sue Beck Sally Orr September 2018
Race **Children and families who do not have English as a first language.**	Health visitors have access to translation services An interpreting and translation service is available for schools to access on a traded basis.	Sue Beck September 2018
Gender Reassignment **Data is limited however we are aware of the emotional impact of this.**	Data is not available however our intention is that the service is accessible to all. If a child requires support in this area who are school age, the school nurse will offer support and signpost to the relevant organisation that can help the child/family.	Sue Beck Sally Orr September 2018
Pregnancy and maternity **Teenage pregnancy**	Support and signposting will be available through the school nurse to pregnant young women in school. All families will be offered the 5 mandated health visitor contacts. Vulnerable young parents will have additional support offered to them by health visitors. New ways of working/skill mix will be developed	Sue Beck Sally Orr September 2018

	with health visitors and children centres to minimise any current duplication and maximise access to families within the service budget that is available	
Pregnancy and maternity **Perinatal mental health**	Robust pathway between antenatal to postnatal handover (midwifery and health visiting). All families will be offered the 5 mandated contact. The 6-8 week contact specifically includes a mental health assessment. Parents in known risk groups will have additional support offered to them by health visitors. New ways of working/skill mix will be developed with health visitors and children centres to ensure that all staff have relevant training on mental health awareness within the budget that is available. Services will network with other agencies in the county that also offer support on perinatal mental health.	Sue Beck Sally Orr September 2018
Religion or belief **We are aware that there may be conflicting views with some religions around some health issues.**	Parents can opt out of National Child Measurement Programme. We will work closely with the schools and faith leaders on these issues. Parents will be kept informed of activities that may be culturally sensitive. The school needs assessment will identify any requirements based on the school and catchment area.	Sue Beck September 2018
Sex **Data is limited however we are aware that there may be gender differences around this subject.**	All services are open access for all children, young people and families to attend regardless of their gender. The school nursing service will have a text service such as Chathealth (or equivalent) in where the pupil will remain anonymous (except for safeguarding concerns) as many young people value this anonymity when discussing health issues such as mental health, sexual health.	Sue Beck Sally Orr September 2018

Sexual orientation **Data is limited however we are aware that there may be gender differences around this subject.**	We provide an open access service which will be available for all young people to attend regardless of their gender. We will also ensure that the school nursing service has a text service such as Chathealth (or equivalent) in place where the pupil will remain anonymous (except for safeguarding concerns).	Sue Beck Sally Orr September 2018
Carers (by association with any of the above)	We envisage a lead school nurse role with subject specialism for vulnerable children including young carers The school needs assessment will identify any requirements based on the child and their needs.	Sue Beck September 2018
At Risk Groups **Young people at college** **Young people in independent schools**	Arrangements in colleges and independent schools will continue as they do currently. Specific issues will be addressed as and when they are identified and strategies will be put in to place to ensure the best outcomes in each given scenario.	Sue Beck September 2018
Children and Young People who experience mental ill health	The service specification will continue to prioritise maternal emotional and mental well-being. Health Visitors will continue to support women who experience poor mental health as evidence shows that maternal poor mental health can have a negative impact on a child's health and development. Children's Centre staff have also been upskilled to be able to raise the issue with parents and families. The core offer that is delivered by school nursing service will include raising awareness, and signposting to evidence based user friendly information on mental health amongst the under 19s and staff. The service will provide 1-1 support to those pupils who are experiencing mental ill health to support them and will make referrals to more specialist services as required. This also includes supporting primary school children and intervening early.	

This EqIA has been reviewed and signed off by:

Head of Service or Business Manager: **Sue Beck**
Sally Orr

Date:

HCC's Diversity Board requires the Equality team to compile a central list of EqIAs so a random sample can be quality assured. Each Equality Action Group is encouraged to keep a forward plan of key service decisions that may require an EqIA, but please can you ensure the Equality team is made aware of any EqIAs completed so we can add them to our list. (email: equalities@hertfordshire.gov.uk).
Thank you.

HERTFORDSHIRE COUNTY COUNCIL

PUBLIC HEALTH, PREVENTION AND PERFORMANCE CABINET PANEL
10 MAY 2018 AT 10.00 AM

Agenda Item No.

4

PUBLIC HEALTH PEER CHALLENGE ACTION PLAN

Report of the Director of Public Health

Author: - Joanne Doggett, Head of Programme Delivery & Resources (Tel: 01992556358)

Executive Member: - Richard Roberts, Public Health, Prevention and Performance

1. Purpose of report

To present the plan of action that has been developed by officers following the outcome of the Sector Led Improvement Peer Challenge of Public Health and Prevention.

2. Summary

2.1 In October 2017, Public Health invited the Local Government Association to conduct an external peer challenge, in order to acquire knowledgeable recognition of what has been achieved towards its ambition to become an organisation which makes best use of public health value for the population. The peer challenge, which took place between 18-20 October 2017 also considered the progress made by the County Council towards being a prevention focused organisation as part of ensuring public services are sustainable for the future.

2.1 The peer challenge team were asked to identify opportunities, challenges, risks and dependencies in making this work in the context of the wider system within Hertfordshire.

2.2 A Report on the process and outcome of the Peer Challenge was provided to Panel on 10 November 2017.

2.3 The purpose of this report is to update The Public Health, Performance and Prevention Cabinet Panel on the action plan that Public Health are working to following the recommendations from the peer challenge.

3. Recommendations

Panel is asked to:-

i. Note, comment upon and endorse the content of the attached Action Plan.

ii. Provide its views as to how the County Council and in particular its Members can engage with residents and other key stakeholders in their localities to deliver the outcomes identified in the Action Plan.

4. Background

The peer review was at the invitation of the Leader of the Council, the Executive Member for Public Health, Prevention and Performance, the Chief Executive and the Director of Public Health.

4.1 98 stakeholders from within the County Council and a range of external stakeholders including District and Borough Councils, Healthwatch, NHS bodies and voluntary and community sector bodies were included in the challenge through a mixture of interviews, focus groups and telephone calls between 18 and 20 October 2017.

4.2 On the afternoon of the 20 October there was a presentation providing the conclusions of the challenge, and a workshop on priorities.

4.3 The key messages from the feedback state both that the County Council's public health function and the County Council have some significant strengths:

Table 3: Summary of key messages from the Challenge: Strengths

1: Assuring the basics	2: Influencing across and between	3: Embedding value and future prospects for value	4: A Prevention focused council
• A very impressive range and volume of health improvement activities, well embedded within Adult Social Care and with partners	• Examples of innovative activities which are delivering positive outcomes e.g. Family Safeguarding Service, Falls Car, Beezee Bodies & Creative Herts • Partners are generally actively engaged and keen to do more. Recognition that partnership working and greater integration are the way forward • Strong political support together with support from the Chief Executive to make prevention core business	• Public Health skills and tools are broadly felt to add value and provide an added dimension for services and partners	• Public Health leadership of prevention has provided drive and focus both within and outside the Council

4.4 In addition, the headline messages identify a range of opportunities for the County Council, much of which are beyond Public Health alone to lead, and require corporate leadership including Public Health. Members are asked to consider how these messages, noted below, could shape our Prevention and

system leadership agenda. The headline messages also identified issues which were felt that the wider system really need to address.

4.5 As a result officers have compiled an Action Plan (overleaf) which seeks to address each of the findings made by the Peer Review. These will be monitored at Public Health Management Board:

Public Health Peer Review Action Plan 2018

Peer review finding	Public Health actions	Lead	Timescales
Partners want to contribute to the wider prevention and public health agenda but sometimes struggle to find a way in or to know who to contact	• Make clear points of contact for prevention and communicate with key stakeholders	Jo Doggett for HCC prevention Sue Matthews for STP prevention	Summer 2018
More could be done to further develop prevention as the cornerstone across the local health and social care community through the key element of the STP	• Sustainability Transformation Partnership (STP) prevention board in operation. Plan of action progressing.	Jim McManus / Sue Matthews	Ongoing
As influential leaders within their local communities, elected members should go further as advocates for a county wide focus on prevention as 'community wellbeing champions'	• Peer review follow-up workshop with Elected Members. • Local Government Association (LGA) Prevention Matters workshop for Elected Members. • Sanction to produce a Hertfordshire Prevention Strategy. • All portfolio holders, county and district championing prevention at a local level.	Jim McManus	Completed Completed In progress In progress
The County Council should consider how it can play a greater part in influencing the STP and supporting local NHS organisations. This will	• We are reviewing with the STP Chief Officer, plans to support the development of a population	Jim McManus	Workshop arranged 2nd May 2018.

achieve the system change needed to provide a sustainable and appropriately accessible health and social care system.	health management approach across the STP.		
Consideration should be given to the opportunity to go further with district and borough working beyond traditional working arrangement in housing, leisure and other services.	• Involvement in the County Council's Growth and Infrastructure programme is a key opportunity for Public Health and Prevention. • The Public Health Board is a forum for the County Council's Public Health to work with districts. • The District Offer, where funds are allocated to districts in order to deliver public health initiatives where there is a local need, is in its 4th year and has delivered a number of successful initiatives.	Piers Simey	Ongoing

5. Equality Impact Assessment

5.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.

5.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.

5.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

5.4 No EqIA was undertaken in relation to this matter as the peer review was carried out on the relevant processes and systems, rather than on services, however officers feel that the work identified in the Action Plan will contribute to the ongoing work of the County Council to address the issue of health inequalities and their impact.

6. Financial Implications

6.1 There are no financial implications as the peer review was carried out on the relevant processes and systems, rather than on services.

HERTFORDSHIRE COUNTY COUNCIL

PUBLIC HEALTH, PREVENTION AND PERFORMANCE CABINET PANEL
10 MAY 2018 AT 10.00 AM

Agenda Item No.

5

HEALTHY PLACES UPDATE

Report of the Director of Public Health

Author: Bethan Clemence, Health Improvement Lead – Healthy Places (Tel: 01992 555363)

Executive Member/s: Richard Roberts, Public Health, Prevention and Performance

1. Purpose of report

1.1 To provide an update on progress within the Healthy Places workstream over the last 12 months.

2. Summary

2.1 The Healthy Places role was created in 2015 with a view to enabling Public Health to engage with, and influence, the systems and processes that shape the wider determinants of heath (i.e. our physical and social environments). The agenda is incredibly broad, and Panel have previously received reports regarding how work has focussed on four key areas – planning, housing, transport and environment.

2.2 Eighteen months since the last update report[1] on the Healthy Places work stream, this report outlines the progress made. Particular focus will be placed on the progress made in relation to housing and health, as well as the emerging air quality agenda. Summary commentary on planning and transport is also included.

3. Recommendation/s

3.1 Members are asked to note and comment on the content of this report.

[1] http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/583/Committee/50/Default.aspx

4. Background

Housing

4.1 Public Health undertook a piece of work two years ago to understand the housing and health agenda in Hertfordshire – what the issues were and where Public Health might look to add value. The subsequent report[2] has previously been shared with Panel (November 2016) and identified a number of key themes where Public Health might seek to influence the housing and health relationships, including housing quality.

4.2 The Health and Wellbeing Board agreed in 2016 that Public Health should lead the housing quality agenda, and there are housing quality objectives in the Herts Health and Wellbeing Strategy[3] that we report back on.

4.3 The Public Health Board[4] wanted to see a Housing Quality Working group set up which could deliver projects and aim to tackle poor health outcomes as a result of poor housing quality. This group was established and has been running for around a year, with terms of reference (Appendix 1) and an agreed action plan (Appendix 2). We are working collaboratively with Districts and Borough colleagues – both Environmental Health and Housing – as well as Adult Care Services (Community Wellbeing Team) and the Fire Service.

4.4 Through this group Public Health (PH) have published the Hertfordshire Housing Quality JSNA[5], and developed the Herts Warmer Homes project in response to the priority to tackle excess winter deaths and poor health outcomes from cold homes. In Hertfordshire, over 32,000 households are estimated to live in fuel poverty. Cold homes lead to poor health outcomes.

4.5 The Herts Warmer Homes project aims to make homes easier and cheaper to heat by offering free or discounted energy efficiency measures, such as insulation and heating repair, as well as fuel switching advice to low-income and vulnerable households.

4.6 Working in partnership with all 10 Hertfordshire District and Borough Council's, we have committed £150,000 as an addition to levering Energy Company Obligations to target the most vulnerable households

---

[2] http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/583/Committee/50/Default.aspx

[3] https://www.hertfordshire.gov.uk/media-library/documents/about-the-council/partnerships/hertfordshire-health-and-wellbeing-strategy-2016-–-2020.pdf

[4] The Public Health Board is the lead group for the prioritisation and co-ordination of public health strategies and approaches across the county. It is made up of senior officers from Hertfordshire local authorities, and relevant partner agencies with public health functions. It acts as a sub-committee of the Health and Wellbeing Board for Hertfordshire and also reports to the Hertfordshire Chief Executives' Co-ordinating Group.

[5] https://www.hertfordshire.gov.uk/microsites/jsna/jsna-documents/housing-quality-health.pdf

across the county. All ten Districts have contributed funding, as has Public Health and Adult Care Services (Community Wellbeing Team).

4.7 The project went 'live' in November 2017 and is being delivered by the National Energy Foundation. Two webpages are now available, a public one[6] and one with more detail for professionals[7].

4.8 Recent performance monitoring of the project shows that despite a slow start, a total of 485 referrals have been made through HertsHelp. Of these, 350 properties meet eligibility criteria, 155 have (to date) been taken forward for installation of measures. The project has accessed around £41,500 of energy company eco-funding for installations that should save the households who have received support, £88,500, and see a 212 tonne reduction in carbon that otherwise would have been produced. Monitoring and evaluation of health-related outcomes will take place later in the project.

Other housing work

4.9 Public Health has been working with senior officers at Stevenage Borough Council to understand the broader housing and health landscape, making recommendations to the Public Sector Chief Executives group in early 2018 (see report in Appendix 3). A number of big issues have been identified including the impact of homelessness on health, the growing impact of individuals' mental health on housing services and the possible impact of national policy on poor health outcomes (Homelessness Reduction Act, Universal Credit).

4.10 This is a fast moving agenda, with other areas of the County Council undertaking similar work and PH have therefore being working collaboratively with Districts and Adult Care Services to ensure a consistent response and to avoid duplication.

4.11 Public Health is now represented on, or able to attend, a wide range of housing groups and forums including (but not an exhaustive list): East Herts Housing and Health Forum; Heads of Housing; Strategic Supported Accommodation Board; Herts and Beds Environmental Health network – Housing; Herts Energy Group; HertsHelp steering group; Homelessness Forum; Mental Health Concordat; Registered Providers forum.

Air Quality

4.12 Poor air quality is considered the largest environmental risk to our health. It affects everyone, but has a disproportionate impact on the young, old, sick and poor. There is no 'safe level' for air pollutants.

[6] https://www.hertfordshire.gov.uk/services/health-in-herts/news-events-and-campaigns/hertfordshire-warmer-homes-scheme.aspx
[7] https://www.hertfordshire.gov.uk/services/health-in-herts/professionals/health-in-herts-professional.aspx

4.13 There are obligations on both district and county councils within Part IV of the Environment Act 1995 to take action in relation to local air quality issues. Although the statutory duty to tackle air quality sits at district level, the Secretary of State expects county councils to actively engage with district partners to jointly tackle local air quality challenges.

4.14 With over one million residents and a heavy reliance on transport by road vehicles, the challenges Hertfordshire faces in relation to air quality are many, complex, and likely to grow.

4.15 There is significant breadth to the work that various parts of the County Council deliver that influences local air quality, but this is not delivered in the most efficient and effective way.

4.16 Public Health has been working collaboratively with its County Council and District colleagues for a number of years, having previously funded countywide particulate matter ($PM^{2.5}$) monitoring equipment (the data from which is now being collated by the Herts and Beds Air Quality Network).

4.17 Having published the Hertfordshire Air Quality JSNA[8] late last year, officers within Public Health are now leading on work to develop the County Council's strategic response to the growing challenges presented by poor air quality, and this is in close partnership with colleagues in Environment, including:

- Hertfordshire Air Quality Joint Strategic Needs Assessment
- Internal Officer workshop – issues and challenges
- 3-way Executive Member Briefing – issues and challenges
- Member Seminar (January 2018) – developing our strategic response
- County Council Strategy development (summer 2018)
- Countywide strategy development over the next 12 months

4.18 Air quality is a standard issue raised in all Public Health responses to Local Plan consultations and planning applications.

Planning

4.19 During 2017 Public Health has operated its adopted 'business as usual' approach to engagement in planning – responding to all Local Plan consultations and strategic development planning applications of over 100 homes, or where there is significant public concern with regards health impact.

4.20 The Hertfordshire Health, Wellbeing and Planning Guidance was published in 2017 and is available at www.hertfordshire.gov.uk/healthyplaces. Public Health colleagues in Essex County Council are now also referencing this document and it has been cited as part of a healthy community policy by one District

[8] https://www.hertfordshire.gov.uk/microsites/jsna/jsna-documents/air-quality.pdf

Local Plan. However, more work is needed to influence the local plan process in other areas.

4.21 Both Hertfordshire and Essex Public Health teams are working collaboratively in relation to cross-border planning issues, and are jointly engaged with the development proposals for 10,000 homes near Gilston (East Herts).

4.22 Public Health has responded to a number of other high profile planning applications, including minerals and waste. We are working with Minerals and Waste Planning colleagues to ensure future planning policy considers health. As a result, the County Council's Draft Minerals Local Plan now articulates specific reference to health considerations, including the policy requirement for Health Impact Assessment to be undertaken for any mineral working planning applications[9]. A similar approach is being proposed for the development of the new Waste Local Plan.

Transport

4.23 A lot of the early progress made in the planning and place workstream was in relation to transport, as previously reported to Panel.

4.24 Public Health now has an established, collaborative and productive working relationship with Transport, Planning and Highways Colleagues. Over the past 12 months we have provided advice and input into the development of Local Transport Plan 4, with an emphasis on promoting sustainable and active travel, and tackling poor air quality.

4.25 We are currently working with colleagues on the development of a new Active Travel Strategy, which will sit as a daughter document to LTP4.

4.26 We continue to work with Highways colleagues to look for opportunities to include health criteria in highways schemes.

5. Equality Impact Assessment

5.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.

5.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.

5.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination,

[9] https://www.hertfordshire.gov.uk/services/recycling-waste-and-environment/planning-in-hertfordshire/minerals-and-waste-planning/minerals-planning/minerals-local-plan-review/minerals-local-plan-review.aspx

harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

5.4 An EQIA has been carried out, and is attached to this report (Appendix 4). The Healthy Places Workstream is not considered to have a negative impact on County Council staff or the wider public in relation to the statutory protected characteristics. It is hoped that, over time, the influence of the planning and place agenda on the Hertfordshire community will be a positive one in terms of reducing health inequalities.

6. Financial Implications

10.1 The Healthy Places workstream currently has a nominal budget. However over the last 12 months there have been a number of resource requirements to take this forward and it is anticipated that these will continue:-

- This year saw the successful recruitment of a full-time Healthy Places Officer to support the Health Improvement Lead with a number of future projects identified within the housing workstream, working collaboratively with District colleagues.
- Other ad hoc pieces of work may also require small amounts of funding to deliver.
- Staff capacity is an identified need given the broad scope of the workstream, the continued need for engagement across a number of agendas to develop and maintain working relationships and the anticipated growth in the healthy places agenda.

APPENDIX 1

Housing Quality Working Group - Terms of Reference

September 2016

Context

Health issues related to poor quality housing is estimated to cost the NHS and wider society billions each year. Locally, the impact of poor quality housing is less quantifiable but it is acknowledged there is opportunity to improve health and wellbeing outcomes of Hertfordshire residents by addressing housing quality. Following stakeholder engagement, the Public Health Board recommended the creation of the Housing Quality Working Group so that housing quality issues can be investigated and tackled in partnership.

1. Purpose

1.1 The purpose of the Housing Quality Working Group (HQWG) is to develop in partnership a series of actions aimed at understanding and tackling housing quality, particularly in the private housing sector and in relation to excess cold, that will result in positive health outcomes for Hertfordshire residents.

2. Duties of the Group

2.1 **Key responsibilities**:

- Developing understanding of the relationship between health and housing quality in Hertfordshire, including what are the key issues, their impact and their associated health outcomes.

- Sharing knowledge, data and ideas across HQWG member organisations to:

    - Develop detail behind key housing quality issues in Hertfordshire, enhancing the ability to identify and locate affected groups

    - Create shared priorities related to housing quality issues with linked actions for improved health outcomes

    - Review and bolster data and evidence regarding Hertfordshire's housing quality, so that the extent and cost of issues can be quantified across the county

    - Take account of and incorporate where relevant services and organisational strategies related to housing quality and health outcomes

    - Identify and apply for or promote national or local funding opportunities that could be used to address poor quality housing

    - Develop best practice for addressing housing quality issues, and getting an idea of what works

- Implementing actions that may involve:

    - Improving the targeting of interventions through, for example, enhanced use of data or tailored communications

- Supporting signposting and referral processes to the most relevant services including HertsHelp and district services for members of the public and professionals

- Improving links in the system by making system connections and actively engaging and working with other housing partners and groups

- Promoting awareness of the importance and impact of housing quality issues across a variety of stakeholders

- Acting as the central reference point for housing quality and health outcomes, informing, engaging and influencing other housing groups at both the strategic level (e.g. Health & Wellbeing Board, Public Sector Chief Exec Officer Group) and operational (e.g. Heads of Housing Group, Heads of Environmental Health, voluntary sector)

- Measuring and evaluating outcomes of group actions related to housing quality and health outcomes

2.2 Outcomes:

1. A greater **understanding and awareness** of both professionals and the public of the health impact of housing quality
2. Increased **sharing of knowledge**, resources and expertise related to health and housing quality across relevant organisations
3. Enhanced use of **data and evidence** for efficient targeting of housing quality issues, accurate calculation of scale and costs, and a strengthened case for additional funding and support
4. **Improving system connections** regarding housing quality, including signposting and referrals, enabling professional and public access to the most appropriate support

Achievement of these outcomes could have a positive impact on the wider health and social care system, including reducing preventable use of services and improving transfers of care (e.g. from hospital to home).

2.3 Not in scope

- With no allocated funding, the HQWG will support existing working related to housing quality and health outcomes rather than leading the development of new projects or services.
- The HQWG will not focus on, except where it relates to housing quality, housing supply (the planning and supply of new housing), housing accessibility (home adaptations, specialist housing) and housing availability (homelessness) as this is largely being addressed elsewhere.
- With Supported Housing addressed by other groups (e.g. Supported Housing Strategic Group), the HQWG will focus on private housing, both private rented and owner occupiers.

3 Membership

3.1 The HQWG has representatives from the following organisations:

- District & Borough Councils – Housing, Environmental Health & Sustainability leads (as nominated by the district/borough councils)
- East & North Herts Clinical Commissioning Group
- Hertfordshire Community NHS Trust
- Hertfordshire County Council, including Public Health, Community Wellbeing and Community Protection
- HertsHelp
- Herts Valleys Clinical Commissioning Group
- Trading Standards
- Police (TBC)
- Voluntary Sector, including links to the voluntary providers via HCC's Community Wellbeing Team

3.2 Any member may suggest additional representation subject to group approval. Members may also invite other officers from their organisations to attend on their behalf or to present items. In order for the meeting to be quorate one third of the total core membership is required to attend.

3.3 Meetings will be chaired and managed by the Health & Housing Coordinator or Health Improvement Lead, Public Health.

4 Strategies and National Guidance

4.1 The HQWG operates in the context of local and national strategies, including:

- Hertfordshire's Health & Wellbeing Strategy 2016-19
- Local district housing strategies and/or Local Plans
- Local and national research on housing quality issues – for example, NICE guidelines on Early Winter Deaths (EWD), and the 2015 EWD report in Watford, Hertsmere and Broxbourne.
- Those related to wider system developments – for example, Hertfordshire's Sustainability Transformation Plan.

5 Frequency of Meetings

5.1 The Group will meet quarterly.

5.2 The Group agenda and papers will be circulated at least 3 working days prior to the meetings.

6 Minutes of Meetings

6.1 Minutes of all actions and recommendations will be recorded and maintained. Minutes will be circulated to the Group membership in a timely manner (no more than 10 working days following the meeting).

6.2 Conflicts of interest must be minuted at each meeting.

7 Governance Structure & Accountability

7.1 The HQWG operates within a broader strategic context and has links to existing housing groups, strategies and partnerships. As a sub-set of the Public Health Board, HQWG is accountable to this group. It will report to the Public Health Board on at least a quarterly basis and, on request, to the Health and Wellbeing Board.

7.2 Updates will be taken to other related groups on request, including the Supported Housing Strategic Board, Heads of Housing Group and Herts / Beds Housing Group. These will be delivered by the Health & Housing Coordinator or Health Improvement Lead, Public Health, who will also report back any feedback, as well as relevant information from other groups, to the HQWG.

7.3 Group members shall share at HQWG meetings any strategic or operational decisions within their organisations that may have implications for housing quality. In turn, group members shall pass back any relevant updates from the HQWG to their own organisations.

8 Review

8.1 The Group will review the Terms of Reference in Jan 2017 and at least annually thereafter.

APPENDIX 2

Housing Quality Working Group Action Plan **Date of last update:** Refreshed version - 29th Sept 2017

Meeting Purpose: "Generating positive health outcomes in partnership as a result of tackling poor housing quality across Hertfordshire".

Outcome What we are trying to achieve	**Objective** What will help us to achieve this outcome	**Actions to date**	**Future actions?**
Raised awareness amongst residents and professionals of the links between health outcomes and housing quality	1. Improving local understanding of health and housing quality links amongst HQWG members 2. Increasing awareness of health and housing links among key health & care professionals and more vulnerable residents 3. General promotion of the HQWG	• Housing Quality JSNA snapshot • Housing quality data added to the public-facing 'Health in Herts' webpage • Winter health campaign webpages to include details of Herts Warmer Homes and the importance of warm homes	○Developing the 'Health in Herts' pages to encompass professional resources, messages and guidance ○Picking one or two key issues and/or audiences for focused promotion ○Developing the JSNA from a snapshot into a full report, or picking particular topics
Sharing health and housing quality knowledge, **resources and expertise** across organisations to encourage and aid joint solutions	1. Mapping Hertfordshire's housing quality system 2. Understanding national and local best practice regarding housing quality intervention 3. Pursuing opportunities for knowledge sharing between groups and organisations	• Developing and maintaining the 'Housing & Health Network Map', sharing with relevant groups • Promoting HQWG and health outcomes via the Public Health Board and other linked housing groups.	○Using Thermal Imagining Cameras, as part of Hertfordshire Warmer Homes and in addition? Using volunteers (F&R?), self-hire? Identification through EPC database, MOSAIC database? ○Developing links between HertsHelp and district housing and environmental health, and HCC and environmental health – use PH expertise and MECC approach to develop training for H&SC staff (start with one particular areas – e.g. Health visitors). MUST work with H&SC managers to make sure this training is received most effectively. ○Working with hospital discharge teams to get them to work more proactively with district housing to enable faster, more effective discharge (or prevent

			admission in the first place). – Integrated Discharge Teams. ○ Working with landlords and relevant care staff on HMOs, tenancy issues, etc
Using local housing quality **data and evidence** for effective targeting, calculation of scale and costs, and stronger cases for additional funding	1. Facilitating improved data sharing between organisations, helping to identify residents most in need 2. Creating an evidence base for housing quality issues – e.g. scale of the problem, trends, cost, etc.	• District Housing & Health Cost Calculator data collated and analysed, with some suggestions on improved data sharing	To be reviewed: • Picking one or two key areas to try and overcome existing data sharing issues
Improved system connections around health outcomes and housing quality, with effective signposting and referrals processes, and professionals and residents access to access the most appropriate information and support	1. Improving information sharing/signposting between existing services making it easier to access housing support (e.g. district housing and environmental teams, HertsHelp) 2. Increasing general understanding of the system using 'Making Every Contact Count'	• Development of Hertfordshire Warmer Homes scheme	○ Implementation of Hertfordshire Warmer Homes scheme ○ Linking housing advice / support to GP referral systems, with reference to linked health conditions ○ Working with health and social care frontline staff through the development of signposting guidelines, key messages, general information, etc – starting with one group, e.g. health visitors? ○ Getting sufficient health representation on Board ○ Building in any strategic housing work happening alongside HQWG

Hertfordshire Public Sector Chief Executives Meeting

Housing and Health: Final report 24th January 2018

Joint Report of

Stevenage Borough Council:

Matthew Partridge matthew.partridge@hertfordshire.gov.uk

Hertfordshire County Council

Bethan Clemence, Bethan.clemence@hertfordshire.gov.uk

Jim McManus, jim.mcmanus@hertfordshire.gov.uk

With input from

Herts Heads of Housing

Sian Chambers sian.chambers@welhat.gov.uk

1. Purpose of report

1.1 This is the final report back to the Public Sector Chief Execs group on housing and health in Hertfordshire. It aims to set out the work that has been undertaken over the last 18 months, where there has been success and where there are opportunities to do more subject to the desire of the group to do so. 1.2 It sets out a number of well-recognised and growing housing challenges which have a significant impact on health and, accordingly Hertfordshire's Public Sector which remain to be quantified.

1.3 The report highlights a number of key conclusions, supported by recommendations outlining where the PSCEO group could take this agenda. There is some good work going on, but there are significant benefits to be obtained by further co-ordination at strategic level.

1.4 This report does not address the detail of the current government consultation on supported housing funding. That matter is dealt with by a report by Iain MacBeath which focuses on supported housing.

2. Summary headlines

- Housing can be intricately linked to an individual's wellbeing. Poor health can impact on a person's ability to remain in a safe and stable home; an unsafe and unstable home can impact on someone's physical and mental wellbeing.
- What we're doing well – housing quality, working collaboratively across organisations; broader health related provision through supported housing – this is being addressed within a separate paper
- There are a number of growing areas of challenge that need to be dealt with collaboratively at the strategic level and across public sector organisations.
- Housing teams around the county report growing pressures to deal with individuals who are vulnerable and have specific physical and mental health needs.
- There is no local evidence base that can demonstrate the quantitative or financial impact of the housing and health relationship (but there is a wealth of national evidence). Further work would be needed to understand what the specific housing-health problems are, where they are most acute and on what scale.
- There are many individuals and groups involved in numerous different aspects of the housing and health agenda, but there is no sole forum that offers strategic oversight, leadership or governance for all housing matters in Hertfordshire.

3. Recommendations

1. Given the growing number of high level and cross boundary housing and health challenges across Hertfordshire it is recommended that the PSCEO group assumes strategic responsibility for housing related matters. Subject to the views of the PSCEO group this could be led by a nominated CEO.

2. That a formal governance framework is established by the PSCEO group which (subject to the decision taken re recommendation one above) is led by the nominated lead and sets out shared goals against which various groups may be held accountable.

3. That the Hertfordshire Heads of Housing Group should report directly into the PSCEO group and be tasked with developing a programme of work for formal consideration and agreement.

4. Background

4.1 A paper to the June 2016 PSCEO meeting agreed that housing is a crucial element of health and wellbeing, and has an impact on the provision of health and social care services.

4.2 Two reports in the months preceding that meeting had been delivered, considering housing issues for Hertfordshire, one linking to social care need issues and the other linking to housing quality and public health aspects.

4.3 Both reports engaged District and County partners and NHS partners, and were considered by the Health and Wellbeing Board, which identified Housing as a priority in its 2016 Strategy refresh (https://beta.hertfordshire.gov.uk/about-the-council/how-the-council-works/partnerships/health-and-wellbeing-board.aspx).

4.4 The PSCEO group previously agreed that affordable housing is a strategic priority because of issues such as rising homelessness and the lack of affordability within both the private rented and homeownership sectors.

4.5 In the last year a range of joint projects have also been progressed, from the Warmer, Healthier Homes programme jointly led and funded by all eleven authorities and programme managed by Public Health to projects led through the Herts Heads of Housing Group including Domestic Abuse, the Mental Health Concordat, Funding bids to Central Government and Single Homeless Funding from DCLG.

4.6 This report does not address the detail of the current government consultation on supported housing funding. That matter is dealt with through a report by Iain MacBeath on supported housing need. Having said that, the Herts Heads of Housing point out that this will require an appropriate governance structure and with a two tier system, we need to ensure that it appropriately captures the needs of the districts on supported housing

4.7 There remain, however, other strategic issues and opportunities to further join up work across the County for the benefit of its residents. Following a progress update on the housing and health workstream in March 2017, the PSCEO group asked for consideration to be given to how we could collectively navigate the complex housing landscape and work more effectively together to improve the housing and health agenda in Hertfordshire.

4.8 Following an initial discussion between Hertfordshire Public Health and Stevenage Borough Council (as the District Lead on the Herts Property Partnership), the following tasks were agreed:

- Update the Housing and Health governance network map, asses gaps/duplication and look for opportunities for strategic alignment

- Explore further national and local developments in the housing landscape that may influence the Hertfordshire housing and health agenda
- Seek to engage stakeholders and formulate proposals back to the PSCEO group

5. Housing and Health: A Framework for Understanding

National picture – scale and challenges

Unhealthy homes	*Unsuitable homes*	*Precarious housing & homelessness (DCLG official statistics)*
One in five homes is 'non-decent' – most private sector 3.6m children, 9.2m working age adults, 2m older people 15% homes in poor condition (has a category 1 hazard) Society cost of £18.6bn including costs to education & employment (BRE 2015)	Only between 4-7% of homes in England fully accessible (English Housing Survey, 2015) 1.1m homes overcrowded (Census 2011) 16.1m 'under-occupied' (1 or more spare bedrooms. Census 2011)	28.7% increase in households for whom the local authority has prevented or relieved homelessness (212,600 households in 2015/16); 16.2% increase in households who had made a homelessness application to the local authority but the decision had been taken that there was no statutory duty to accommodate (57,040 households in 2015/16); 44.3% increase in households to whom local authorities have owed a statutory duty to accommodate (57,750 households in 2015/16); 102% increase in rough sleepers (3,569 people in 2015).

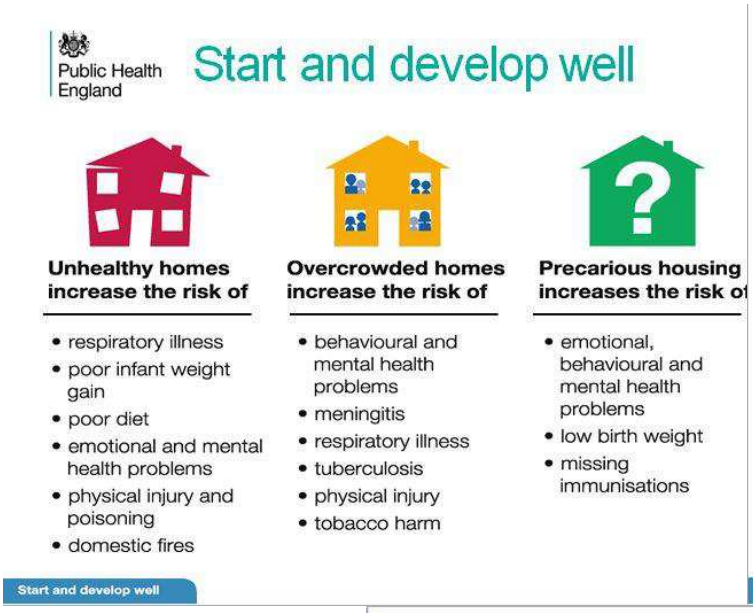
5.1 Improving health through the home can be achieved in a number of ways, working to the fundamental objective that *everyone has a home in which to start, live and age well*. Individual health will benefit from:

- **A healthy home:** warm, safe, free from hazards
- **A suitable home:** suitable to household size, specific needs of household members e.g., disabled people, and to changing needs e.g., as they grow up, or age
- **A stable, secure, home** to call your own: without risk of, or actual, homelessness or other threat e.g., domestic abuse
- **Healthy communities & neighbourhoods**

5.2 The impact of housing on an individual's health cannot be underestimated, as indicated in the figures below, but the impacts reach beyond the individual:

- Relationship between health and work - ill-health costs businesses and the economy
    - Working age population is most affected by poor housing
    - Ill-health costs the national economy £100bn pa.
- The cost to society of leaving England's poor housing unimproved is £18.6bn – which includes lost education and employment

The impact of housing on health, Public Health England 2017.



5.3 There is a clear and very necessary remit for the public sector to take action to improve health through the home. The public sector is in the unique position to be able to influence the housing and health relationship, but it is of such a scale and complexity that efforts need to be targeted.

6. Hertfordshire picture – scale and challenges

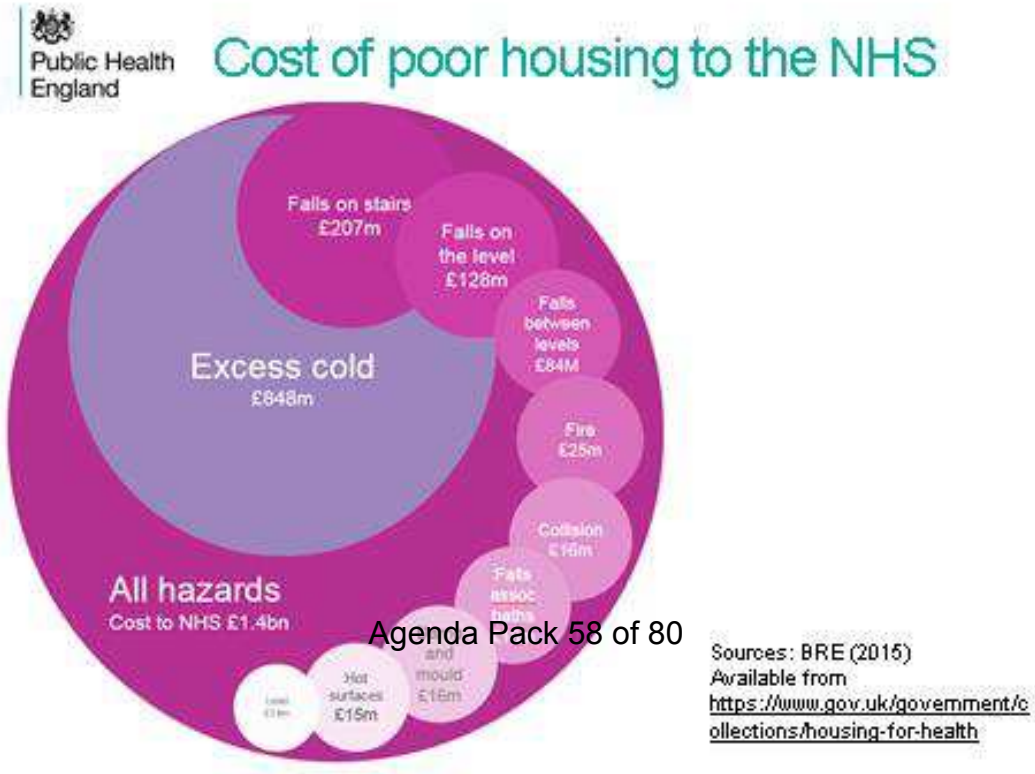
6.1 Understanding the housing and health agenda at the local level is difficult given the lack of readily available data. A lot of what we know about the challenges is based on anecdotal evidence from professionals and service providers, but this is naturally difficult to quantify.

- Local data across Hertfordshire is patchy and (for housing quality at least) inconsistent across the county (how, when it is collected).
- Data on levels of homelessness are based on a nationally-specified reporting formula and will more than likely miss the growing levels of 'hidden' homelessness.
- There is little, if any, quantifiable local evidence to demonstrate the links between housing and health.
- It is currently difficult to quantify the impact of housing on NHS services, in part due to how data is recorded.

6.2 There is potential to start to gather evidence and build a picture of the housing-health relationship in Hertfordshire if there was resource to do so and collaboration between various agencies

7. Housing Quality and Health in Hertfordshire

7.1 The last 18 months has seen a specific focus on the relationship between poor



Sources: BRE (2015)
Available from
https://www.gov.uk/government/collections/housing-for-health

housing quality and health in Hertfordshire, arising from the identification of shared priorities across the 11 local authorities. Poor housing has a direct impact on physical health and mental wellbeing. It financially burdens the public sector but is entirely preventable.

7.2 The Public Health Board set up a Housing Quality Working group *to develop in partnership actions tackling housing quality to result in positive* ***health outcomes*** *for Hertfordshire residents*.

7.3 This group has been running for around a year and has seen collaborative working between Public Health, Adult Care Services, all Districts – both Environmental Health and Housing – and the Fire Service. The group has identified a series of projects that could be undertaken to tackle a range of shared priorities, including excess cold, fuel poverty, homes in multiple occupation, housing quality training for health professionals and cross-organisation referral pathways.

7.4 A recent review of the first years activities has shown that the group is considered valuable, enabling action to be taken that is more viable and effective through a collective approach. The key to its success is the Public Health funded post that was established to drive its work programme forward.

8. Quantifying the problem: Housing Quality Joint Strategic Needs Assessment

8.1 The Housing Quality Working Group commissioned a Joint Strategic Needs Assessment (available at https://www.hertfordshire.gov.uk/media-library/documents/public-health/jsna-documents/housing-quality-health.pdf) in order to quantify the scale of the problem locally.

8.2 Poor housing conditions often coexist with other forms of deprivation, for example, unemployment, poor education, ill health, and social isolation, making it difficult generally to separate, modify and assess the overall health impact of housing conditions.

8.3 Perhaps unsurprisingly, the JSNA articulates the current limitations in assessing housing quality and health needs locally include a lack of county wide data and trend analysis. This is due to the limited and inconsistent collection of relevant data at district level. A consistent approach to robust data collection across the county would enable investigation of housing quality and health needs over time and allow statistical associations between different housing hazards and health indicators to be explored. Current barriers to standardised data collection across the county include

lack of staff capacity at district level and the absence of a single centralised data recording tool.

8.4 Previous work for the Hertfordshire Health and Wellbeing Board has also identified the difficulties in quantifying the service and financial impact of housing and homelessness on the NHS due to limitations in data collection. Both are areas for further work, requiring improved dialogue and collaborative working across a range of public organisations.

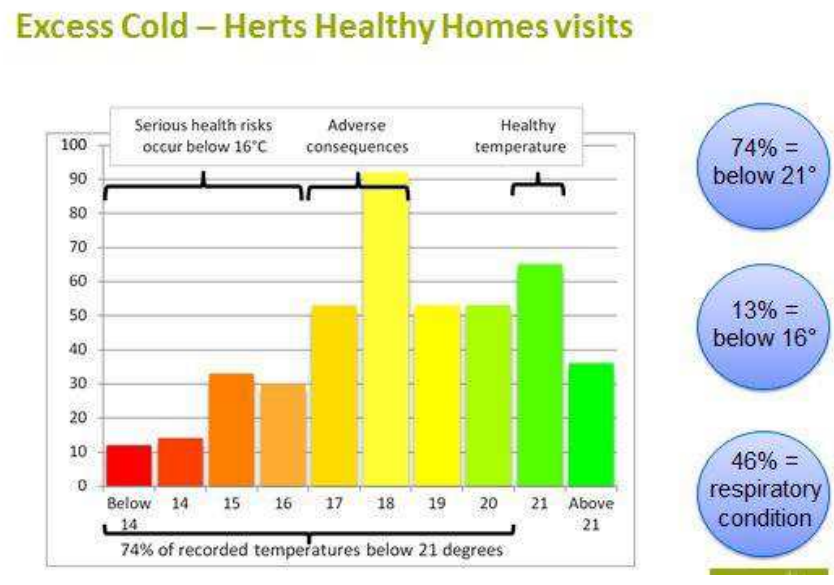
9. Hertfordshire Warmer Homes Project

9.1 Excess cold was identified by the Working Group as a priority for action, supported by a national evidence base that places it as the biggest cost to our health and our health services.

9.2 Excess cold in homes is:

- Linked to respiratory and cardiovascular conditions, falls, strokes, flu, depression
- Linked to a higher likelihood of developing a **mental health** problem
- A Greater cause of **premature death** than lack of exercise & alcohol abuse
- A **30%** higher risk for **small infants** of hospital or primary care admission

9.3 An earlier piece of work undertaken by Broxbourne, Hertsmere and Watford Borough Councils (2015) identified that early winter deaths and cold related illnesses could be triggered by housing as well as age, with 50% of participants relying on winter fuel and cold weather payments. From Herts Healthy Homes visits, we also know that there are clear links between cold homes and respiratory conditions.



9.4 The Herts Warmer Homes project was developed in response to the priority to tackle excess winter deaths and poor health outcomes from cold homes. The project aims to use Energy Company Obligation money to fund energy efficiency measures in some of the most vulnerable Hertfordshire households. With additional funding from all partners of £160k for top-up funding and an Assessor to coordinate the pathway and reach a larger number of people, the project is looking to install up to 700 energy efficient measures to a value of £525k from energy supplier(s). This could lead to a countywide saving of £193k to the NHS and £484k to the wider society (using BRE methodology).

9.5 All ten Districts have contributed funding, as has Public Health and Adult Care Services (Community Wellbeing). The project uses the long-established HertsHelp as its referral pathway, whilst also linking into other county projects, including the Fire Service Safe and Well visits scheme. The project has been live since December 2017 – further information can be found at www.hertfordshire.gov.uk/hertswarmerhomes.

10. Areas of challenge

10.1 The housing related challenges that the county is facing are much broader and far reaching than those related to quality and health. Across Herts and indeed across the country there are a number of issues that will present further challenges, the impacts of which cannot be fully quantified at this time including:

- Homelessness prevention, tenancy sustainment
- Housing and mental health issues
- Homelessness Reduction Act
- Universal credit
- The growth agenda and planned 90,000 new homes across Hertfordshire over the next decade.
- Affordability and supply of the right housing solutions
- The need for improved collaboration across key housing organisations in Herts

10.2 These challenges will all have implications for physical health and mental wellbeing, as well as shaping the broader picture of health inequality across Hertfordshire. However, there are specific themes where housing/health relationship for individuals is clearly evidenced, offering a strong case for agencies to tackle them.

A) *Homelessness*

10.3 People who are homeless are much more likely to have health problems, particularly around mental health and substance abuse, and place greater demands

on acute health services. At the same time, they are less likely to access community based health services.

10.4 Hertfordshire's rate of statutory homeless acceptances is slightly higher than the England average, and there are districts/boroughs where the level is much higher. The figures for statutory acceptances only provide a partial picture of homelessness. This is because they capture only those individuals who both present themselves to local authorities, and are in a group of priority need. This usually excludes single people (without vulnerability) or those who are intentionally homeless. In addition there are concerns that the expected growth in homelessness is coinciding with increased financial pressure on providers of homeless prevention and support services. There are also gaps in the provision of shelter for rough sleepers in certain Districts. The relationship between homelessness and poor health makes this a health as well as housing concern.

10.5 National policy changes are also likely to influence the housing and health relationship, both for individuals and housing services.

- **Homelessness Reduction Act:** Coming into force in April 2018, the Homelessness Reduction Act sets out a framework for the biggest changes to homelessness legislation since the first act was introduced in 1977. It places new duties on local authorities, many of which require significant change in working practices and the provision of additional resources. All local authorities across Hertfordshire are currently assessing the potential local impacts of the Act and are preparing for its implementation accordingly.
- **Universal Credit:** The introduction of Universal Credit – in addition to other far reaching welfare reforms which have impacted on the ability for many households to find affordable housing (e.g. bedroom tax, benefit cap, LHA freeze) - has raised numerous concerns in terms of how this may impact individuals and families with housing needs and, in turn, the implications of this for ongoing health and mental wellbeing. Whilst Universal Credit is still being rolled out across the county, there are concerns around rent arrears, the ability for vulnerable individuals with complex needs to budget over a longer period, with significant concerns around potential debt. Other concerns include the risk that private landlords becoming less likely to let their properties to those receiving Universal Credit.

10.6 The continued rise in homelessness, combined with policy changes and sustained financial pressures on local authority services, may well increase the risk of poor health outcomes for people across Hertfordshire.

10.7 Capturing the scale and impact of homelessness across Hertfordshire on individual health and, in turn, on health and housing service provision, is in itself a challenge. Nevertheless, developing an understanding of the local picture, supported by District-level data, is a crucial starting point.

B) Housing and Complex Needs

10.8 Anecdotal evidence suggests a growing, persistent pressure on public services to support vulnerable individuals with multiple and complex needs. Set against a complex public service landscape to navigate and changing housing legislation, there are many difficult issues that public services across Hertfordshire are responding to.

- Challenges exist in supporting adults with complex needs to access appropriate accommodation. There needs to be more done to ensure that adults with housing, substance abuse and/or mental health needs receive sustained multi-agency support. For adults who have a combination of acute substance abuse, mental health and housing problems there is no single service that is able to provide them with the support they need to access appropriate accommodation or prevent recurring homelessness. This has an inevitable health impact as well as causing the repeated use of health or housing services.
- The co-ordination of hospital discharge for patients who require housing support is difficult, creating the risk that people with housing needs may be discharged from hospital and become homeless, or be placed in inappropriate temporary accommodation. This may have health consequences, particularly with patients with mental health needs.
- Increasing housing need through the criminal justice system that has been noted elsewhere. Homeless offenders entering prison have a much higher reconviction rate in a year; reoffenders have a much higher accommodation need
- There may be overlap between those receiving services from different parts of the system (housing, substance misuse, social care, mental health, offender management). This may not be coordinated across the system.

10.9 Identifying these issues offers an important opportunity to improve outcomes for vulnerable individuals. Again, understanding the local picture with clear data and evidence is crucial.

10.10 Housing and health work has broadly engaged with District housing and Environmental Health services, County Adult Social Care. There is a clear need to start a coordinated and effective dialogue with the CCGs, Hospital Trusts, healthcare providers as well as other parts of the system such as the PCC.

11. Governance landscape

11.1 The map attached in Appendix A illustrates the number of meetings and networks that function across Hertfordshire and which of these discuss housing and health issues. This map was originally produced last year and has previously been

circulated. It has now been updated, with more detailed information in a supporting table detailing the remit of each group.

11.2 The original purpose of the map was to demonstrate the complexity of the housing landscape in the two-tier local authority system in Hertfordshire, and to make some sense of who does what. However, the map may also prove useful in understanding:

- Gaps
- Duplication
- Roles/responsibilities
- Effectiveness of existing structures
- Opportunities for future strategic alignment

11.3 It is already clear, for example, that key worker housing and the emerging property company agenda do not yet feature as part of the formal remit of any forum at present. Equally, the map also demonstrates some overlap of remit, as well as duplicate attendance at various groups by a number of organisations.

11.4 There are multiple working groups, boards and forums that include some element of housing and health in their remit; many will be attended by the same people. At the same time, it is likely that co-ordinated dialogue on a broad range of housing and health issues is absent.

11.5 Discussion with stakeholders suggests there is no appetite for attempting to streamline these networks, or to create new groups. However we do not know enough about how each group operates to identify streamlining opportunities at this time; stakeholder feedback suggests that tinkering around the edges will not address the bigger issues of timely, appropriate and effective cross-agency collaboration and communication. The remit and interrelationships between these groups should be explored further to ensure they're effective and to avoid duplication.

11.6 There are a number of opportunities to strengthen the strategic leadership and governance however:

- Given the number and scale of the housing related challenges it is felt that there is an absence of strategic oversight across all housing and health issues within the county. The Herts Strategic Supported Housing Board and a Childrens' Board are in place. These two strategic fora specifically look at housing, homelessness, support needs for adults/children and are multi agency. But there is no single group which has strategic oversight over all of the issues related to housing and health.
- Creating a clear governance pathway for these and the other housing related groups with an agreed programme of work to achieve accountability and common goals would be beneficial.

- Rather than 'streamlining' current groups, the experience gained within some other local authority areas suggests that developing a shared vision and collaborative goals could help to set the tone.

12. Local developments

NHS Sustainable Transformation Plan STP

12.1 The five-year Sustainability and Transformation Plan (STP) for Hertfordshire and West Essex, called *A Healthier Future*, sets out the challenges and opportunities facing NHS and care services across the area.

12.2 About £3.1 billion a year is spent on health and social care in Hertfordshire and West Essex. Rising demand is leading to an increasing gap between funding and the amount needed to pay for services. NHS and care organisations are taking collective action to address this gap. If no action is taken, the funding gap could increase to £550 million a year by 2021.

12.3 Challenges facing Hertfordshire and West Essex that have a strong link to housing include:

- A 37% predicted increase in the population of over-75s in the next 10 yrs
- More older people and people living with long-term conditions (meaning higher care costs)
- Too many patients are admitted to hospital, or stay in hospital for longer than necessary

12.4 A Healthier Future sets out the four main ways in which NHS health and care organisations plan to improve health and care in the area, within the funds available:

1. helping people to live healthier lives, avoiding preventable illnesses
2. improving the health and care services offered at home or in local communities
3. using hospital care for specialist and emergency treatments only
4. improving the efficiency of health and care services

12.5 The STP will include an estates workstream, which should link into and work in parallel to broader property interests including the Herts Property Partnership. How this workstream may pick up on housing-health related issues remains to be determined.

Prevention

12.6 Through the STP, the health and social care challenges facing Herts and West Essex have recently been articulated:

- a 37% increase in population of over 75's over the next 10 years (this has housing implications)
- more older people and people living with long-term conditions leading to higher care costs (and more complex housing needs)
- the burden of preventable ill-health (housing quality, homelessness will have a role to play in this)
- too many patients in hospital longer than necessary (housing will also feature here)

12.7 About £1.3 billion is spent on health and social care across Hertfordshire and West Essex. Demand is outpacing resource; too many people have complex and preventable problems which cost us money. There are too many variations in service outcomes with not enough focus on preventing demand in the first place.

12.8 This is unsustainable, unaffordable and undeliverable – rising demand is leading to an increasing gap between funding and the amount needed to pay for services. *If no action is taken, the funding gap could increase to £550 million per year by 2021*.

12.9 Prevention is therefore the concept of preventing demand for public services from arising, or seeking to reverse it. This, in turn, should aim to reduce the financial burden on public services.

12.10 The STP Prevention workstream is currently focussing on rolling out Social Prescribing across the Herts and West Essex footprint. It is also further developing an approach to Self-Management and Cardiovascular disease prevention. This involves working providers, CCGs and local authority services. Housing is currently not an identified as an explicit part of this workstream, but further work with local authority partners on the wider determinants of health (such as housing) is being planned.

12.11 Simply put, prevention can be delivered through better quality, more affordable, appropriate and accessible housing that meets the needs of individuals and their families. In practice this is far from simple but service providers can consider:

- Developing an evidence base for services, programmes and projects
- Doing things differently, or not at all
- Service redesign
- Targeted investment to do more of the right things
- Evaluation of what's working

12.12 By way of example, a research project at Stevenage Haven Hostel (funded by North Herts District Council) aimed to investigate the health benefits of the services

offered by the hostel, and the effectiveness of local health services in engaging with homeless people. The study indicated that:

- Although there remained significant contact with GP services, clients referred to and residing in the hostels had reduced contact with A&E and hospital attendance.
- There was a significant improvement in the key indicators of drug and alcohol misuse, physical health and mental health during the period clients were in the hostels.
- Health improvement corresponded with the services provided by the hostels, in particular, referral and access to specialist support agencies/organisations, ensuring clients accessed appropriate health services and encouragement of client involvement in constructive activities (particularly important for substance misuse)

Better Care Fund

12.13 The Better Care Fund Plan 2017-19, submitted in September this year, outlines health and social care integration plans for the next two years. It has the general ambition to facilitate closer joint working between health and care services which includes housing and housing support, particularly in relation to improvements such as reducing delayed transfers of care and supporting independence at home.

12.14 It also aims to bring about more place-based care, joining planning and priorities around local areas generally based on Clinical Commissioning Group health localities. Within the Plan is the recently launched Hertfordshire Home Improvement Agency. Currently comprising of four district authorities in the use of Disabled Facilities Grant monies, it is a good example of thinking more strategically as well as collaboratively about the role of housing adaptations in general.

13. National developments

A Memorandum of Understanding (MoU) to support joint action on improving health through the home

13.1 In 2015 a national health and housing MoU was signed by key organisations, decision makers and implementers across the public, voluntary and private sector such as NHS England, Public Health England and the Local Government Association. This was in response to Care Act requirements for closer cooperation of services and the recognition of the role of healthy homes and place against rising demand. It sought to reduce silos and maximise opportunities to embed housing in joined up health and social care services by:

- Establishing local dialogue, information exchange and decision-making between key partners
- Enabling improved collaboration and integration of healthcare and housing in the planning, commissioning and delivering of services and homes
- Promoting the housing sector contribution to addressing wider determinants of health, prevention and service user outcomes
- Developing the workforce so they can identify and enable care solutions that recognise the importance of the home

13.2 Local areas are now being encouraged to create their own MoU to include:

- A shared commitment across health, social care, housing and community organisations
- A set of principles for joint working that will deliver better health & wellbeing outcomes, reduce health inequalities, be place-based and person-centred, and increase prevention
- The context and framework for cross-sector partnership that will result in healthy homes and neighbourhoods as well as integrated and effective services
- A shared action plan

13.3 A 2-year review of the national MoU advised local areas to:

- Prior to creation, have a clear idea of outcomes and what value they intend the MoU to add
- Develop a compelling narrative able to show the importance of housing across stakeholders, particularly health – often gaining cross-organisation recognition around healthy homes is a key win in itself.
- Work with existing local plans such – in Hertfordshire, this would mean the Health & Wellbeing Board Strategy, the Better Care Fund and Sustainability & Transformation Plans or potentially HCC's 5 proposed housing 'strategic aims'.
- Start with where positive collaborations are happening already to gain purchase, and using existing structures – often it's about getting housing included in these rather than setting up something new
- Bring in local issues – for example, in Hertfordshire it could be tackling delayed transfers of care related to housing
- Keep content and signatories high-level as this is about strategy shaping and influence

Examples

13.4 Health and housing MoUs have been established in some areas. This includes Nottingham who used their MoU to establish housing as the third vortex of local

health and social care integration and to get housing involved where previously it had been excluded. Key points were as follows:

- They secured a clear mandate from their Health & Wellbeing Board then formed a 'Health and housing Partnership Group' with representatives from all key groups.
- That established an overall aspiration to deliver healthier, happier and more independent citizens to get partners – including health - on board, and could clearly demonstrate the benefits of considering housing to front-line staff (e.g. earlier discharge)
- They had a clear idea of what needed to be in place before issuing the MoU (e.g roles and responsibilities), and then created short, medium and long-term goals – this enabled them to be ready whenever opportunities arose
- Housing acted as leads on the MoU

13.5 In Suffolk, the County Council arranged a housing symposium and series of consultation events asking how housing, health and care could be bought together. This resulted in 8 principles (e.g. lifespan approach, coproduction) and a number of focus areas (e.g. homelessness, reducing overcrowding) which has resulted in much closer dialogue with health colleagues.

13.6 Advice from the secretary of the National MOU stresses that the MOU is about setting the tone for positive working (indeed, the national MoU is referred to as 'mood music' – setting the tone, but not actions). Some areas have chosen explicitly to have an MoU with an action plan while others have just tried to be collaborative on housing in general or incorporate into STP and other existing plans.

14. Conclusions

14.1 The housing and health agenda is broad, complex and multi-faceted. There is a risk that these complexities alone are viewed as 'too difficult', thus hindering genuine efforts to improve the health outcomes of many people experiencing poor living conditions and homelessness.

Conclusions

1. Housing and health can only be tackled collaboratively, across organisations. No one authority or service area can effectively solve such a complex problem.
2. Whilst the agenda is hugely complicated, the housing quality work has demonstrated that it is entirely possible to undertake countywide activity that is supported by all agencies – where that work is targeted on a specific priority common to all partners and where it is recognised that more can be achieved collectively.
3. There is no reason why a similar approach cannot be taken to seek to address other housing and health challenges such as mental health and/or homelessness.
4. Our experience is that in order to secure traction and achieve desired outcomes, dedicated resource is needed to identify shared priorities and to drive actions which are supported by a strategic lead with the right/effective overarching governance in place.
5. There are clear priorities that are shared and common to all agencies across the county, including housing quality, growth, supply, availability and affordability
6. There are multiple working groups, boards and forums that include some element of housing and health in their remit; many will be attended by the same people.
7. We do not know enough about how each group operates to identify streamlining opportunities at this time; stakeholder feedback suggests that tinkering around the edges will not address the bigger issues of timely, appropriate and effective cross-agency collaboration and communication.
8. Given the number and scale of the housing related challenges there is an absence of a strategic, senior level lead group on housing and health across the county.
9. Creating a clear governance pathway for these groups with an agreed programme of work to achieve accountability and common goals.
10. Rather than 'streamlining' current groups, examples from other local authority areas suggest that developing a shared vision and collaborative goals can set the tone.

15. Future Work

15.1 There are a number of initial actions that need to be considered / undertaken:

1. Agree that this is a shared priority across public services in Hertfordshire; set the mandate for moving matters forward.
2. Identify resources to drive forward the housing and health agenda. This could initially be addressed through the undertaking of a resource audit across key agencies to understand capacity levels; it may also identify potential funding routes and bidding opportunities.
3. Undertake a full and proper review of the various housing related groups to include
    a. Formal stakeholder analysis
    b. Gap analysis
    c. Identification of shared priorities and agendas
4. Consider how to align groups and resources with the big, shared, priorities and the option to create task and finish workstreams to deliver specific, collaborative projects.
5. Hold a session with the Secretary for the National MOU to consider how Hertfordshire could tackle housing and health issues collaboratively and how we can tap into regional network support. A key potential benefit to establishing a local MOU is that many national organisations have signed up to it (PHE, CCGs, LAs, etc) – Accordingly from a local perspective these organisations should be willing to work collaboratively around housing.
6. Continue to engage with the STP Prevention Workstream
7. Seek to develop an evidence base for the big housing and health challenges that Hertfordshire faces but cannot yet quantify.

Equality Impact Assessment (EqIA) APPENDIX 4

Guidance is available on Compass. Completion of an EqIA should be proportional and relevant to the anticipated impact of the project on equalities. The form can be tailored to your project and should be completed before decisions are made. Key EqIAs should be reviewed by the Business Manager or Service Head, signed off by your department's Equality Action Group (EAG) and sent to the Equality and Diversity team to publish on HertsDirect. For support and advice please contact equalities@hertfordshire.gov.uk.

STEP 1: Responsibility and involvement

Title of proposal/ project/strategy/ procurement/policy	Healthy Places workstream	**Head of Service or Business Manager**	Jim McManus, Director of Public Health
Names of those involved in completing the EqIA:	Bethan Clemence	**Lead officer contact details:**	Bethan Clemence bethan.clemence@hertfordshire.gov.uk
Date completed:	25 April 2018	**Review date:**	31 March 2019

STEP 2: Objectives of proposal and scope of assessment – what do you want to achieve?

Proposal objectives: – what you want to achieve – intended outcomes – purpose and need	The overall aim is to establish a place-based, whole-system approach to improving health and reducing health inequalities and is closely aligned with Hertfordshire's Public Health Strategy. Addressing health and wellbeing from the angle of these wider determinants (and their strategic/statutory processes) can tackle our shared priorities more effectively that public health interventions on their own. This approach will support stakeholders in the delivery of public health outcomes; improve wider public health service delivery by linking into, supporting and enhancing broader projects (e.g. District Offer); contributing – through partnership working – to the wider health and wellbeing of Hertfordshire.
Stakeholders: Who will be affected: the public, partners, staff, service users, local Member etc	• The public • District/Borough Planning Policy, Environmental Health and Housing teams • Health & Wellbeing Board • Housing Associations • County Council – Environment, Transport, Health and Community Services; Children's Services; Countryside Management Service • Members

STEP 3: Available data and monitoring information

Relevant equality information For example: Community profiles / service user demographics, data and monitoring information (local and national), similar or previous EqIAs, complaints, audits or inspections, local knowledge and consultations.	What the data tell us about equalities
Hertfordshire JSNA A **Detailed Profile** on Equality And Diversity is available and the **JSNA Summary 2014** contains a range of general data about ethnicity and age in Hertfordshire and its districts **Public Health Outcomes Framework** http://www.phoutcomes.info/ Provides District level data on public health indicators and indicative health inequalities.	Hertfordshire is an increasingly diverse county with a population that is expected to increase by almost a quarter (24%) from 1,129,100 in 2012 to 1,400,700 in 2037. This growing, and increasingly older, population has certain health needs associated with it. The degree of deprivation that people experience has a major impact on their health. Where high levels of deprivation exist, health outcomes are relatively poor. Hertfordshire as a whole is one of the most prosperous areas of the country but people's health does not always reflect this. ***Despite its overall prosperity there are significant areas of deprivation with associated higher health needs***. Reducing these health inequalities means identifying the areas with the greatest needs and together addressing the factors that contribute to those areas' deprivation. That there is a need to obtain appropriate qualitative data to better understand broader topic areas in the context of health inequalities (e.g. green infrastructure, road safety, environment, air quality, housing.)

STEP 4: Impact Assessment – Service Users, communities and partners (where relevant)

Guidance on groups of service users to consider within each protected group can be found here

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
Age	The plans are not currently considered to have a negative impact. The aspiration for this area of work is to help create healthier places for people to live and work and therefore there is the potential for a positive impact for all.	This will be monitored on an ongoing basis, and necessary action taken where identified.
Disability Including Learning Disability	The plans are not currently considered to have a negative impact. The aspiration for this area of work is to help create healthier places for people to live and work and therefore there is the potential for a positive impact for all.	This will be monitored on an ongoing basis, and necessary action taken where identified.
Race	The plans are not currently	This will be monitored on an ongoing

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	considered to have a negative impact. The aspiration for this area of work is to help create healthier places for people to live and work and therefore there is the potential for a positive impact for all.	basis, and necessary action taken where identified.
Gender reassignment	The plans are not currently considered to have a negative impact. The aspiration for this area of work is to help create healthier places for people to live and work and therefore there is the potential for a positive impact for all.	This will be monitored on an ongoing basis, and necessary action taken where identified.
Pregnancy and maternity	The plans are not currently considered to have a negative impact. The aspiration for this area of work is to help create healthier places for people to live and work and therefore there is the potential for a positive impact for all.	This will be monitored on an ongoing basis, and necessary action taken where identified.
Religion or belief	The plans are not currently considered to have a negative impact. The aspiration for this area of work is to help create healthier places for people to live and work and therefore there is the potential for a positive impact for all.	This will be monitored on an ongoing basis, and necessary action taken where identified.
Sex	The plans are not currently considered to have a negative impact. The aspiration for this area of work is to help create healthier places for people to live and work and therefore there is the potential for a positive impact for all.	This will be monitored on an ongoing basis, and necessary action taken where identified.
Sexual orientation	The plans are not currently considered to have a negative impact. The aspiration for this area of work is to help create healthier places for people to live and work and therefore there is the potential for a positive impact for all.	This will be monitored on an ongoing basis, and necessary action taken where identified.
Marriage & civil partnership	The plans are not currently considered to have a negative impact. The aspiration for this area of work is to help create healthier places for people to live and work and therefore there is the potential for a positive impact for all.	This will be monitored on an ongoing basis, and necessary action taken where identified.
Carers (by association with any of the above)	The plans are not currently considered to have a negative impact. The aspiration for this area of work is to help create healthier places for people to live and work and therefore there is the potential for a positive impact for all.	This will be monitored on an ongoing basis, and necessary action taken where identified.

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
Opportunity to advance equality of opportunity and/or foster good relations (Please refer to the guidance for more information on the public sector duties)		
Addressing inequalities is critical to the Hertfordshire Public Health Planning & Place agenda and any subsequent action plans and their implementation. This work aims to improve the places across Hertfordshire within which people live and work in order to create better health and wellbeing. This applies to all – with or without protected characteristics.		

Impact Assessment – Staff (where relevant)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
Age	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work.	This will be monitored on an ongoing basis, and necessary action taken where identified.
Disability Including Learning Disability	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work.	This will be monitored on an ongoing basis, and necessary action taken where identified.
Race	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work.	This will be monitored on an ongoing basis, and necessary action taken where identified.
Gender reassignment	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work.	This will be monitored on an ongoing basis, and necessary action taken where identified.
Pregnancy and maternity	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work.	This will be monitored on an ongoing basis, and necessary action taken where identified.
Religion or belief	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work.	This will be monitored on an ongoing basis, and necessary action taken where identified.
Sex	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work.	This will be monitored on an ongoing basis, and necessary action taken where identified.
Sexual orientation	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work.	This will be monitored on an ongoing basis, and necessary action taken where identified.

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
Marriage & civil partnership	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work.	This will be monitored on an ongoing basis, and necessary action taken where identified.
Carers (by association with any of the above)	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work.	This will be monitored on an ongoing basis, and necessary action taken where identified.

Opportunity to advance equality of opportunity and/or foster good relations
(Please refer to the guidance for more information on the public sector duties)

Addressing inequalities is critical to the Hertfordshire Public Health Planning & Place agenda and any subsequent action plans and their implementation.

This work provides an opportunity to integrate a range of public health priorities and work streams that are delivered across many public sector services, by a range of organisations. This work aims to improve the places across Hertfordshire within which people live and work in order to create better health and wellbeing. This applies to all – with or without protected characteristics.

STEP 5: Gaps identified

Gaps identified Do you need to collect more data/information or carry out consultation? (A 'How to engage' consultation guide is on Compass). How will you make sure your consultation is accessible to those affected?	It is recognised that this area of work covers a number of disciplines, pressures and remits across a range of statutory and non-statutory organisations. It is therefore accepted that there will be notable gaps in our knowledge at this early stage. We are continuing to scope these gaps with a view to developing local intelligence to inform priorities and assess progress.

STEP 6: Other impacts

Consider if your proposal has the potential (positive and negative) to impact on areas such as health and wellbeing, crime and disorder and community relations. There is more information in the guidance.

This work area has the potential to have a positive impact on the health and wellbeing of everyone who lives and works in Hertfordshire, irrespective of protected characteristics.

STEP 7: Conclusion of your analysis

Select one conclusion of your analysis	Give details
☐ **No equality impacts identified** – No change required to proposal.	
☐ **Minimal equality impacts identified** – Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate). – Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality.	
☒ **Potential equality impacts identified** – Take 'mitigating action' to remove barriers or better advance equality. – Complete the action plan in the next section.	On the basis that this work is at a very early stage with known gaps in our intelligence, it is recognised that there is the potential for equality impacts and that we need to understand what they may be.
☐ **Major equality impacts identified** – Stop and remove the policy – The adverse effects are not justified, cannot be mitigated or show unlawful discrimination. – Ensure decision makers understand the equality impact.	

STEP 8: Action plan

Issue or opportunity identified relating to: – Mitigation measures – Further research – Consultation proposal – Monitor and review	**Action proposed**	**Officer Responsible and target date**
Monitor and review	This will be monitored on a continued basis and reported back to the relevant Panel at regular intervals (frequency to be agreed). It is proposed that future updates will include an EQiA for each of the workstreams,	Bethan Clemence Ongoing
Further intelligence gathering	We are in the process of identifying the gaps in our knowledge and how we address these through evidence gathering and partnership working. It is anticipated that this process will enable better identification of any possible equality impacts.	Bethan Clemence Ongoing

Equality Impact Assessment (EqIA) APPENDIX 4

This EqIA has been reviewed and signed off by:

Head of Service or Business Manager: **Date:**

Equality Action Group Chair: **Date:**

HCC's Diversity Board requires the Equality team to compile a central list of EqIAs so a random sample can be quality assured. Each Equality Action Group is encouraged to keep a forward plan of key service decisions that may require an EqIA, but please can you ensure the Equality team is made aware of any EqIAs completed so we can add them to our list. (email: equalities@hertfordshire.gov.uk).
Thank you.

HERTFORDSHIRE COUNTY COUNCIL

PUBLIC HEALTH, PREVENTION AND PERFORMANCE CABINET PANEL
10 MAY 2018 AT 10.00 AM

Agenda Item No.

6

HERTFORDSHIRE HEALTH EVIDENCE WEBSITE TOUR

Report of the Director of Public Health

Author: - David Conrad, Consultant in Public Health (Evidence & Intelligence) (Tel: 01992 555391)

Executive Member:-Richard Roberts, Public Health, Prevention and Performance

1. Purpose of the Presentation

1.1 To visually guide the panel Members through the online Hertfordshire Health Evidence Website.

2. Summary

2.1 Panel Members will be shown a live demonstration of the Hertfordshire Health Evidence Website and some of its resources and invited to ask questions about how to use the site and its contents.

2.2 The live demonstration will include a brief history of the website, how to access and navigate the site, and a tour of its main areas (including local health data tools and reports, and resources to support evaluation of local health interventions).

3. Recommendation

3.1 The panel is asked to note the content of the Hertfordshire Health Evidence Website.

4.0 Equality Impact Assessment

4.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.

4.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.

4.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

4.4 No equalities implications have been identified in relation to this report.

5.0 Financial Implications

5.1 There are no financial implications as a result of this report's recommendations.