

**CABINET OVERVIEW WORKING GROUP**  
**Thursday, 12 April 2018 at 7.30 pm**  
**Council Chamber - Civic Centre**

**AGENDA**

1. Apologies for Absence  
To receive any apologies for absence from Councillors.
2. Declarations of Interest  
To receive Councillors' declarations of interest (if any) in relation to any matters on the agenda.
3. Minutes (Pages 2 - 3)  
To approve the minutes of the meeting held on 11 January 2018.
4. Matters arising  
Any matters arising from the minutes of the previous meeting.
5. Health and Wellbeing Strategy - Final Report (Pages 4 - 32)
6. Regeneration Strategy - Update Report (Pages 33 - 35)
7. Work Plan (Page 36)  
To review the Overview Working Group's work plan for the current year.
8. Matters of Urgent Business  
Such other business which, in the opinion of the Chair, should be received as a matter of urgency by reason of special circumstances to be specified in the minutes.

**MINUTES OF THE CABINET OVERVIEW WORKING GROUP  
HELD ON**

11 January 2018

7.30 - 8.00 pm

**PRESENT**

**Overview Working Group Members**

Councillor Mark Ingall (Vice-Chair, in the Chair)

Councillor David Carter

Councillor Simon Carter

Councillor Tony Edwards

Councillor Maggie Hulcoop

Councillor Stefan Mullard

Councillor Clive Souter

Councillor John Strachan

**Officers**

Simon Freeman, Head of Finance

Adam Rees, Governance Support Officer

26. **APOLOGIES FOR ABSENCE**

Apologies for absence were received by Councillors Ian Beckett and Mike Garnett.

27. **DECLARATIONS OF INTEREST**

None.

28. **MINUTES**

**RESOLVED** that the minutes of the meeting held on 5 December 2017 be agreed as a correct record.

29. **MATTERS ARISING**

None.

30. **TREASURY STRATEGY MANAGEMENT REVIEW**

The Working Group considered a report on the Treasury Management Strategy (TMS), which set out how the Council's TMS worked and the underpinning principles. The Working Group was also asked to refer any specific issues to the Cabinet for consideration.

The Working Group expressed concerns about the impact of recently published revisions to both the CIPFA code and Government Guidance.

**RESOLVED** that:

- A** The report and the underpinning principles supporting the Council's Treasury Management Strategy were noted.
- B** Identified concerns relating to impact of recently published revisions to both the CIPFA code and Government Guidance were referred to Cabinet for consideration.

31. **WORK PLAN**

**RESOLVED** that the Work Plan was noted.

32. **MATTERS OF URGENT BUSINESS**

Adam Rees, Governance Support Officer, said that at the meeting on 19 October the Working Group agreed to set up an Officer working group to help conduct the review into community engagement. The officer working group has asked that a councillor working group was established as well to help with the review.

**RESOLVED** that Councillors Simon Carter, Tony Edwards, Maggie Hulcoop, John Strachan and Clive Souter would form a community engagement councillor working party.

CHAIR OF THE OVERVIEW  
WORKING GROUP

**REPORT TO:** CABINET OVERVIEW WORKING GROUP

**DATE:** 12 APRIL 2018

**TITLE:** HEALTH AND WELLBEING STRATEGY – FINAL REPORT

**LEAD OFFICER:** JANE GREER, HEAD OF COMMUNITY WELLBEING (01279) 446406

**CONTRIBUTING OFFICERS:** LOURDES MADIGASKERA, PUBLIC HEALTH IMPROVEMENT PRACTITIONER (01279) 446085

MAUREEN PEARMAN, COMMUNITY, LEISURE AND CULTURAL SERVICES MANAGER (01279) 446095

**RECOMMENDED that** the Working Group recommends to Cabinet that:

- A** The Health and Wellbeing Strategy, attached as Appendix A to the report, be approved.

## **BACKGROUND**

1. On 31 January 2017, the Scrutiny Committee referred its review of health and wellbeing in Harlow to the Overview Working Group with a view to developing a Health and Wellbeing Partnership Strategy through the Council's Health and Wellbeing Board. Since then the Overview Working Group has met and agreed the consultation process for the developing the Strategy with wider partners (see Appendix B).
2. The Strategy was then taken to consultation. The consultation was completed and delivered to:
  - a) All of the health and wellbeing subgroups;
    - i) Early Help and Startwell
    - ii) Bewell, Staywell and Workwell
    - iii) Agewell
  - b) The Harlow Youth Council;
  - c) The Public Health Officers Group;
  - d) Heads of Service; and

- e) Widerpartners which included (Essex County Council – Public Health Team, West Essex CCG).
3. A consultation framework was developed and agreed by the Overview Working Group (see Appendix B) in order to conduct a consistent approach to consulting with partners.
4. All comments and recommendations were reviewed and assessed. Where appropriate recommendations were included in the strategy or will be included in the action plans.

## **ISSUES/PROPOSALS**

5. The four strategic priorities were agreed by all of the sub-groups. It was recognised that there are health and wellbeing issues that cut across all age groups for example; loneliness, social isolation, obesity, physical inactivity, sexual health, mental health, healthy relationships, winter pressures and nutrition - these issues have been highlighted in the Strategy. These strategic priorities offer a 'whole life course' approach to promoting health and wellbeing. The life-course approach was commended for offering a holistic approach.
6. From the feedback captured through consultation, the recommendations were reviewed and evaluated to be included in the final Strategy. Due to the wide range of partners involved in the consultation process, recommendations were either included in the Strategy, or will be incorporated as part of the wider delivery plan and associated action plans.
7. Livewell branding has now been adopted and launched across Essex. The consultation process identified that as this is a partnership document the only logo that needed to be included was the Livewell logo.
8. To address the consultation feedback, it was agreed by the Overview Working Sub-Group that an Internal Public Health Officers Group (see Appendix C) would be established in order to assist with the delivery of the Health and Wellbeing Partnership Strategy, with a focus on joining up all of the Council's departments with a Public Health element. This would then assist with addressing the wider determinants of health associated with housing, planning, economic development, licensing and environmental health. The Public Health Officers Group will develop its own action plan detailing what the Council will be delivering on health and wellbeing.
9. The final Health and Wellbeing Partnership Strategy once approved by Cabinet will then be taken to the Harlow Health and Wellbeing Board for endorsement by wider partners. Following this the Strategy will be launched in July 2018 alongside the Livewell branding. This version will also include graphics that could not be completed in time for this meeting.
10. Partners have agreed that this should be a ten year strategy, which is refreshed every two years by the Harlow Health and Wellbeing Board. It was agreed that

the action plans would be updated every year and an annual report would provide an update on how health and wellbeing is progressing and being delivered in Harlow.

11. The Strategy is informed by Public Health England District Profile Data and the Joint Needs Assessment (JSNA) provided by Essex County Council. This health profile for Harlow is designed to help local government and health services understand health inequalities, priority areas and community's needs.

## **IMPLICATIONS**

### **Place (Includes Sustainability)**

None specific.

**Author: Graeme Bloomer, Head of Place**

### **Finance (Includes ICT)**

There are no specific financial implications resulting from the report. Should there be any requirement for any additional funding to implement and/or support any of the initiatives they will either be met from within existing budgets or be subject to the normal annual budget process.

**Author: Simon Freeman, Head of Finance**

### **Housing**

As contained within the report.

**Author: Andrew Murray, Head of Housing**

### **Community Wellbeing (Includes Equalities and Social Inclusion)**

As contained within the report.

**Author: Jane Greer, Head of Community Wellbeing**

### **Governance (Includes HR)**

There are no legal or human resources implications at this time, as the strategy is developed care must be taken to ensure that the Council's duty under the Equality Act 2010 is taken into account.

**Author: Amanda Julian, Legal Services Manager**

## **Appendices**

Appendix A – Final Health and Wellbeing Partnership Strategy 2018-2028

Appendix B – Consultation Framework for the Harlow Health and Wellbeing Strategy and Summary of the key comments and recommendations

Appendix C – Draft Terms of Reference for the Internal Public Health Officer's Group

## **Background Papers**

None.

## **Glossary of terms/abbreviations used**

JNSA – Joint Needs Assessment

SMART – Specific, Measurable, Attainable, Realistic, Timely

# Harlow Health and Wellbeing Partnership Strategy

“Make Harlow Healthy”

2018 – 2028



# Contents

**Foreword**.....

**Context**.....

**Our Vision**.....

**Overview of Health and Wellbeing in Harlow and demand on Services**.....

**Our Strategic Priorities**.....

**How will we do it?**.....

**“live**well** in Harlow”**.....

**How will we Measure Success?** .....

**Appendix 1: Summary of Health and Wellbeing Objectives** .....

**Appendix 2: “5 Ways to Wellbeing”**.....

# Foreword

**Cllr Mark Ingall**  
**Portfolio Holder for Health and Wellbeing**

Picture to go here

Harlow is an enterprising town which prides itself for retaining art, cultural and leisure facilities. In addition, its green spaces are a major part of the unique character of the town and play a key role in making it such a great place to live in, bringing the landscape right into the heart of the community. Despite the tough economic climate, Harlow has remained a competitive location for business and growth and is well equipped and situated to support economic and migrant growth. The announcement that Public Health England's National Science Hub move to Harlow in 2021 is recognition of the fantastic potential of Harlow, and will strengthen Harlow's reputation as a centre for science and bring thousands of high quality jobs to Harlow.

Despite these successes, however, health inequalities, poverty and deprivation exist within our communities. For example, household incomes of residents are just under 10 percent lower than workplace wages on average and there are pockets of deprivation, notably around the centre and south-west of Harlow.

The Harlow Health and Wellbeing Partnership Strategy will help to meet these challenges, through shared vision and ambition. The strategy aligns well with wider health and wellbeing priorities, and creates the opportunity for District and County Council to work alongside the NHS, local communities, third sector and business to create a complementary and comprehensive approach to public health.

Recognising that no single agency can address the range of public health needs alone the Harlow Health and Wellbeing Partnership Board seeks to provide leadership on the health and wellbeing needs for Harlow by making the most out of our collective assets and resources within the town.

The Harlow Health and Wellbeing Partnership Strategy sets out our commitment towards addressing health inequalities and delivering health and wellbeing in Harlow with an emphasis on prevention and early intervention.

By working better together with wider partners, across boundaries and internal council departments such as planning, housing and environmental health, the Harlow Health and Wellbeing Partnership Board is committed to finding local solutions and ensuring that this partnership Strategy is implemented so as to improve the health and wellbeing of all. This is fully supported as evidenced by the council's Corporate Plan. [Link to corporate plan.](#)

## Context

We want Harlow to be a place where:

- Harlow residents have good health and wellbeing whereby all partners and residents have a responsibility in tackling the underlying root causes of poor health and the issues that affect wellbeing
- Children and young people have the best start in life, grow up healthy and happy with skills to reach their full potential
- For all people to lead healthy and active lives whilst equipped with the resilience to cope with life's changes and challenges
- Harlow to be a great place to grow older with people living healthy and independent lives, where older people feel connected, valued, celebrated and supported within their communities
- For all people to have good access to employment opportunities as well as healthy working environments that encourage healthy lifestyles/ health and wellbeing
- For the physical environment and public realm to lend itself to supporting health and wellbeing through good design, access to a range of interesting and stimulating open spaces, active travel (encouraging cycling and walking) and formal recreational opportunities for all age groups
- For all people to eat well, have access to fresh, healthy and locally sourced food (e.g. community gardens) and managing the type and quantity of fast food outlets

In the next ten years we must address the health inequalities that exist in our district in which certain wards are amongst the most deprived in Essex. A collective response will enable us to pool our resources and combat the challenges of declining resources for public services, both within the NHS and education services to face these challenges head on. Working as a collective partnership the Harlow Health and Wellbeing Partnership Board **objectives** are:

1. To provide leadership for health and wellbeing within the district
2. To raise the profile and act as the voice for health and wellbeing
3. To review the priorities for health improvement in the district on an annual basis
4. To bring together key partners to deliver a partnership approach to funding, activity coordination and delivery for all in the community
5. To identify potential funding opportunities which would enable partners to develop joint projects and work streams throughout Harlow

# An overview of Health and Wellbeing in Harlow and the demand on services

## People and Place

- The ageing population is increasing and this is producing a rising health and social care demand
- Several deprived areas with poor health and unemployment
- Very high population density

## Lifestyles

- Areas for improvement are: reducing smoking, drinking and child/adult obesity, plus increasing the levels of physical activity
- Interventions need to reach high risk groups to reduce the number of preventable health conditions
- Increase in number of adults in substance misuse treatment

## Physical and Mental Health

- The incidence of social isolation and poor mental health is on an upwards trajectory across all age groups
- Lifestyles patterns including low levels of physical activity and poor diet are important contributory factors towards the issues of obesity and ill mental health
- A high rate of diabetes compared to the national average
- Higher rate of hospital admissions due to hip fractures
- Increasing number of people with dementia

## Children and Young People

- A very high rate of teenage pregnancy is linked to a range of poor outcomes later in life
- Higher than average Chlamydia testing but also higher percentages testing positive
- Increase in online bullying and unhealthy online relationships
- High levels of child poverty
- High rate of children in care

## Education

- The proportion who achieve a good level of development at age 5 is close to the national average
- Lower than average proportion of secondary school children achieve 5 or more GCSEs at grades A\*-C
- High proportion attend a good or outstanding school
- Lowest persistent secondary absenteeism in Essex
- Far fewer pupils than average aspire to go to university

## Housing

- High proportion of social tenants, with fewer than average number of residents owning their own homes
- Large rise in house prices and rented accommodation
- The ageing population will impact on the availability of health services, social care, housing and care homes

## Employment

- Higher than average number of adults with no qualifications
- Average adult unemployment but higher proportion of young people not in education, employment or training
- Lower level of employment amongst adults
- Higher than average ratio of jobs per population and increasing number of jobs

Health inequalities are avoidable and unfair differences exist in the health statuses between groups of people or communities. While health and social services make a contribution to positive wellbeing, most of the key factors that determine these things known as the “key determinants of health” lay outside the direct influence of health and social care services. Wider issues related to education, employment, housing, economic and environment all impact on our state of being. <sup>1</sup>

## **Insert Wider Determinants of Health diagram**

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<sup>1</sup> Information taken from Public Health England’s District Profile on Harlow and the Joint Strategic Needs Assessment produced by Essex County Council

## Our Vision

*Our vision is that all Harlow residents lead healthy, happy and fulfilling lives. This includes having greater choice, control and responsibility over their Health and Wellbeing. It also means that residents contribute to their communities in order to maximise opportunities to enjoy healthy living, access to opportunities, school readiness, employment, green spaces, economic prosperity and feel socially connected. We want Harlow to be a great place to grow older with people living active and independent lives.*

By working on a large scale to influence and improve the determinants of health, and by addressing existing health inequalities, our aim is for Harlow residents to lead healthy and fulfilling lives through following **four strategic priorities**:

1. **Early Help and Startwell** - **All children and young people have access to early help and have the best start in life**: Children and young people eat well, enjoy good mental health, are emotionally resilient, ready for school, have plenty to do in the areas, feel safe and know what healthy relationships are. We want all of our children, young people and parents to seek support and guidance as well as express themselves in a safe and confident manner.
2. **Bewell, Staywell and Workwell** - **All working age adults know how to be well, stay well and work well**: Working age adults lead healthy and fulfilling lifestyles, enjoy good mental health, lead active lives and eat well. We want all working age adults to have access to opportunities and work in environments that support good health and wellbeing for all.
3. **Agewell** - **All adults who are sixty five and above live safe, healthy, and independent lives for as long as possible**: Senior residents feel valued, celebrated, connected and know how to access services. We want senior residents to have opportunities to engage with the wider community and prepare for end of life care/die well. We also want tackle social isolation and loneliness in order to improve independent living and wellbeing.
4. **Physical Activity and Mental Health** - **All residents' lead active and fulfilling lives that facilitate healthy lifestyles as well as good mental health and wellbeing**: We want all residents to use every opportunity to lead active and fulfilling lives by taking advantage of active travel, befriending services and engaging in arts and leisure services.

Across all four of these strategic priorities, we recognise that there are health and wellbeing issues that cut across all age groups for example; loneliness, social isolation, obesity, physical inactivity, sexual health, mental health, healthy relationships, nutrition and winter pressures. These strategic priorities offer a '**whole life course**' approach to promoting health and wellbeing. A life course approach means that action to reduce health inequalities starts before birth and continues through to old age. This approach will be at the very heart of delivering health interventions, building confidence in the community to seek support, keep people safe and help people to support one another.

## How will we do it?

The Health & Wellbeing Partnership Strategy outlines a clear direction of Harlow's health and wellbeing priorities and aspirations

We will help to develop a **place-based** and **people-focused approach** to delivering health and wellbeing so as to foster and build community capacity and capability. This is central to fostering community responsibility, action and culture change, whereby community-led solutions become the default position in which to deliver health and wellbeing outcomes.

We want individuals and communities to take responsibility for their own health wherever possible and to be supported by a proactive partnership of local stakeholders in which we will work to:

- **Empower Individuals and Promote Self-Care:** We will work to help people to help themselves in order to increase the uptake of healthy lifestyles. We will work to empower individuals to make more positive choices that improve their health and wellbeing through health interventions, promotions and campaigns.
  
- **Work in Partnership(s) and Collaboration:** We will identify and remove barriers, share resources and best practice, work together, up-scale and co-design. This involves our partners such as the 'West Essex Public Health Partnership', the 'West Essex Children and Young People's Board', the 'Local Authorities Public Health Network', Active Essex, the 'Essex Health and Wellbeing Board', the West Essex Clinical Commissioning Group, the Community Voluntary Sector and Public Health England (PHE).
  
- **Tackle Inequalities:** Ensure that needs are understood and interventions are targeted.
  
- **Ensure Equality:** We will give a great regard for equality and the needs of the local population whilst taking into account the diversity that exists within our community.

- **Accessibility:** It is vital that every aspect of the health and wellbeing approach improves accessibility for all and consistently consults with service users throughout projects to tailor and improve on services.
- **Focus on Prevention and Early Intervention:** To prevent the wider causes of ill health and poor lifestyle choices. This will lessen the dependency on frontline services and health-related work.
- **Drive Sustainability:** We will improve our understanding of need and demand so as to work in a more sustainable way.
- **Maximise Local Assets and Assess Local Service Effectiveness:** We will make the most out of our assets, resources and potential funding opportunities.
- **Use Evidence and Assess Population Needs:** Interventions need to be evidence-based to be sure of effectiveness. We will use evidence through the use of public health intelligence, service providers and local residents to assess population needs, address unmet need and demand.
- **Make use of Technology and Increase Communication and Engagement (Information Governance):** We will use the benefit of technology to improve access to information and assist with the delivery of interventions. We will inform people of how they can get involved with activities and events. We will make use of technology in order to ‘**make every contact count**’, through referrals and self-referrals. We will use the “livewell in Harlow” platform and ‘5 Ways to Wellbeing’<sup>2</sup> to help communicate health and wellbeing activities, messages and campaigns.
- **Tackle the wider Determinants of Health:** We will tackle the broader determinants of health through optimising educational attainment, collective infrastructure planning and sustained economic growth.

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<sup>2</sup> See Appendix 2

- **Strengthening our Communities and Social Mobility:** We will work to build capacity, champion peer support. This will help to tackle serious issues such as loneliness and social isolation as well as those living with dementia. It will help to mobilise our communities so that people can help and support each other to enjoy good health and wellbeing.
  
- **'Make Every Contact Count' (MECC):** Encourage day to day interactions that organisations and individuals have with other people. This is used to support them in making positive changes to their physical and mental health and wellbeing.
  
- **Behaviour Change:** Support people to make positive behaviour change. Working with our partners we will support people to adopt positive lifestyle changes and to maintain them.
  
- **Health and Wellbeing Campaigns:** We will make use of public health campaigns such as the '**5 Ways to Wellbeing**' to promote health and wellbeing messages (see Appendix 2).
  
- **Embed Public Health:** Through the work of the **Internal Public Health Officers Group** Harlow Council will look to work more collaboratively with its internal departments such as public health, planning, environmental health, housing, licensing, human resources, economic development, Regeneration, assets and Facilities, Community Leisure and Cultural Services in order to address the wider determinants of health.

## “livewell in Harlow”

All Essex Local Authorities including Harlow Council and our partners have come together to collaborate on the health and wellbeing agenda and work towards achieving better health outcomes for people across Essex. The **livewell** campaign is designed to engage communities, families and individuals with the aim of providing information about all that is on offer in Essex to improve health and wellbeing. “livewell” as a marketing brand and communications platform promotes the following health and wellbeing messages:



**Supporting children and families to get the best start in life.**



**Eating a healthy, balanced diet is crucial for ensuring our bodies receive important nutrients for growth and repair and we maintain a healthy weight, at any stage of life.**



**Being active on a daily basis is not only important for physical wellbeing, but it can greatly benefit mental wellbeing too.**



**How happy or sad we feel is not always detected by others, yet how we feel can greatly influence how well we eat, how active we are and generally how we live our lives. It is therefore just as important to feel well throughout our lives.**



Seeking help and support is not a weakness; it's a sign that you are facing your challenges. There are numerous services available within your area that can help with various topics, such as alcohol support, stop smoking services and weight management sessions for adults and children.

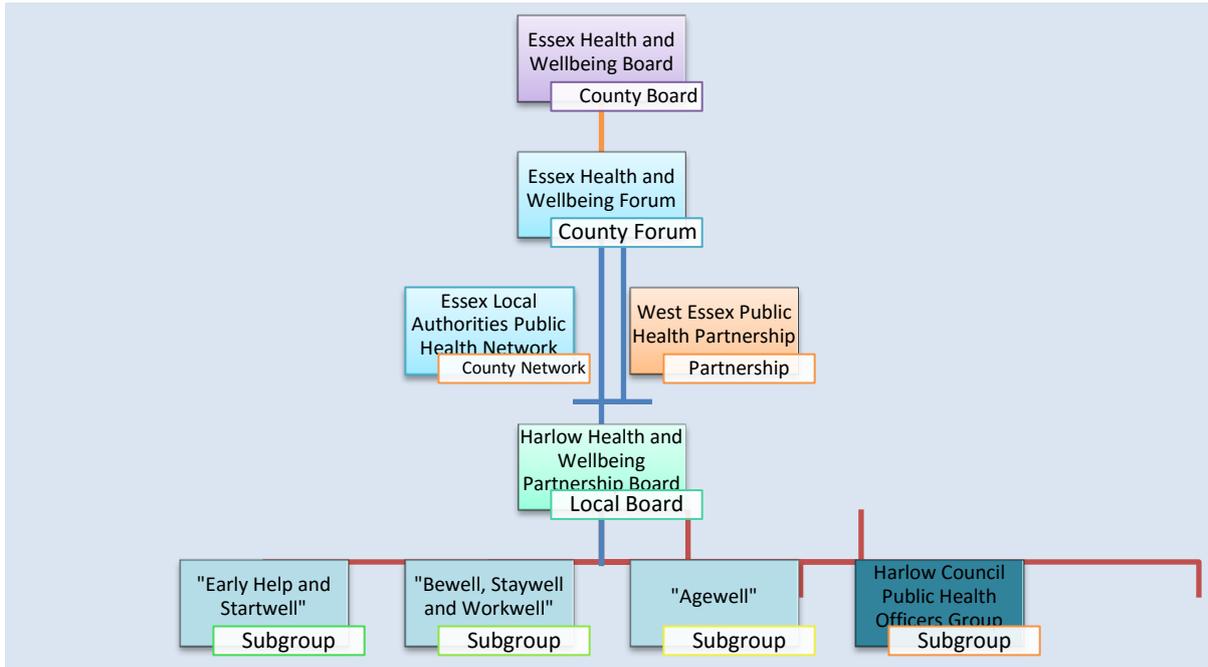


We are all ageing, and we all know people, whether they are relatives or friends, that are older than us. In the UK, there are now more people over the age of 60 than under the age of 18. Therefore, being aware of how to live healthily into old age, and the support that is available is important.

## How will we measure success?

We will deliver a successful partnership strategy by working with the **'whole system'** which means working with all organisations including:

- Essex County Council (ECC)
  - the West Essex Clinical Commissioning Group (CCG)
  - Active Essex
  - Commissioners and Providers
  - Voluntary Sector
  - Our communities including local businesses
  - Across borders such as those in reference to the Sustainability and Transformation Plans (STP).
- 
- Success will be measured by the delivery of the outcomes against each of the actions and priorities stated in this Strategy.
  - Each of the Health and Wellbeing sub-groups as well as the Internal Public Health Officers Groups will deliver against the strategy through associated action plans. The Internal Public Health Officers Group will lead on the council's objectives towards improving health and wellbeing, with a focus on addressing the wider determinants of health.
  - Progress will be regularly reported to the Harlow Health and Wellbeing Partnership Board who will take responsibility for overseeing the delivery and successful implementation of the Strategy through the work of partnerships.
  - We will review on an annual basis the Harlow Health and Wellbeing Delivery Plan.
  - While this is a ten-year strategy it will be refreshed every two years by the Harlow Health and Wellbeing Partnership Board.



The Harlow Health and Wellbeing Partnership Strategy will feed into the Joint Essex Health and Wellbeing Strategy. The Strategy will also influence other key strategic documents linked to housing, regeneration and the local plan for example. Each of the sub-groups will work to associated action plans which will be summarised by a local Health and Wellbeing Delivery Plan. The plans will include measurable targets and key performance indicators in order to monitor outcomes and deliverables.

## Appendix 1: Summary of the Harlow Health and Wellbeing Delivery Plan

We recognise that it is only by working together that we are able to deliver on a number of actions and outcomes related to promoting good Health and Wellbeing. This summarised though the following:

<u>Actions</u>	<u>Outcomes</u>
<p><b>Increase Physical Activity, Active Living, Active Travel and Sport</b></p> <ul style="list-style-type: none"> <li>➤ Increase the number of people taking part in physical activity/active living and sport</li> <li>➤ Promote Active Travel ensuring cycling and walking is a safer more convenient alternative to the car</li> <li>➤ Use technology and innovation to promote activities on offer</li> <li>➤ Deliver targeted approaches to groups which are most likely to be inactive and under-represented in physical activity</li> <li>➤ Ensure physical activity are utilised as effective tools in prevention, early intervention and management of long term conditions/reablement</li> <li>➤ Develop resilience</li> <li>➤ Tackle social isolation and loneliness through the engagement and encouragement of physical activity</li> <li>➤ Ensure that there is an inclusive offer for those with disabilities and limiting conditions</li> </ul>	<ul style="list-style-type: none"> <li>➤ Reduce inactivity levels</li> <li>➤ Reduce inactivity levels amongst target groups</li> <li>➤ Increase in the number of people being active including women and girls – ‘This Girl Can’ champions</li> <li>➤ Support the reduction of air pollution</li> <li>➤ Support the NHS targets to reducing the numbers of serious health conditions as well as targets for more adults and children achieving and maintaining a healthy weight</li> <li>➤ Get more people using open spaces for exercise and health reasons</li> <li>➤ Greater access to information around local activities</li> <li>➤ Increase the number of people being active</li> <li>➤ Improve young people’s attitudes towards physical activity and sport</li> <li>➤ Increase uptake of physical activity amongst children and young people</li> <li>➤ Support the NHS targets of reducing numbers of serious health conditions associated with inactivity in later life</li> <li>➤ More people are socially connected through engaging in physical activity</li> </ul>

<ul style="list-style-type: none"> <li>➤ <b>Promote Mental Health and Wellbeing</b></li> </ul>	<ul style="list-style-type: none"> <li>➤ Increased mental health awareness</li> <li>➤ Greater awareness of support services</li> <li>➤ Increased number of mental health first aiders</li> </ul>
<ul style="list-style-type: none"> <li>➤ <b>Encourage older people to ‘Agewell’ in order to live safe and independent lives as well as to die well</b></li> </ul> <p><b>Support the development and investment in children and young people through Early Help and Startwell</b></p>	<ul style="list-style-type: none"> <li>➤ Increased knowledge of support services available in order to live independently at home</li> <li>➤ Minimise the risk of people becoming prone to slips, trips and falls</li> <li>➤ Increased community support to reduce loneliness and social isolation</li> <li>➤ Increased dementia awareness</li> <li>➤ Reduced winter pressures</li> <li>➤ Increased emotional and mental resilience</li> <li>➤ Greater awareness of childhood obesity and eating well</li> <li>➤ Greater access to affordable activities and things to do in the area</li> <li>➤ Reduce risk taking behaviours</li> <li>➤ Healthier relationships and good sexual health</li> </ul>
<ul style="list-style-type: none"> <li>➤ <b>Support local Economic Growth through the development of skills and employment opportunities for local residents</b></li> </ul>	<ul style="list-style-type: none"> <li>➤ Increased skills and education for the local population</li> <li>➤ Greater employment opportunities for local residents</li> </ul>
<ul style="list-style-type: none"> <li>➤ <b>Provide information and advice on how to “livewell”</b></li> </ul>	<ul style="list-style-type: none"> <li>➤ Increased presence and information of how to ‘livewell in the Harlow District’</li> </ul>
<ul style="list-style-type: none"> <li>➤ <b>Champion Healthy Workplaces by promoting ‘Healthy Lifestyles’ and ‘Behaviour Change’</b></li> </ul>	<ul style="list-style-type: none"> <li>➤ Increased number of work places designed in ways in which to promote an active and healthy lifestyle, including regular physical activity, healthy diet and positive</li> </ul>

<ul style="list-style-type: none"> <li>➤ <b>Develop access to a range of interesting and stimulating Open Spaces and Natural Environments ('green' and 'blue' spaces) providing recreational opportunities for all age groups</b></li>   <li>➤ <b>Promote 'Eatwell' and access to fresh, healthy and locally sourced food (e.g. community gardens, local enterprise) and managing the type and quality of fast-food outlets</b></li> </ul>	<p>mental health including mental health first aid training</p> <ul style="list-style-type: none"> <li>➤ Greater infrastructure that helps to improve health, address wider determinants of health and reduce health inequalities</li> <li>➤ Increased development of lifetime neighbourhoods that accommodate and promote independent living</li> <li>➤ Increased safe, convenient and well designed built environment and interesting spaces and social infrastructure that encourages community participation and social inclusion for all</li> <li>➤ Increase in people using open spaces for health reasons and all types of activity</li> <li>➤ Increase in the use of community assets</li>   <li>➤ Support the obesity agenda</li> <li>➤ Prevent the increase of an unhealthy/obesogenic environment</li> <li>➤ Increase in people eating well</li> </ul>
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## Appendix 2: Help yourself and help others: Public Health's 5 Ways to Wellbeing

5 ways to Wellbeing shares five ways that are proven to keep an individual well.

Wellbeing as well as resilience is fundamental to people's capacity to get the most out of life, for themselves, their families and communities. 'The 5 Ways to Wellbeing' promotes five ways that are proven to keep an individual well, both physically and mentally. Through these 5 ways residents are encouraged to:



1. **Be Active**: you don't have to go to the gym but things like taking a walk, cycling or even gardening can have benefits to your health. We want to help people find an activity that they enjoy and encourage them to make it part of their life going forward.



2. **Take Notice**: is about being be more aware of the present moment, including thoughts and feelings, your body and the world around you. Some people call this awareness "mindfulness". It can positively change the way you feel about life and how you approach challenges.



3. **Keep Learning**: learning new skills can give you a sense of achievement and a new confidence. So why not sign up for that cooking course, start learning to play a musical instrument, or figure out how to fix your bike?



4. **Give**: aims to show that even the smallest act can count. Whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks.



**5. Connect:** This means connecting with people around you, your family, friends, colleagues and neighbours and spend time developing these relationships.

**Inputs (How the Health and Wellbeing Strategy has been informed):**

- Public Health Intelligence and local knowledge:
  - JSNA, PHE District Profile, Marmot Review and State of the Nation (2017)
- Consultation with locality and wider partners (ECC, Harlow HW Board, and Sub-groups, Overview Working Group and Youth Council)
  - Includes: MIND, Rainbow Services, YCT, Age Concern, Harlow DAA, West Essex CCG, West Essex Public Health Partnership, LAPH, CAB, Active Essex...
- Governance:
  - Scoping Report completed
  - Scrutiny Report completed
  - Overview Working Group created
  - Objectives linked in with wider development of the Joint Essex HW Strategy and wider West Essex priorities

What you need to inform the Strategy

**What we wish to achieve from consultation process. The Strategy can't be all things to everybody**

1. Focus on key priorities/ not on all issues

- To understand and focus on key health priorities that is not being covered by other departments, strategies and agendas. To focus on the greatest need and where 'HW' can have the greatest impact.
- To enable the Council to fulfil its role as community leader and enabler

2. Be mindful of realistic internal resources and maximise external resources fully to achieve the key ambitions of the strategy

- This includes officer time, Limited Public Health Grant and Council funding to allocate to priorities.
- To introduce to partners and the public the strategic direction of Health and Wellbeing in Harlow for the next 10 years
- To formalise and communicate our commitment to HW through the Strategy
- To solidify and define the direction of travel and commitment of partnership working through the development of the Strategy
- To develop ways of working together through the identification of clear workable priorities
- Bringing partners together to deliver health improvement
- To define and focus on key areas of need and development
- Support and co-creation of community activities
- Working with community leaders to identify solutions to identified problems.

What we wish to achieve through consultation

**Questions to focus consultation process:**

- Does the Strategy communicate/ capture the priorities of the sub-group(s) and therefore the HW Board?
- Is the Vision clear?
- Is the evidence base sufficient enough?
- Does the strategy say how we will achieve our ambitions?
- Does the Strategy state clearly how success will be measured?
- Is it clear that the Strategy is a partnership document?
- Is the strategy easy to read for both partners and the public and accessible to all?
- Do you think an executive/shorter version of the strategy is needed?
- What can our partners do to help promote the strategy and its launch?
- How will the strategy assist organisations?

Key questions to focus on and that need addressing

**Outcomes:**

**For partners and the community:**

- A simple Strategy that introduces the importance of Health and Wellbeing to the public and lays the foundation to improve health and wellbeing in the future
- A document that symbolises the council and its partners commitment to Health Improvement and Public Health
- Greater collaboration and information sharing
- Increased awareness of Health Promotion
- Increased awareness of the Harlow Health and Wellbeing Board, associated sub groups and the action the Council is taking
- Increased awareness of Public Health and what Health and Wellbeing means
- Increased understanding of health and wellbeing issues that affect our local community
- An increased understanding of self-care and responsibility

**Leading to:**

- 'Make Harlow Healthy' (delivery against our priorities as listed below)

**Leading to (as captured in the priorities of the sub-groups):**

- Reduced Ill Mental Health and physical inactivity – obesity, CVD, Dementia, Diabetes, SI etc...
- Increased 'Early Help and Startlingwell' - healthier lifestyles, eating well, emotional resilience, parental support, confidence and healthy relationships
- Increased 'Agewell' – Socially connected, safe, healthy and independent lives and eating well
- 'Bewell, Staywell and Workwell' - Increased understanding and implementation of working well initiatives, healthy lifestyles, and access to opportunities

**For the system:**

- A joined up approach with the wider system (ECC, PH, CCG, CVS etc)
- Increased understanding of the issues facing communities through local and wider intelligence
- Better partnership working and greater

Outcomes for the Strategy

**Impacts:**

- Empowered communities who better support themselves and engage with public service organisations
- Community and Partnership involvement in the development of Health and Wellbeing in Harlow. This will help to engage in co-production in the future and go onto develop additional initiatives to tackle health issues in our communities
- More efficient and effective use of public resources across the system and communities who rely less on public services (i.e. demand on public services is reduced).
- Cross departmental Focus enabling the Council to work effectively across departments.

Long term changes as a result of the benefits



## Consultation Feedback Summary

- Is strategy underpinned by JSNA? It is and the evidence base has been presented at all levels and stages in developing the Harlow approach to health and wellbeing.
- Harlow Youth Council agreed with priorities and felt that they related to the needs of children and young people. Mental Health was recognised to be a key priority especially as it is a key priority for the Youth Council themselves.
- Graph to illustrate how the Harlow Health and Wellbeing Partnership Strategy feeds into the wider system/ systems approach/landscape
- Important to refer to the Strategy as a Partnership document
- Livewell would be the partnership logo and branding for the document
- Could older people be referred to as seniors?
- Tag line for our strategy? This has now been added
- Replacing 'suffering' with 'living with . . . ' ensuring appropriate language is used
- Performance indicators were discussed and how we will measure success
- Discussion took place around the need or lack of need to include the action plans
- On the whole it was agreed that as this is a highly strategic document the action plans do not need to be included
- There was an emphasis to highlight the 'demand on services' which is why early intervention and prevention are key to promoting health and wellbeing
- Rephrasing of what 'livewell' means
- Strengthening our communities and Social mobility to be included in the strategy. This has now been included and is a theme throughout the strategy i.e addressing health inequalities, the wider determinants of health and creating opportunities.
- Background to be changed to 'Context'
- The local Public Health Officers Group will feed into the document and work moving forward – need to make reference to the group in the Strategy
- 'No increase in slips, trips and falls' discussion took place around changing the wording to 'minimise the risk of...'
- Page numbering needs attention
- On the whole the vision was felt to be clear.
- Education – Low percentage of children who are ready for school. CH shared how Harlow has improved since 2013 and now meets the national average. This has now been taken out of the strategy as national evidence is conflicting with local intelligence

- The group felt there should be a line advising that each sub-group has a set of priorities and an action plan.
- Asked if there is an overarching action plan that the sub-groups will feed into. LME advised there will be and there was discussion on whether it could be included in the document as an Appendix.
- Suggested that the first paragraph could be more powerful, stating that partners are working hard to maximise opportunities to work better together.
- To have a clear distinction between the work of 'health and wellbeing' and 'community safety'
- There was a question around figures. It was decided that figures would be updated the age the document and as these would change from year to year it was deemed better to provide an overview
- Ageing population – the language around this was not understood by some
- Be explicit about 'reducing' smoking, 'reducing drinking' etc
- Accessibility to be included as part of 'inclusion' of all peoples
- Large printed copies to be made available for those with sight difficulties

## Appendix C

Harlow Council  
Internal Public Health Officer's Group (PHOG)

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### Terms of Reference

#### Aim

To bring together the work of internal services and departments to increase collaborative working on projects and initiatives with a Public Health element, in order to improve the health and wellbeing of Harlow residents.

#### Objectives

1. To bridge the gap between the work that we are all currently doing that may not necessarily be labelled directly as Public Health
2. To improve the health and wellbeing of Harlow residents in line with the Harlow Health and Wellbeing Strategy
3. To develop and monitor progress of the Internal Public Health Officers Group Action Plan

#### Meetings and Leadership

- This group is a network of internal department Officers who will share their views and make suggestions as to how we can enhance our collective working, share good practise and promote better collaboration within departments and between each other.
- The group will report/share information around collaborative work to the Harlow Health and Wellbeing Board and other groups within their respective departments.
- The group will meet on a quarterly basis for a maximum of two hours.
- Any member of the group may suggest an agenda item, providing they are willing to attend and lead a discussion of that item.
- Further representatives will be identified and invited as and when necessary
- The agenda will be sent out in advance with all relevant documents. No minutes of the group will be recorded; however, an action log will be maintained as an aide-memoire.
- The meeting will be led by the Public Health Improvement Practitioner; however, we expect a shared leadership approach and mutual respect between all members.

#### Membership/Attendance

The core members of this group will include, but is not limited to representation from the following Harlow Council departments:

1. Head of Community Wellbeing (Chair)
2. Community, Leisure and Cultural Services Manger
3. Public Health Practitioner
4. Planning and Building Control Manager
5. Strategy and Economic Development Manager
6. Customer and Media Services Manager
7. Environmental and Licensing Manager
8. Housing Operations Manager
9. Property and Facilities Manager
10. Resources Manager
11. Community Leisure and Cultural Services Project Coordinator (Minute taker) Human

**REPORT TO:** CABINET OVERVIEW WORKING GROUP

**DATE:** 12 APRIL 2018

**TITLE:** REGENERATION STRATEGY – UPDATE REPORT

**LEAD OFFICER:** JANE GREER, HEAD OF COMMUNITY WELLBEING (01279) 446406

**CONTRIBUTING OFFICER:** JULIE HOUSTON, STRATEGY AND ECONOMIC DEVELOPMENT MANAGER (01279) 446445

**RECOMMENDED that:**

- A** Officers procure external consultants to produce the Regeneration Strategy in line with the process outlined.

**BACKGROUND**

1. The first joint meeting has taken place between:
  - a) The Cities and Local Growth Unit: Government’s local growth team – a partnership between the Department for Business, Energy and Industrial Strategy and the Ministry for Housing, Communities and Local Government; and
  - b) Officers from both the Council and the County Council.
2. The meeting considered a joint briefing produced by Officers focused around the themes of economic growth and connectivity, town centre regeneration, employability and skills, and housing renewal. Joint working groups are to be established to progress each theme.
3. This is an important step and emphasises the Government’s commitment to joint work with Harlow following the inclusion of the town in the Industrial Strategy published in November 2018, in which it was stated that the ‘Government will consider agreeing approaches with towns on how the government, local councils, local enterprise partnerships and businesses can work together to deliver growth in that area’.
4. In addition to this, the Harlow and Gilston Garden Town Project is progressing with greater speed following the appointment of the Project Director. A variety of work streams have been initiated which take forward the many different aspects of development of the Harlow and Gilston Garden Town as an integrated urban area supporting housing and economic growth, with excellent transport connectivity and quality of life.

5. On 29 March 2018, Full Council agreed the publication of the Local Plan for Regulation 19 consultation. A Regeneration Strategy will help to reinforce the economic and renewal priorities and policies set out in the Local Plan.

## **ISSUES/PROPOSALS**

6. To ensure that the Council is maximising the potential of these major projects to inform the development of the Regeneration Strategy. It is suggested that external consultancy support is procured to support the additional capacity required and produce the Strategy.
7. A Member/Officer workshop will be held in early summer to discuss:
  - a) The outcomes to date of both the local and central government joint work agenda;
  - b) The emerging output from the Harlow and Gilston Garden Town project; and
  - c) Key Regeneration priorities in the context of the above.
8. An interim report will be brought to the Working Group approximately 6 months from the date of this meeting detailing the outcomes of the above.
9. Additionally there will be a community/stakeholder workshop/conference will be held in the early summer to discuss and consult on the key regeneration priorities for Harlow.
10. The draft Regeneration Strategy will be produced in autumn 2018 for consideration by the Overview Working Group in November 2018.

## **IMPLICATIONS**

### **Place (Includes Sustainability)**

As contained within the report.

**Author: Graeme Bloomer, Head of Place**

### **Finance (Includes ICT)**

Financing for this regeneration work has been set aside in earmarked reserves.

**Author: Simon Freeman, Head of Finance**

### **Housing**

None specific.

**Author: Andrew Murray, Head of Housing**

### **Community Wellbeing (Includes Equalities and Social Inclusion)**

As contained within the report.

**Author: Jane Greer, Head of Community Wellbeing**

**Governance (Includes HR)**

When looking to award the Contract the Council's Contract Standing Orders, the Procurement Regulations and the Best Value for Money duty will be followed when looking to appoint external consultants.

Legal and procurement advice and assistance will need to be sought to mitigate risks to the Council of non-compliance with the tendering process.

Any contract entered into will need to comply with the Council's obligations under current legislation.

**Author: Amanda Julian, Legal Services Manager**

**Appendices**

None.

**Background Papers**

None.

**Glossary of terms/abbreviations used**

None.

**Cabinet Overview Working Group Work Plan 2017/18**

Title	Meeting dates 2017/18				
	Thursday 10 August 2017	Thursday 19 October 2017	Tuesday 5 December 2017	Thursday 11 January 2018	Thursday 12 April 2018
Non Housing Asset Management Strategy			Interim report		
Community Engagement Strategy		Scoping Report			
Health and Wellbeing Strategy	Scoping Report		Interim Report		Final Report
36 Regeneration Strategy	Scoping Report		Interim Report		Update Report
Local Council Tax Support Scheme		Report			
Treasury Management Strategy				Strategy Review	

Agenda Item 7