| **PUBLIC DOCUMENT** |

TITLE OF REPORT: NOTICE OF MOTIONS UNDER STANDING ORDER 4.8.12

The following motion has been submitted, due notice of which has been given in accordance with Standing Order 4.8.12.

<u>**Health Intervention**</u>

Council notes that:

a. A person's opportunity for good health starts before they have the need for healthcare. Therefore, the responsibility for good health must go beyond that of the health and social care systems[1].

b. People with health problems are more susceptible to unemployment, lower earnings, sickness absence, and lower household income. Every year, 300,000 people stop work and become reliant on health-related benefits. A further 140 million working days are lost to sickness, costing the UK economy £15bn. A healthy population is essential for a thriving society and economy.

c. In 2020/21, one in five people in the UK lived in poverty, over half of these were living in working households. Inadequate incomes can cause poor mental health due to stress, the lack of feeling in control, being unable to access resources or adopt healthy behaviours. Living with day-to-day stresses of poverty in early childhood can have damaging effects on long-term health outcomes.

d. Children living in cold homes are more than twice as likely to suffer respiratory problems than children living in warm homes.

e. Young adults who are unemployed are more than twice as likely to suffer from mental ill health than those in work.

f. There are nine times as many fatal and serious injuries among pedestrians aged 5-9 in the most deprived areas than the least. Streets and public spaces that are well designed also encourage active travel and can have other positive impacts such as reducing vehicle speeds. Good public transport also reduces poor air quality.

g. Good green spaces enable people to be more physically active, feel safe and secure, and socialise and play.

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[1] Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. Health Equity in England: The Marmot Review 10 Years On. Institute of Health Equity; 2020 (www.health.org.uk/publications/reports/the-marmot-review-10-years-on   )

h. Food insecurity is caused by a multitude of interrelated factors across the levels of national society, community, household, and individual. It is three times more expensive to get the energy we need from healthy food than unhealthy food. Diet-related ill health is a leading cause of preventable illness in the UK, and a significant driver of health inequalities. It is also detrimental to mental health, being a cause of significant stress and anxiety in households.

i. Social isolation and loneliness are associated with a 30% increased risk of heart disease and stroke. Positive friendships and being part of a community helps protect people from these damaging health effects.

j. North Herts is one of the healthier places to live in Hertfordshire with an overall Health Index score of 120.1. However we know this headline figure masks areas of real need. 10.8% of people over the age of 65 in the district are in fuel poverty[2]. 17.4% of children in the district live in low-income households[3]. 61.2% of adults in the district are overweight or obese[4] and 17.2% of children are overweight or obese when they start reception[5].

k. The recent report summary published by The King's Fund on 'Driving better health outcomes through integrated care systems: The role of district councils' states that district councils have a valuable role to play within integrated care systems (ICSs) as we can influence wider determinants of health, can act and react in agile ways, and have strong connections with our local communities.

l. The King's Fund report summary also says that district councils are important players in areas such as managing long-term conditions, reducing obesity, improving mental health and wellbeing, combatting food and fuel poverty, assisting hospital discharge, and shaping health-creating environments due to their powers in several areas such as housing, local economies, and the built and natural environment.

m. There are significant physical and mental health inequalities among several demographics nationwide, including women and the LGBTQIA+, Black, Asian, and Minority Ethnic communities[6] among others. The Health Inequalities Steering Board (NHS Hertfordshire) commissioned a piece of work setting out some improvements to be made from 2023 which highlights some of the mental ill health issues that are prevalent in the participant group and the lack of good services to provide aid[7].

n. Acts of violence, particularly against women and girls, and the effects of sexual violence on mental health and wellbeing cannot be understated.[8] People abused during childhood in education, employment, and training may never fully recover to achieve their full

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[2] hertshealthevidence.org/documents/thematic/ageing-well-herts-district-november-2023.html
[3] hertshealthevidence.org/documents/thematic/developing-well-herts-district-november-2023.html
[4] hertshealthevidence.org/documents/thematic/living-well-england-district-november-2023.html
[5] hertshealthevidence.org/documents/thematic/starting-well-herts-district-november-2023.html
[6] Ethnic Health Inequalities in the UK - NHS - Race and Health ObservatoryNHS – Race and Health Observatory (nhsrho.org)
Policy Briefing: The Ockenden review - NHS - Race and Health ObservatoryNHS – Race and Health Observatory (nhsrho.org)
Ethnic Inequalities in Healthcare: A Rapid Evidence Review - NHS - Race and Health ObservatoryNHS – Race and Health Observatory (nhsrho.org)
[7] impactful-governance-lgbtq-research-report-2023-final.pdf (hpft.nhs.uk)
[8] www.hertshealthevidence.org

potential, even if they have therapy. We need more investment from National Government to support trauma-informed therapy.

o. People with intellectual disabilities are subject to multiple disadvantages such as limited education, employment, and skills training opportunities. Therefore, more investment from [9]National Government is needed to support our communities to provide these opportunities.

p. The challenge we face locally is a lack of hyper-localised data which can be utilised effectively to target the health interventions our communities need. But we know anecdotally the places where people need help overcoming the determinants of poor health – from damp homes to clean air to access to healthy activities.

All of this demonstrates the great need for this council to work across portfolios to bring about better health and social interventions and outcomes through our policies.[10]

The Health Foundation sets out a whole council approach for local authorities[11] and this administration does a good deal of work in this arena. We already support positive health outcomes via our Healthy Hub, and funding of the Citizens' Advice Bureau which helps reduce mental health inequalities and prevent depression and anxiety. But Local Authorities need to try to do as much as they can and ensure, where possible, that we consider the health and well-being impacts of the decisions we take.

The role of District Councils in effecting integrated health outcomes is well evidenced.[12] As an authority, we should aim to consider the health impacts alongside other implications [financial, legal, risk, human resource environmental, social value and equalities].

This Council, therefore, resolves to incorporate the following into service planning and funding streams and:

1. **Look to include the consideration of health and well-being implications in the decision-making process across all portfolios and service directorates, with increased support resources for officers (such as toolkits, assessment logic flows etc.);**

2. **Ask officers to ensure that, as the Council's policies are routinely reviewed, specific consideration is given to how policies and our related decisions and actions, affect our contribution to health interventions and outcomes, and where necessary, update these policies to have better impacts wherever possible. As part of this, Overview & Scrutiny should be given the opportunity to review policy changes and regularly review progress on health interventions;**

3. **Ask officers to continue to liaise with Hertfordshire County Council colleagues and continue to work with the Herts and West Essex and Cambridge and Peterborough**

[9] Learning disability - applying All Our Health - GOV.UK (www.gov.uk)

[10] This is supported by s.177 of the Crime and Disorder Act 1998 which requires work across portfolios. When effective this has a proven record of delivering positive outcomes.

[11] Local government's key role in improving health - The Health Foundation

[12] Driving better health outcomes through integrated care systems | The King's Fund (kingsfund.org.uk)

The district council contribution to public health | The King's Fund (kingsfund.org.uk)

Integrated Care Boards in their work on this, to take account of the findings in the Joint Strategic Needs Assessment, and to encourage the Chair of Overview & Scrutiny and each Area Forum Chair to invite presentation of information on population health, health initiatives, and service provision for consideration by their respective committees and the wider public, at least once annually.

4. **Ask officers to investigate the most appropriate training for Members and officers about how to promote health interventions, outcomes, and policies for consideration by Council;**

5. **Request that the Leader write to the Secretary of State for Health requesting that they provide the necessary powers and resources to make local action on health interventions and outcomes easier and to support the implementation of the recommendations of the joint LGA and NHS Confederation report on Integrated Care Partnerships (Integrated Care Partnerships: Driving the future vision for health and care | Local Government Association).**

6. **Request that the Leader write to the Chief Executive of the Cambridgeshire and Peterborough ICB requesting that they initiate a process of constitutional variation (as provided for under section 1.6 of the ICB constitution), with a view to inviting a third Local Authority partner member to join the ICB, and to consider allowing for that member to be drawn from either Hertfordshire County Council or North Hertfordshire District Council.**

7. **Continue to work with partners across the District, County and wider region to deliver widespread positive health interventions and outcomes**.

Proposed by: Councillor Alistair Willoughby.

Seconded by: Councillor Elizabeth Dennis.