HERTFORDSHIRE COUNTY COUNCIL

**PUBLIC HEALTH AND PREVENTION CABINET PANEL
WEDNESDAY, 18 SEPTEMBER 2019 AT 10:00AM**

HEALTHY PLACES UPDATE

Report of the Director of Public Health

Authors:-   Bethan Clemence, Strategic Lead Healthy Places

Executive Member:-   Tim Hutchings, Public Health and Prevention

1.   Purpose of report

1.1   To provide an update on the Healthy Places workstream, outlining current priorities and ongoing projects, challenges and future areas for development.

2.   Summary

2.1   It is widely accepted that the health of a population is determined by a range of factors and that the greatest scope for improving the public's health lies outside the control of the NHS. Roughly 80% of our health is shaped by wider determinants (i.e. our physical and social environments). Local Authorities have significant scope to influence the wider determinants.

2.2   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 health. What started as one officer has now developed into a Healthy Places team with an incredibly broad portfolio of work.

2.3   This Panel has previously received reports regarding how work has focussed on four key areas – planning, housing, transport and environment. The last update 12 months ago[1], and this report sets out the progress made in these areas.

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[1]
https://democracy.hertfordshire.gov.uk/Data/Public%20Health,%20Prevention%20and%20Performance%20Cabinet%20Panel/201805101000/Agenda/Eta9LYDGCCqVXxj6AQNZnfUgCmLpWz.pdf

3.   Recommendation

3.1   That Panel note and comment on the content of this report.

4.   Background

4.1   This paper builds on previous reports to Panel[2] that have outlined
         progress and challenges in relation to the Healthy Places workstream.
         An overarching account of the progress made since 2015 is set out in
         Appendix 1. The following paragraphs pick out key highlights from each
         of the key areas within the Healthy Places workstream.

Planning
Overview

4.2   The County Council's approach for Public Health engagement in
         planning is to respond to all Local Plan consultations, strategic
         development and housing applications of over 100 homes.

4.3   Increasingly, officers within Public Health are working across local
         authority boundaries and will seek to work collaboratively in our
         responses where appropriate. For example, officers have worked with
         Essex County Council, Harlow Borough Council and East Herts District
         Council as part of the Harlow and Gilston Garden Town (HGGT) health
         workstream to commission the Town and Country Planning
         Associations to produce a Healthy Towns Framework. This has been
         adopted by the HGGT Board with the intention that it shapes planned
         development of circa 30,000 homes across the Gilston and Harlow
         area.

4.4   The Hertfordshire Health, Wellbeing and Planning Guidance ("the
         Guidance") was published in 2017 and is available at
         https://www.hertfordshire.gov.uk/services/health-in-herts/healthy-
         places/the-role-of-public-health-in-planning.aspx#howwework. An
         update to the Guidance is planned to be undertaken in the latter half of
         2019. Officers are increasingly seeing reference made to the Guidance

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[2] 2018 report, Item 5
https://democracy.hertfordshire.gov.uk/CeListDocuments.aspx?CommitteeId= 268&MeetingId=976&DF=
10%2f05%2f2018&Ver=2
2016 report, Item 7
https://democracy.hertfordshire.gov.uk/CeListDocuments.aspx?CommitteeId=267&MeetingId=969&DF=
24%2f11%2f2016&Ver=2
2015 report, Item 5
https://democracy.hertfordshire.gov.uk/CeListDocuments.aspx?CommitteeId=267&MeetingId=962&DF=
24%2f09%2f2015&Ver=2

in planning applications for housing, which is a notable achievement. The challenge remains to build this into Local Plan policy across Hertfordshire.

Health Impact Assessment

4.5   An area of planning work that has grown in significance over the last 12 months is that of Health Impact Assessment (HIA). This is detailed further in the accompanying report being considered at the September 2019 Panel (agenda item 3).

4.6   HIA is a means of evidence-based policy making for improvement in health. It is a combination of methods whose aim is to assess the health consequences to a population of a policy, project or programme that does not necessarily have health as its primary objective, and assesses how developments, policies and projects could affect health.

4.7   The use of HIA in spatial planning is gathering pace nationally and represents a robust way in which development can demonstrate healthy placemaking.

4.8   There is no legal or statutory framework in England for HIA, however in spatial planning it offers major developments a tool through which to meet legal requirements for human health under the 2017 Environmental Impact Assessment Regulations[3].

4.9   The County Council currently seeks HIAs where appropriate from major housing developments, minerals and waste proposals and National Strategic Infrastructure Projects (NSIPs) (High Speed 2, airport expansion proposals).

4.10   The longer-term aim is to ensure HIA becomes part of our adopted Planning Policy. For a Planning Policy' to be established and adopted by the County Council it must follow a prescribed process of drafting, appraisal, public consultation and independent scrutiny.

4.11   This process is being followed by the County Council with the emerging Minerals and Waste Local Plans and wording is being developed to incorporate HIA into these Plans as policy.

4.12   In due course officers also aim to work with Hertfordshire's Local Planning Authorities (i.e. districts and boroughs) to incorporate HIA within local plan policy.

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[3] http://www.legislation.gov.uk/uksi/2017/571/contents/made

Housing

4.13   Public Health leads on the housing quality agenda, with a particular focus in recent years on cold homes. Cold homes[4] alone are estimated to have contributed to 2,310 excess winter deaths in the South East of England in 2017/18. The Department of Health estimates that for every death relating to the cold, there are typically 8 non-fatal hospital admissions. This suggests that in addition to the 2,310 deaths in 2017/18, the region saw 18,480 additional hospital admissions.

4.14   Cold homes are linked to :
- respiratory and cardiovascular conditions, falls, strokes, flu, poor mental health
- higher risk of premature death
- higher risk for small infants needing hospital or primary care admission

4.15   Hertfordshire is considered by many an area of affluence, however there is a significant proportion of residents living in fuel poverty. The latest Government statistics suggest that 8.3% of all homes in Hertfordshire are considered fuel poor[5], with inefficient heating systems one of the greatest contributors of fuel poverty.

4.16   The Hertfordshire Warmer Homes Scheme has provided support to households directly affected by fuel poverty and ill-health related to cold homes, enabling the occupants to keep their homes warm without the fear of costly energy bills and heat loss due to thermal inefficiency. Continued monitoring of the scheme will enable us to quantify how this improves health and wellbeing over the longer term.

4.17   The Hertfordshire Warmer Homes Scheme aims to prevent avoidable winter deaths and improve general health by tackling cold homes, energy efficiency and fuel poverty, using Energy Company Obligation

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[4] Homes which have a very low temperature or a lower temperature than is normal or acceptable. The currently available evidence base, alongside expert discussion, suggests indoor temperatures of at least 18°C poses minimal risk to the health of a sedentary person, wearing suitable clothing. Below 18°C, negative health effects may occur (PHE, 2014 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/7764 97/Min_temp_threshold_for_homes_in_winter.pdf)

[5] Fuel poverty in England is measured using the Low Income High Costs (LIHC) indicator. Under the LIHC indicator, a household is considered to be fuel poor if they have required fuel costs that are above average (the national median level) and, were they to spend that amount, they would be left with a residual income below the official poverty line (https://www.gov.uk/government/collections/fuel-poverty-statistics)

funding (ECO). ECO is a government scheme which sets targets for 'big 6' energy suppliers[6] to reduce fuel poverty and carbon emissions among vulnerable clients. Targets include financially contributing towards repair or replacement of faulty or old boilers or installing insulation. Vulnerable households are defined as low income home owners or renting privately (and have the landlord's consent) as well as having certain health conditions. See https://www.hertfordshire.gov.uk/services/health-in-herts/healthy-places/warmer-homes/hertfordshire-warmer-homes-scheme.aspx for more information.

4.18   Now nearing the end of its second year of operation, the scheme is led by Public Health on behalf of the 10 District and Borough Councils across Hertfordshire, using ECO funds available and 'topping up' with local authority funding to ensure our residents benefit from either free or low-cost home energy improvements.

4.19   A total of approximately 215 installations have taken place since the project started in 2017 (approximately 160 in year 1 and 55 in year 2). Overall, 1480 referrals (838 in year 1 and 642 in year 2) have been received but only 15% have been converted into installations mainly due to the high level of cancellations. This figure falls to 9% using only year 2 figures. The main reasons for cancellations in year 2 is no response to attempts to contact and individual following an initial referral, or a referred individual is not eligible as their income is too high.

4.20   The operation of scheme has not been without significant challenge, most notably at the end of Year 1 and the departure of the original external service provider. Public Health continued to deliver Year 2 of the service in-house with a very small team. During this time, the scheme also supported 25 households with no hot-water or heating to receive fully-funded emergency boiler replacement at a cost of totalling £29,000. The emergency fund operated on a first come, first served basis and was solely funded by Public Health.

4.21   Currently there are another 178 possible installations in the pipeline, however, it is expected that some of these will end in cancellations based on current conversion rate of referrals to installations. The scheme is still receiving referrals and based on year 2 figures the scheme can expect approximately a further 500 referrals before the end of the contract.

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[6] the United Kingdom's largest **energy** suppliers, supplying gas and electricity. The **Big Six** are British Gas, EDF **Energy**, E.ON, Npower, Scottish Power, and SSE.

4.22   Public Health is committed to providing the scheme through to March 31st, 2020, and is currently exploring options beyond that.

Strategic Housing

4.23   Public Health has also led wider work looking at the strategic housing and health agenda, working at senior officer level across the county to identify housing and health challenges, roles and responsibilities, and opportunities for collaborative working.

4.24   A Housing and Health workshop in September 2018 was held as part of the Public Health Board, which was very well attended with representation across the Hertfordshire Public Sector -both local authorities and NHS.

4.25   A key outcome was the mutual desire of partner organisations to improve levels of understanding between local authorities and health colleagues on housing roles and responsibilities. Public Health has subsequently mapped roles and responsibilities in a way that is informative for professionals. This is available at http://hertfordshire.gov.uk/housingprofessionals and has been well received across partner organisations.

Environment – Air Quality

4.26   Over the last 18 months Public Health, working in collaboration with Environment and Highways colleagues, developed the Hertfordshire County Council Air Quality Strategy (the Strategy) and a supporting Implementation Plan in recognition of the growing need to tackle poor air quality. These were taken through a tri-Panel process and were adopted by Cabinet in April 2019. The documents are available at https://www.hertfordshire.gov.uk/services/health-in-herts/healthy-places/healthy-places.aspx#air

4.27   The purpose of these documents is to clearly set out the County Council's policy position on the matter in order to a) foster collaborative working moving forwards and; b) avoid ambiguity and duplication. The Strategy sits as a daughter document to the recently adopted Local Transport Plan[7] in support of its air quality policy.

4.28   Public Health will now focus on two key areas of work in support of the air quality agenda:

•   Developing the Implementation Plan to drive forward Action, with oversight from the Corporate Air Quality group (chaired by the Director of Public Health with membership comprising nominated representatives from Environment, Property and Highways);

•   Working to develop a collaborative countywide strategic approach to air quality in partnership with the Herts and Beds Air Quality Forum (led and attended by District and Borough Environmental Health teams).

Transport

4.29   A lot of the early progress made with the healthy places workstream was in relation to transport, as previously reported to Panel[8]. Public Health now has an established, collaborative and productive working relationship with Transport Planning and Highways colleagues. Officers have provided advice and input into the development of Local Transport Plan 4 and the Active Travel Strategy.

4.30   Hertfordshire's recently published Local Transport Plan 4 (LTP4)[9] has established a road user hierarchy that prioritises pedestrians, cyclists and public transport over the car.

4.31   It acknowledges that a combination of policies and improvements will be required to tip the balance in favour of non-car modes and goes on to say that supporting documents such as the Active Travel Strategy (under development currently) will set more specific policies and guidance on infrastructure required.

4.32   The most effective mechanisms for boosting walking, cycling and public transport, improving health, air quality and road safety comprise of integrated and complimentary interventions.

4.33   Public Health has worked with Highways colleagues to adopt a Healthy Streets approach which offers an integrated and complimentary set of interventions, including an assessment tool, which focuses on supporting transport mode shift particularly in urban areas of

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[8] Item 5,
https://democracy.hertfordshire.gov.uk/Data/Public%20Health,%20Localism%20and%20Libraries%20C abinet%20Panel/201611241000/Agenda/pjKwujWTiuAkotYiQ8nPHmT9LrIA4i.pdf
[9] https://www.hertfordshire.gov.uk/media-library/documents/about-the-council/consultations/ltp4-local-transport-plan-4-complete.pdf

Hertfordshire. The approach is in place across London, where it has been well received since launching in 2014.

4.34 This approach should be applied both to the re-design of existing streets using existing allocated resource, and the design of new developments, and will be set out in more detail in the forthcoming Active Travel Strategy due for consideration later this year

5. Outcomes

5.1 Aside from the specific outcomes related to individual work areas, there are broader outcomes achieved with respect to the impact the Healthy Places agenda is having across the system.

5.2 Health is growing to become a prominent consideration in relation to a number of agenda's within the Healthy Places portfolio, most notably Transport Planning and Highways, but also within the wider local authority community in relation to housing and health. Public Health is a now leading the air quality agenda which historically suffered from a lack of resource and coordination.

5.3 Public Health are working effectively and successfully on with partners on the Healthy Places agenda, with notable joint pieces of work including:

- Housing and Health (working collaboratively with District/Borough heads of housing and specifically with Stevenage Borough Council to shape the strategic countywide position on housing and health);

- Housing quality (leading the Housing Quality Working Group which pulls together various stakeholders across the county, including all District/Boroughs, Fire and Rescue, both Clinical Commissioning Groups, Hertfordshire Community NHS Trust, Adult Care Services and Herts Help – we've had some limited engagement with the Buildings Research Establishment. This group is sponsoring a number of projects aiming to work to tackle the impact of poor housing quality on health);

- Air Quality (Public Health now lead and coordinated the County Council Strategic Response to air quality, working across a number of directorates and service areas. Public Health is also viewed by many of our District colleagues as having a lead on this agenda, in terms of being the conduit towards broader engagement with the County Council . Officers are trying to simplify the way in which the system works on air quality, but this is not without its challenges);

- Healthy Streets has seen us develop an agenda in collaboration with our Highways colleagues and which is now beginning to influence highways schemes as well as shape highways policy and strategic transport planning.

5.4 Finally, the Hertfordshire Warmer Homes Scheme has seen Public Health lead a partnership project with direct outcomes for our residents on behalf of all 10 District and Borough Councils, all of whom have contributed financially (a notable success in itself). This project was borne out of the Housing Quality Working Group, recognising a shared, countywide priority. Public Health added value through the ability to pull together the necessary components of such a large scheme, including commissioning, procurement, project and contract management. The benefit to Public Health has been the opportunity to target vulnerable households and emphasis the health outcomes from a scheme which would traditionally focus on energy efficiency. The scheme has not been without significant challenge and dedicated resource is vital to make such a scheme work.

5.5 Public Health is are supporting the prevention agenda through our work to promote and enable good housing quality, air quality, spatial planning, transport planning etc all acts as a way to both prevent poor health and improve health – if done properly. Public Health's engagement in these areas, our advocacy at the strategic level and influencing of policy development is incrementally getting the links to health on the radar. A lot more needs to be done, but a lot has been achieved (working from a position of extremely limited engagement 4 years ago).

6.   Next Steps

6.1 The Healthy Places workstream has evolved significantly since its inception almost 5 years ago, and there is now a Healthy Places team reflecting how this area of public health continues to grow in significance. The original Strategic Plan focussed on four key work areas – these still remain a priority, with an additional workstream for air quality in its own right, and its links to the emerging sustainability/climate emergency work being undertaken corporately.

6.2 To reflect the successful engagement Public Health has had in a range of strategic issues such as the growth agenda, the consequential increased generation of work and the resulting growth in staff resource, a review of these priority areas will be undertaken in early 2020 as a

stocktake of committed projects and business as usual tasks with a view to developing individual work programmes for each area. By way of example, a six month work programme for planning and transport is included in Appendix 2.

7. Financial Context

7.1 The Healthy Places workstream currently has a nominal budget, with most of the financial requirements provided through staff resource. The last 18 months have seen the recruitment of a small team to support the delivery of housing projects and our continued engagement with planning and highways (managed within the wider Public Health budget).

8. Equalities implications

8.1 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.

8.2 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.

8.3 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.

8.4 Given the strategic nature of the Healthy Places workstream EqIAs will be undertaken where appropriate and necessary for individual projects as part of the wider programme of work. That aside, the Healthy Places agenda is not considered to have potential negative implications for County Council staff or the wider public in relation to the statutory protected characteristics. It is hoped that, over time, the influence of

the agenda on Hertfordshire's population and wider determinants will be a positive one in terms of reducing health inequalities.

Background Information

- *As per the hyperlinks in the report*