

# Minutes

## Overview and Scrutiny Committee

24<sup>th</sup> February 2016



### Present

Councillors	Present	Councillors	Present
C Bailey	Yes (until 9.04pm)	Mrs S Paul	Apologies
K Bowers	Apologies	R Ramage	Apologies
J Goodman	Yes	F Ricci	Yes
P Horner	Yes	B Rose	Yes
D Hufton-Rees	Yes	P Schwier	Apologies
D Mann (Vice-Chairman)	Yes	C Siddall (Chairman)	Yes

Also in attendance was Councillor Hensman.

### 34 **DECLARATIONS OF INTEREST**

**INFORMATION:** There were no interests declared.

### 35 **MINUTES**

**DECISION:** That the Minutes of the meetings of the Overview and Scrutiny Committee held on 27<sup>th</sup> January 2016 be approved as a correct record and signed by the Chairman.

### 36 **PUBLIC QUESTION TIME**

**INFORMATION:** There were no questions asked or statements made.

### 37 **SCRUTINY REVIEW INTO HEALTH IN THE BRAINTREE DISTRICT THIRD EVIDENCE GATHERING SESSION**

**INFORMATION:** This meeting was the third evidence gathering session of the work programme for the Scrutiny Review in to Health in the Braintree District.

The theme of the session was to concentrate on the work of local authorities (both Essex County Council and Braintree District Council) and how they had contributed towards the local health system in terms of alternative diversionary paths to clinical care and promoting improvements in the health & wellbeing of residents.

This session provided Members with a comprehensive overview of the services and the ways Braintree District Council and Essex County Council have an impact on residents' health.

The following invitees had kindly agreed to participate in the scrutiny review and they attended the meeting to present information and to answer Members' questions:-

Dr Mike Gogarty, Director of Public Health, Essex County Council  
Dr Laura Taylor Green, Interim Public Health Specialist, Essex County Council  
Sian Brand, Lead Project Manager, Connect Well, Mid Essex Social Prescribing Project  
Lee Crabb, Head of Environment & Leisure, Braintree District Council  
John Krischock, Health & Wellbeing Programme Manager, Braintree District Council

Members received presentations from the invitees; these can be viewed on the Council's website at

[https://www.braintree.gov.uk/meetings/meeting/830/overview\\_and\\_scrutiny\\_committee](https://www.braintree.gov.uk/meetings/meeting/830/overview_and_scrutiny_committee)

Dr. Mike Gogarty, Director of Public Health, Essex County Council and Dr Laura Taylor Green, Interim Public Health Specialist, Essex County Council made a joint presentation to the Committee on Health Prevention/Promotion – Alternatives to medical intervention.

The following points were made by Dr Gogarty in his presentation to the Committee:

- The key lifestyle issues that impact on health were smoking, diet, physical activity, alcohol, substance misuse, sexual activity and sun exposure.
- Data from the Index of multiple deprivation 2010 for Essex showed that there was a very strong relationship between employment and health, amounting to 80%. There was a 73% relationship between income and health and a 57% relationship between education and health.
- The relationship between reducing crime and improving health was at 41% and the relationship between living environment and health was at 8%. There was virtually no relationship between barriers to housing/services and health, however homelessness would have a huge impact on health.
- The Index of multiple deprivation 2010 for Essex related to population rather than individual cases but there had been a clear indication that education, economy and employment had a stronger relationship with health.
- Braintree had a lower level of educational attainment than expected given the level of affluence. This suggested that in the future, children would not be able to aspire to the same level of relative wealth as their parents. This was a key public health issue that was being faced in the District.
- Another focus was around the unemployed and what could have been done to support them, looking at ways of getting people back in to work and opportunities to work differently with JobCentres to improve individual health and mental health.
- 43% of Employment Support Allowance customers and 23% of Jobseeker's Allowance customers had mental health conditions.
- JobCentre staff had been trained to offer lifestyle and mental health advice and support groups within the JobCentres.
- There had been a significant improvement in health and mental health as a result of people getting back in to work.
- Using the JobCentre differently in the future would be a key way of addressing health promotion needs of the unemployed.
- In working with JobCentre Plus it had only cost £8,000 to train 40 JobCentre Plus coaches across the whole of Essex.
- The reasoning behind mental health patients have a higher mortality rate is due to the restricted access to employment, benefits and accommodation, largely due to chaotic behaviour. ECC had employed mental health case workers to work with

this group to help people in terms of employment, secure housing and better access to benefits.

The following points were made by Dr Taylor Green in her presentation to the Committee:

- Members were advised that with regards to information deficit it was known that people have the knowledge, but health implications are mainly down to the choices that people make.
- It was also known that there were specific target groups. Essex County Council was currently commissioning a tier 2 obesity service across Essex. The tier 2 obesity service would start when a person's Body Mass Index (BMI) was 25, which was on the boarder of being overweight.
- ECC followed universal models and were supported by Public Health England, and in turn ECC support campaigns that Public Heal England run, such as the Change 4 Life and Stay Well this Winter campaigns.
- ECC were now focusing on innovation with a view to change practice and were looking at different ways of developing partnerships.
- ECC had been nominated for two LGA awards looking at making every contact count.
- ECC had developed a mobile App which allowed people access to information to health services that ECC and their partners currently commissioned. There was an associated E-Learning package that was available to partners which looked at a number of issues including stopping smoking and alcohol advice. The App was updated on a regular basis so that the most up to date information was at hand.
- The training packages that were available from ECC were being offered to front line staff and had also been taken up by the voluntary sector and part of social prescribing. It had also been offered to District, Borough and City Council staff which had received a good uptake.
- ECC were currently in discussions with acute partners, such as hospitals, as to whether this would be an appropriate part of their training. It was also being introduced to wider business partners as part of their workplace health.
- The current number of downloads of the mobile App was around 4000.
- ECC have were also promoting the Essex Lifestyle Service which incorporated health trainers and the stop smoking support service, which was due to go live in April 2016. The model had been developed to manage a more integrated hub approach and was flexible, giving indivual support. The service also provided a 6 or 12 month follow up service to monitor how successful people had been.
- Members were informed that around 67% of the adult population in Essex were overweight or obese, having a BMI of 25 or more.
- The Government recommended activity levels of 150 minutes of exercise per week was at 50%.
- The longer term health issues as a result of bad weight management and lack of physical activity included type 2 diabetes, cardiovascular health and mental health issues.
- One in five, four to five year olds in Essex were overweight or obese which increased to one in three children being overweight or obese when they leave primary school.
- ECC ran a Pan-Essex service looking at weight management, this included running a children's obesity service also.
- The children's obesity service commissions services through ACE which ran a programme called CHIMPS for children up to year 6 and the DEAL programme for

secondary school children. They were also able to run group work as well as one to one assistance.

- ECC had also launched the Essex Weighs In campaign which was part of the universal approach to raising awareness around obesity and increasing physical activity. The programme was based on a pledge format where people signed up as an individual or team and could pledge to lose weight or increase activity. This was currently being promoted across Essex.
- The Tuck In project was already being prompted across the Braintree District which looked at fast food and how to provide better options for people who used independent takeaways.
- Dr Taylor Green advised Members that she was currently working with BDC officers on the whole systems approach model to childhood obesity specific to the Braintree District which was currently under development.
- The daily mile was a scheme created by St Ninians primary school which involved students running or walking for one mile every day. The daily mile had done so much to improve the children's fitness, behaviour and concentration in lessons that scores of nursery and primary schools across Britain were following suit and getting pupils to get up from their desks and take 15 minutes to walk or run round the school or local park. As a result of the scheme now all 420 children in the School were fit and able to get the most out of their PE lessons, with not one Year One child being overweight.

Sian Brand, Lead Project Manager, Connect Well, Mid Essex Social Prescribing Project, made a presentation to the Committee on Connect Well – The Social Prescribing project in Mid Essex.

The following points were made by Sian Brand in her presentation to the Committee:

- The context for the living well programme included ageing, increasing population, more people with long term conditions and having more than one, reducing resources across all areas, statutory services and voluntary, unsustainable NHS, whole system approach – including integration of services and the focus on prevention and self-care/self-management.
- Social Prescribing was about linking people up to activities in the community that they might benefit from. It was about connecting people to non-medical sources of emotional and practical support.
- The objectives behind social prescribing were to feel more involved in their community, meet new people and make changes to improve health and wellbeing examples included: luncheon clubs, walking schemes, advice services, condition specific self-help groups and voluntary action.
- The Connect Well scheme was a multi-agency initiative involving both statutory and voluntary sector organisations with over 30 local organisations involved in the co-design & development of the mid Essex model with the intention of connecting mid Essex residents to help with wellbeing support in their local communities.
- The Connect Well scheme used trained Social Prescribers and Social Prescribing Champions throughout the districts in a variety of organisations to lead empowered sign posting to community based help and well-being support.
- It used Connect Well Essex as a web based tool to identify and refer to appropriate help and support and had approved providers to signpost to across the three districts of Braintree, Chelmsford and Maldon – including carers' support, counselling, community transport, financial advice, volunteering opportunities,

health focussed peer support groups, respite opportunities, health walks and leisure services.

- The initial start-up funding was provided from Essex County Council, and went on to receive contributions from partners.
- All outcomes were measured and evaluated.
- Over 210 Social Prescribing Champions had been trained locally across Mid Essex in 21 local organisations and there were at least 200 more local people to train, this included library staff, volunteers and social work teams which were new for this year.
- There would also be a volunteer model of the Social Prescribing champion which would be developed this year (2016) which would include training in behaviour change (Making Every Contact Count) as well as the new Connect Well website.
- Some of the Braintree District partners included Braintree District Council staff teams, Braintree District Voluntary Support Agency, Douglas Grove GP Practice, Fusion Leisure, Greenfields Community Housing, Braintree, Halstead & Witham Citizens Advice Bureau and PROVIDE, with Mount Chambers GP Practice and Elizabeth Courtauld Practice joining soon.
- The aims of Social Prescribing in Mid Essex were to achieve more appropriate use of community, health and social services, enabling residents to be proactive in managing their own health conditions and wellbeing, maximizing the use of community assets and build on the use of volunteers and existing voluntary services to enable people to access to the right support, be accessible to as many people as possible within the community, promotes local culture change and supports the aims of the success regime.
- The formal public launch of the Connect well scheme took place in February 2016.
- Members were advised that this was an evolving model, which would be built on and continuously improved.

Lee Crabb, Head of Environment & Leisure, Braintree District Council, made a presentation to the Committee on the District Council's role in health.

The following points were made by Lee Crabb his presentation to the Committee:

- Braintree District Council had a long and proud history of providing public health services and supporting positive health outcomes for communities.
- The District Councils' contribution to health outcomes included homelessness prevention, affordable housing, home adaptations, provision of leisure services, provision of public open space, environmental health function and resilience and emergency planning.
- Some of the common environmental health functions of the Council included Private sector housing: homes of multiple occupation licensing and control, overcrowding poor housing conditions, managing local air quality, investigating noise nuisance complaints, food safety inspections and investigating food-borne illnesses, ensuring the quality of private water supplies and identifying and preventing harmful effects from contaminated land.
- Alongside the fundamental contributions made by front line services other Council services have an important enabling role for Public Health.
- The impact of planning and new developments had a significant impact on residents' physical, social and mental health. Through taking into account factors such as open space, air quality, cycle ways and footpaths, planning plays a crucial enabling role in local health outcomes.



- There was a strong relationship between good local economy and positive health outcomes. District Councils' had a key role as drivers of growth and this was central to healthy local communities.
- The wider roles played by District Councils in facilitating social support networks and community centered approaches had a positive effect on the health and wellbeing of local communities.
- The Kings Fund report read that "*District councils are the 'sleeping giants of public health' and should be seen as such by the NHS and other tiers of local government, according to a new report from The Kings Fund*".
- Research had shown that there was a strong relationship between poor housing and health. People living in the poorest 15% of the housing stock had the biggest impact on local health systems costing the NHS an estimated £1.4 billion.
- 660,000 households in England live in overcrowded conditions. Every £1 spent dealing with overcrowding in 100,000 homes could save the NHS £6.71million over 10 years.
- 60% of those in fuel poverty were living in inefficient houses. Raising thermal efficiency by 3% would lift 84% of people out of fuel poverty. Cold homes cost the NHS £1.36 billion per year.
- 45% of accidents occur in the home. A Hip fracture costs the NHS £16,000 per patient. Every £1 spent adapting 100,000 homes could save the NHS £69.7m over the next 10 years.
- Poor Air quality costs the NHS over £20,000,000,000, this causes a reduction in life expectancy of up to 6 – 8 months, which had a greater impact than passive smoking and car accidents put together.
- Since the smoking ban came in to enforcement there had been a 25% reduction of non-smokers contracting lung cancer.
- 20,000 people are hospitalised every year as a result of food borne diseases as well as 500 deaths, this costs the NHS an estimated £1,500,000,000 per year.
- It had been estimated that stress and violence caused by excessive noise costs the NHS over £2,000,000,000 per year.
- For every £1 spent on public open spaces by the Council, society benefits on average £30.30 in health care provision as residents who use green spaces tend to be healthier and fitter. Society also benefits £23.30, per £1 spent by the Council, towards the cost of crime and anti-social behaviour, as green spaces offering activities and bringing residents together.
- 7 in 10 adults in the Braintree District were either overweight or obese. The estimated cost of a population being overweight or obese cost the NHS £27 billion per year.

John Krischock, Health & Wellbeing Programme Manager, Braintree District Council made a presentation to the Committee on Health and Wellbeing.

- Since 1834, Local Government had been improving the health of its residents. The focus then was on the provision of basic medical care for the poor and the eradication of disease by improving sanitation and living conditions.
- The traditional health improvement role of the Council had evolved from the traditional functions delivered by environmental health, to that what now looks at how the Council can assist in improving the health and wellbeing of all its residents without exception.
- Public Health and Wellbeing responsibilities had moved from the NHS to local Government in April 2013. In Essex the transfer of responsibility was made to Essex County Council Public Health. Braintree District Council wanted a more local

emphasis on health and wellbeing so set up the "Braintree District Health and Wellbeing Panel", and other related work streams.

- A Health and Wellbeing Programme Manager role was created to develop and to lead on and manage all aspects of the external and internal Health & Wellbeing Action Plans and associated projects. Taking responsibility for delivery of all actions contained in the Environment & Leisure Business Plan.
- The Braintree District Health and Wellbeing Panel was the strategic partnership for the coordination, communication and commissioning of health improvement and wellbeing services for the local population. The Panel highlighted local health needs and priorities and explored opportunities for aligning services and resources more effectively to promote good health.
- Through the Public Health profiles two priorities had been identified which were obesity and hip fractures in the over 65's.
- The Livewell campaign had been developed by the Braintree District Health and Wellbeing Panel in partnership with local organisations to address priorities across the Braintree district. The objective was to work with partners to achieve the visions and aims to improve the health and wellbeing of residents.
- The Livewell wheel was created which denotes five themes identified to deliver the health and wellbeing programme these included, "staywell" - clinical wellbeing, a state of health, "feelwell" - a state of mental wellbeing, "eatwell" - healthy eating, "bewell" –benefits from being physically active and "agewell" – plan now for the future.
- Some of the achievements as a result of the campaign included; health and wellbeing prospectus, agewell guide, livewell website, project funding, livewell campaigns and livewell guide.

In response to questions from Members the following information was provided to the Committee;

- Life expectancy can be related to class as material wealth would have an effect on lifestyle and quality of life.
- People in the UK were living longer, however compared to other countries the UK does not compare so well. The biggest issue in Braintree was educational attainment and Tendring had seen a significant decrease in life expectancy.
- Members of the public without access to a mobile phone or unable to download the app would be given an alternative method of obtaining information and signposting. All staff would be trained to provide information to the public.
- With regards to the small nudge approach, there were a number of bodies looking at the behavioural changes in patients. It was proving to be challenging as the small nudge theory had to be constant to achieve its desired effect.
- The figures for child obesity in the Braintree District were in line with national numbers. It was known that there was a correlation between obesity and income.
- The sustainability for the Connect Well project was in progress, it was important not to make the scheme as expensive as other models around. The volunteer model would not require an employment cost and external funding would be sought for website development and maintenance. All providers were grant funded, and would have a preconceived idea of the outcome of the scheme.
- There would be a data base of information where members of the public would be signposted. The Connect Well champions would be trained and be able to make referrals for complex cases.

- The organisations involved would need to meet a certain criteria. All the current organisations involved were from public and private sector from well established, creditable providers.
- The reduction in funding to the Citizens Advice Bureau would have an impact on their relationship with the Connect Well project. There would always be a risk with the voluntary sector.
- The Council were looking at ways of promoting unused green open spaces and how to bring these back in to use. The Council was also looking at ways of getting children in to allotments and teaching them how to grow vegetables.

The Committee thanked each of the invitees for their attendance and expressed their gratitude for the invitees' contribution to the Scrutiny Review.

### 38 **VERBAL UPDATE ON THE WORK OF THE TASK AND FINISH GROUPS**

**INFORMATION:** Members were advised that the work of the Task and Finish Group Review in to Buses and Community Transport had held its third meeting on 23<sup>rd</sup> February 2016 where Members were joined by Matt Carter, Mid Essex CCG, Nadia Kelsey, Contract and Commissioner Support Team CCG, and Kerri de Longe, ERS Medical . Members were advised that the group was well on track and expected to hold its next meeting on 12<sup>th</sup> April 2016, where it was hoped that representative from the Total Transport Group would attend.

A small number of Members from the Task and Finish Group into Apprentices in the Braintree District had met informally with Braintree District Council Apprentices on 18<sup>th</sup> February 2016. The Group had held its third meeting on 23<sup>rd</sup> February 2016, where Members who had met with apprentices fed back to the rest of the Group and discussed their next steps. The Group were planning to meet informally with local businesses before its next meeting of the Task and Finish Group was scheduled for the end of March.

### 39 **DECISION PLANNER**

**DECISION:** That the Decision Planner for the period 1st March 2016 to 30th June 2016 be noted.

The meeting commenced at 7.15pm and closed at 9.38pm.

Councillor C Siddall  
(Chairman)