

Bath & North East Somerset Council

MEETING:	Health and Wellbeing Board (Shadow)
MEETING DATE:	7 November 2012
TITLE:	Healthy and sustainable places and communities
AN OPEN PUBLIC ITEM	
List of attachments to this report:	
None	

1 THE ISSUE

1.1 A brief information report to supplement the presentation on Healthy and sustainable places and communities.

2 RECOMMENDATION

2.1 This is an information report to supplement the presentation on Healthy and sustainable places and communities.

3 FINANCIAL IMPLICATIONS

3.1 There are no financial implications associated with this report.

4 THE REPORT

4.1 Why healthy and sustainable places and communities?

A sustainable approach to health and social care will consider environmental issues alongside social and economic because it can help:

- Reduce health inequalities
- Protect those in vulnerable circumstances
- Improve the resilience of individuals, communities and services
- Save money and increase efficiency
- Meet CCG / Council environmental requirements (Public Services Act 2012).

The NHS has been aware of the need to reduce energy consumption in NHS estates, through the supply chain and in transport. The NHS accounts for 25% of the carbon emissions of the UK public sector, so this focus is important. But there is now a growing body of literature demonstrating the co-benefits to health, wellbeing and the environment across a range of activities, for example:

- Action to improve household energy efficiency can help to reduce fuel poverty and reduce the health impact of that, which currently costs the NHS in B&NES £3.8 million a year;
- Meeting targets to reduce greenhouse gases from transport will require more active travel - walking and cycling - and less motor vehicle use, bringing health benefits from reduced cardiovascular disease, depression and diabetes;
- Increasing local food growing and access to local, fresh and seasonal food across the social gradient reduces carbon emissions from intensive farming, processing and distribution, whilst increasing access to healthier food;
- Improving access to good quality green space across the social gradient increases opportunities for outdoor play and exercise, brings positive mental health impact and improves local air quality and sustainable urban drainage/flood alleviation, which is becoming increasingly important as climate change brings increase in extreme rainfall.

The Marmot Review recognises that climate change is one of the biggest public health threats of the century with the potential to increase health inequalities. It recommends prioritising policies and interventions and making spending decisions that BOTH reduce health inequalities and mitigate climate change.

4.2 What does the B&NES JSNA say?

- Air quality

- *Areas in Bath and Keynsham have higher nitrogen dioxide levels than government objectives. Exposure can irritate lungs, inflame airways and increase the risk of acute respiratory illness. The effects on life expectancy are bigger than smoking and car accidents.*
- *The prevalence of asthma in B&NES (6.2%) for 2010/11 is higher than the England average (5.9%)*

- Climate change & energy

- *60,000 households have insufficient insulation in B&NES. There is emerging evidence that significant cost savings can be realised in the health service by making homes more energy efficient. In B&NES, it is estimated that the health impacts of cold homes are costing the local NHS £3.8 million a year.*
- *17% of households experience fuel poverty in B&NES. As fuel prices rise there is an increased risk of fuel poverty and associated poor health outcomes. Energy prices are predicted to rise between 30-40% by 2020.*

- *Climate change is already happening and will continue to do so, increasing the risk to health from more extreme weather events (heat stress, drought, cold snaps, storm and flood) and changes to disease vectors (eg malaria moving north) and impact on food, water and energy supply.*
- *The Council's work on climate change impacts highlights the increased vulnerability of the poorest and most vulnerable residents, those in energy inefficient homes or in rural areas relying the most expensive oil-fuelled heating and those living in flood zones and steep slopes.*

- **Natural and built environment**

- *Access to the natural environment can have positive effects on mental health and physical activity. Bath has been awarded a 'purple flag' for good city centre environmental management.*
- *There is evidence (Marmot) that access to green space within one kilometre of home reduces disease prevalence. It states: 'Health inequalities related to income deprivation in all-cause mortality and mortality from circulatory diseases were lower in populations living in the greenest areas.'*
- *The natural environment holds the key to a number of solutions to environmental and health issues for example through the development of local renewable energy schemes and local food production.*

4.3 How can the Health and Wellbeing Board and the Environmental Sustainability Partnership (ESP) work together to add value to this shared agenda?

The HWB can help promote a sustainable approach to health and social care by encouraging commissioners and providers to take an integrated approach to sustainability, as well as influencing other public services and service areas to take action, for example:

- Wiltshire Mental Health Partnership NHS Trust with support from Bristol Council set up Go Low, a programme to reduce the amount of petrol used by community health teams. They have purchased low-emission cars and electric bikes and encouraged team members to use them.

The programme helps improve air quality and therefore health by reducing the number of 'petro-miles' that staff do.

- *The Councils housing team has worked with the PCT and included information on how to access grants for home insulation with the flu jab letter. This almost doubled the uptake of insulation measures by elderly and vulnerable households.*

On behalf of the ESP, the Council is leading an emerging Community Delivery Partnership to deliver the Green Deal (new financing mechanism for energy efficiency) in B&NES in order to support the fuel poor and more vulnerable households, as well as maximise carbon reduction. We will be looking for more ways, like the flu jab example,

to work with partners across the public and community sectors to increase uptake. GP surgeries could have a big role to play in promoting the Green Deal.

The ESP has work-streams across a range of issues that link with the Health and Wellbeing agenda, from energy efficiency and carbon reduction in operational buildings, through to community engagement projects on domestic energy efficiency, sustainable energy and transport, community renewable energy development and an emerging strand of work led by the Public Health team on food.

5 RISK MANAGEMENT

5.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

6 EQUALITIES

6.1) *An EqIA has not been completed for the following reasons: this is an information report that aims to supplement a presentation and Board discussion.*

7 CONSULTATION

7.1 **Select from:** *Ward Councillor; Cabinet Member; Other B&NES Services; Service Users; Local Residents; Community Interest Groups; Other Public Sector Bodies; Section 151 Finance Officer; Chief Executive; Monitoring Officer*

7.2 Say HOW consultation was or will be carried out (mandatory).

8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 **Select from:** *Social Inclusion; Customer Focus; Sustainability; Human Resources; Property; Young People; Human Rights; Corporate; Health & Safety; Impact on Staff; Other Legal Considerations*

9 ADVICE SOUGHT

9.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

Contact person	<i>Jane Wildblood and Helen Edelstyn x 01225 477951</i>
Background papers	<i>List here any background papers not included with this report because they are already in the public domain</i>
Please contact the report author if you need to access this report in an alternative format	