

<b>Cabinet Meeting</b>	
<b>Meeting Date</b>	17 March 2021
<b>Report Title</b>	Health and Wellbeing Improvement Plan
<b>Cabinet Member</b>	Cllr Angela Harrison, Cabinet Member for Health and Wellbeing
<b>SMT Lead</b>	Emma Wiggins, Director Regeneration
<b>Head of Service</b>	Charlotte Hudson, Head of Housing, Economy and Community Services
<b>Lead Officer</b>	Stephanie Curtis, Economy and Community Services Manager
<b>Key Decision</b>	No
<b>Classification</b>	<b>Open</b>
<b>Recommendations</b>	1. For Cabinet to approve the Health and Wellbeing Improvement Plan

## **1 Purpose of Report and Executive Summary**

- 1.1 This report provides an overview of the Health and Wellbeing Improvement Plan and a summary of the recent consultation process.

## **2 Background**

- 2.1 Following the creation of the Health and Wellbeing Officer role it was agreed that a Health and Wellbeing Improvement Plan was required to outline our priorities and to detail specific commitments that we as a council could make to improve the health of the borough.
- 2.2 Research and informal consultation with key partners/stakeholders was undertaken to gather information about the health inequalities across the borough and the current service provision. This information was then used to inform the draft Health and Wellbeing Improvement Plan.
- 2.3 A consultation period for partners and the public has run from December 20 until mid-February 21. A summary of this consultation is discussed in section 5 and Appendix 2.

## **3 Proposals**

- 3.1 For Cabinet to approve the Health and Wellbeing Improvement Plan (Appendix 1)

## 4 Alternative Options

- 4.1 To not approve the Health and Wellbeing Improvement Plan: This option is not recommended. Without a joined-up approach that is documented within this plan with partners and internal departments, it would be difficult to effectively address health and wellbeing priorities across the borough.

## 5 Consultation Undertaken or Proposed

- 5.1 Informal consultation had taken place with key partners and internal officers in the development of the draft Plan. It was therefore not anticipated for a large amount of feedback from a consultation period, however we wanted to ensure that the public too had a chance to comment.
- 5.2 A formal consultation period with partners and the public ran from mid-December until Mid-February. This was promoted through the media and directly to key partners. An online survey and email address were used to capture feedback. As expected, there was a limited response to the consultation despite a number of reminders being circulated. 21 responses were received in total.
- 5.3 Appendix 2 summaries the feedback from this consultation period. Of those that replied, the majority were in agreement that the priorities and proposed actions within the plan were the correct ones. From the specific comments made, many relate to the need to work well in partnership to deliver this plan, which is already stressed within the document; as well as other key factors that have already been considered.
- 5.4 Following the consultation, no changes have been recommended within the Health and Wellbeing Improvement Plan.

## 6 Implications

Issue	Implications
Corporate Plan	The Health and Wellbeing Improvement Plan delivers against corporate priority 3.2 - Reduce health inequality by developing more productive relationships with local health partners and making health and wellbeing a central consideration in all relevant council decision-making, recognising especially the link between housing and health.
Financial, Resource and Property	The Health and Wellbeing Improvement Plan seeks to maximise potential within existing workstreams and from partnership agencies. The actions rely on existing resources and do not call for any additional resources.
Legal, Statutory and Procurement	No Legal, Statutory and Procurement implications identified at this stage.

Crime and Disorder	None identified at this stage
Environment and Sustainability	The Health and Wellbeing Improvement Plan would have positive implications in the area of Environment and Sustainability as it incorporates the areas of air quality and active travel.
Health and Wellbeing	The adoption of the Health and Wellbeing Improvement Plan seeks to have positive implications as it seeks to address several areas of health inequality across the borough.
Risk Management and Health and Safety	No Risk Management and Health and Safety implications identified at this stage.
Equality and Diversity	Within the consultation responses, 62% agreed that there were no potential unintended negative consequences to individuals/groups with protected characteristics from implementing the plan. For those that felt there were negative consequences, their individual responses were reviewed (8) and for those that provided commentary within their answer, all concerns are already addressed within the plan.
Privacy and Data Protection	No Privacy and Data Protection implications identified at this stage.

## 7 Appendices

Appendix 1: Health and Wellbeing Improvement Plan (see separate PDF file)

Appendix 2: Summary of consultation responses

## 8 Background Papers

There are no background papers.

## **Appendix 2: Health and wellbeing improvement plan - Summary of Consultation Response**

21 online questionnaires completed in consultation period

### **Overall responses to questions:**

- 80% agreed that the priorities within this plan were relevant;
- 67% agreed that the proposed actions would help to tackle health inequalities
- 68% agreed that the plan took into account current challenges
- 85% agreed that the plan provided a basis for partnership working in Swale
- 62% agreed that there were no potential unintended negative consequences to individuals/groups with protected characteristics from implementing the plan.

### **Summary of specific comments made:**

- I don't think Health inequalities hold the prominence within the document that they should. For example early years education is pivotal to good health and wellbeing. Reports by Michael Marmot And their suggestions should be central to this plan.
- Universal credit and the issues it causes plus zero hours contracts and the working poor need more prominence
- The plan should have been co-produced with partners to ensure it makes a real difference
- More community involvement - bring the local charities, groups, agencies in to help - they know their beneficiaries. Their place in the community will help you reach those in need (or potentially in need). Partnerships will work wonders.
- It mentions it but needs more in-depth collaboration between officers/councillors and local providers. Use one or two partnerships in each of the three areas for a year and set a few challenges/targets. Show this can work and then move forward confidently
- I hope this will come to fruition - a concerted local effort is required - there is a lot of work to be done, but much has been achieved already, so please complement this work
- Providing everyone works in partnership effectively and have buy in from partners then yes. Suggest a taskforce set up with key partners to ensure everyone is working towards this and on track with relevant actions for each workstream.
- How will this be taken forward? Will partners be invited to workstream workshops to get the ball rolling with all of this work? Think this is really positive and very keen for our services to be involved.
- In context of other challenges not considered - age discrimination and adapting to climate change
- These have been priorities for 15 years with no significant change

- There needs to be more emphasis on the provision of adequate health care before the construction of more homes. Also all new large housing developments should have mandatory cycle lanes and be carbon neutral, The building on green field land adjacent to the towns does not help on clean air and removes space for people to enough fresh air and walks.
- There needs to be more secondary schools on the Isle of Sheppey and the new one in the West of Sittingbourne to reduce the amount of car/buses moving children across the borough. Where possible every child should be allocated to a school that they can walk to.
- Yes but I wonder if there could be more reflection on the current pandemic? The plan briefly considers that certain health inequalities may lead to greater mortality from COVID-19 but it doesn't appear to consider any emerging evidence on the impact that the pandemic and conditions it creates may be having on individuals e.g. impact on mental health, loneliness, Adverse, Childhood Experiences. The pandemic has also created challenges to delivering services, which have had to be delivered in different ways e.g. Seashells Virtual Children's Centre, Health Visitor prioritisation of face to face contacts, new distribution channels for food banks. How do we encourage positive behaviours and support access to services when people are frightened, struggling mentally or self-isolating while keeping services COVID secure and staff safe? Collaboration and partnership working are also happening differently at the moment. Does this create barriers to contributing towards planning and policy or championing priority areas for example or does it create new opportunities to do things differently?
- Swale residents are so unhealthy. I think they need educating when it comes to healthy eating and exercise. The community chef is something which I believe needs to be rolled out a lot more throughout the Borough. Encourage children to get involved. Teach young parents how to cook. Encourage health food shops/restaurants to be developed in the town. There used to be a Vegan cafe, which was a wonderful community space too. Also during lockdown we have really appreciated Swales green spaces. We would be devastated if developers were to build on this land, especially around Borden. Please save our green spaces!  
Creating and protecting the places and spaces that make it easier for people to be active, is one of the most important ways of helping people to build activity into their everyday life and therefore improve their health and wellbeing.. Sport England have produced guidance called Active Design which helps developers, planners, local authorities ensure their existing and new built development facilitates activity. The contract for the leisure operators needs to include reference to providing affordable activities for those who are inactive.
- The priorities are relevant but Swale has always been the poor relation in medical terms. Seeing the support that Medway residents get with their council I have seen first hand that KCC treat Swale residents in a very poor way. Swale do not appear to have programmes to reach the "hard to reach groups". Youth clubs are needed that link with local groups and communities so that youngsters can see that community is a positive thing
- If these plans are funded and have the physical person power. Those that NEED the support, input etc are the ones that miss out. This is because they are unable to access, be it transport, health etc or even working all hours to make ends meet and unable to commit to 9 til 5hours.

- I think more needs to be understood on how to engage with the people who really need the engagement, support etc.
- If poverty isn't fully acknowledged, then everything else falls short. For example, mentioning Foodbanks isn't enough. If the rate of unemployment rises it could limit the income for Foodbanks. They can also only provide limited foodstuffs as I understand some people using them don't have access to the means to cook. Another way would be for the Council to open a 'shop' where people could buy and pay for healthy food at a much reduced rate as is being done in other areas - research would be needed in how they do this.
- Access to transport is a huge problem for many people, with fewer buses and rises in fares. Access to GPs is also limited as we have so few GPs here. Teenagers need youth leaders and youth clubs. Access to mental health services is very limited, so ways of teaching mental health self-care in schools and colleges is needed.
- Even though provision of health and public health services are outside the remit of the Council, it would be good to see SBC actively supporting groups such as SONIK (Save our NHS in Kent) and other groups fighting against privatisation of the health services - in other words, the Council being seen visibly to champion an NHS that is publicly run and publicly accountable.
- Are strategies planned for transport links, for those without a car and to help avoid people using their car, to work towards a cleaner environment and to ensure access to hospitals, doctors, dentists and other health professionals, as well as parks and leisure centres? Is there scope for small-scale bicycle hire along the lines of those in London where you can pick up a bike on the street in one place and return it to another place?
- There is acknowledgement of loneliness and isolation, so a joined-up strategy to tackle this would be good - perhaps bringing all the local agencies together as a coalition working to destigmatise loneliness and make services better known.
- Should there be greater emphasis on dental health, perhaps a problem that links with obesity?
- Is there scope for community work in supplying allotments, encouraging people to grow their own food, to share home-grown produce and cook together? There could be scope here for teaching about nutrition, healthy eating and cookery skills in a fun and community-centred way.
- The proposed actions will go towards addressing health inequalities, however there are gaps on working with partners and it does not address the issue of a lack of healthcare services across the borough. It is silent on the lack of GPs per population count and this is fundamental to Building Healthier Communities and future housing planning.