



**F. McArdle**  
**Chief Executive**

Civic Offices, Civic Way,  
Swadlincote, Derbyshire DE11 0AH

[www.south-derbys.gov.uk](http://www.south-derbys.gov.uk)

**Please ask for: Democratic Services**  
Phone: (01283) 595722 / 595848  
Minicom: (01283) 595849  
DX 23912 Swadlincote  
Email :  
[democraticservices@south-derbys.gov.uk](mailto:democraticservices@south-derbys.gov.uk)

Date: 28 January 2015

Dear Councillor,

**Housing and Community Services Committee**

A Meeting of the **Housing and Community Services Committee** will be held in the **Council Chamber**, on **Thursday, 05 February 2015 at 18:00**. You are requested to attend.

Yours faithfully,

Chief Executive

To:- **Conservative Group**  
Councillor Hewlett (Chairman), Councillor Smith (Vice-Chairman) and Councillors Ford, Harrison, Mrs. Hood, Lemmon and Murray.

**Labour Group**  
Councillors Dunn, Frost, Mulgrew, Rhind, Richards and Shepherd.



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investor in excellence  
Housing Services



## **AGENDA**

### **Open to Public and Press**

- 1 Apologies and to note any substitutes appointed for the Meeting.
- 2 To receive the Open Minutes of the Meeting held on 27.11.2014.  
  
Open Minutes **4 - 7**
- 3 To note any declarations of interest arising from any items on the Agenda.
- 4 To receive any questions by members of the public pursuant to Council Procedure Rule No.10.
- 5 To receive any questions by Members of the Council pursuant to Council procedure Rule No. 11.
- 6 Reports of Overview and Scrutiny Committee
- 7 PRESENTATION OF ICON ATHLETES - SOUTH DERBYSHIRE  
TALENTED ATHLETES(Verbal presentation)
- 8 HOUSING REVENUE ACCOUNT BUDGET 2015/16 AND PROPOSED RENT INCREASE **8 - 17**
- 9 HEALTHY COMMUNITIES NETWORK - PROPOSAL TO BECOME AFFILIATED DERBYSHIRE MEMBERS **18 - 38**
- 10 WORK PROGRAMME **39 - 42**

### **Exclusion of the Public and Press:**

The Chairman may therefore move:-

That in accordance with Section 100 (A) of the Local Government Act 1972 the press and public be excluded from the remainder of the Meeting as it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that there would be disclosed exempt information as defined in the paragraph of Part I of the Schedule 12A of the Act indicated in the header to each report on the Agenda.

- 11 To receive any Exempt questions by Members of the Council pursuant to

Council procedure Rule No. 11.

- 12 To receive the Exempt Minutes of the Meeting held on 27.11.2014.  
Exempt Minutes
- 13 STAR SURVEY 2015



HOUSING AND COMMUNITY SERVICES COMMITTEE

27<sup>th</sup> NOVEMBER 2014

**PRESENT:-**

**Conservative Group**

Councillors Hewlett (Chairman), Smith (Vice Chairman) and Councillors Ford, Harrison, Murray

**Labour Group**

Councillors Frost, Mulgrew, Rhind, Richards, Shepherd

**In attendance**

Councillor Atkin

HCS/39 **APOLOGIES**

Apologies for absence were received from Councillor Lemmon substituted by Councillor Wheeler. Councillor Mrs. Hood substituted by Councillor Mrs. Plenderleith

HCS/40 **Minutes**

The Committee considered the open minutes of the meeting held on 9<sup>th</sup> October 2014.

**RESOLVED:-**

**To approve as a true record the open minutes of the meeting held on 9<sup>th</sup> October.**

HCS/41 **Declarations of Interest**

The Committee was informed that no Declarations of Interest had been received.

HCS/42 **Questions raised by members of the public pursuant to Council Procedure Rule No 10**

The Committee was informed that no questions from members of the Council had been received.

HCS/43 **Questions raised by members of the public pursuant to Council Procedure Rule No 11**

The Committee was informed that no questions from members of the public had been received.

HCS/44 **Reports of Overview and Scrutiny Committee**

There were no Overview and Scrutiny Reports to be submitted..

HCS/45 **Housing Revenue Account Business Plan**

A question was raised in relation to the report to the number of people on the housing waiting list.

Bob Ledger explained that in the summer of 2014 the Council wrote to all then registered and the 1,000 families replied represent the genuine need for housing.

Also raised was what if the Council went to Phase 3 on a New Build programme how much it would approximately cost for a 50 house development.

Bob Ledger replied stating that the plan allows for £107-108k as an average including land but a 50 unit development should be able to achieve better economy of scale.

On the Overseal and Coton Park developments the costs are down to £95k to £100k per unit. The fees for Planning and Architect fees are approx. 8-10%.

**RESOLVED:-**

**Members approve, and recommend approval to the Finance and Management Committee of, the updated and refreshed Housing Revenue Account (HRA) Business Plan attached at appendix 1.**

HCS/46 **Corporate Plan 2009-15: Performance Management Report (1<sup>st</sup> July – 30 September 2014)**

Bob Ledger raised awareness of 4 indicators not on target

**3.3 SP 03:-** This was due to a scheduling issue and the marketing strategy should be launched before end of the financial year.

**LP 04:-** The Green Flag status at Maurice Park was not retained. Several things were highlighted by Inspectors which would need work for us to be able to achieve Green Flag status next year. These were, the need for a Friends of Park Group, Tired Equipment and maintenance issues. There is a working group looking into these and ways to improve the park.

**LM 05:-** The Dance in the Forest event was a success but numbers down. Dance workshop provider had withdrawn classes.

**SM 10:-** The target is expected to be hit for the year.

Councillor Atkin raised a point in relation to the tables on pages 79 & 83 LM 05 & SM16 that they were red – failed, but were presented in the colour green.

Bob Ledger apologised and said that this was an error and they should be red.

**RESOLVED:-**

**That progress against performance targets is considered and approved.**

HCS/47 **Work Programme**

Members of the Committee received a report from the Director of Community & Planning Services and Director of Housing & Environmental Services setting out the updated work programme.

**RESOLVED:-**

**That the Committee considers and approves the updated work programme.**

**LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE LOCAL GOVERNMENT ACT (ACCESS TO INFORMATION) ACT 1985**

**RESOLVED:-**

HCS/48 ***That, in accordance with Section 100(A)(4) of the Local Government Act 1972 (as amended), the press and public be excluded from the remainder of the Meeting as it would be likely, in view of the nature of the business to be transacted or the nature of the proceedings, that there would be disclosed exempt information as defined in the paragraphs of Part 1 of the Schedule 12A of the Act indicated in brackets after each item.***

**Exempt Items**

HCS/49 **Any Exempt questions received by Members of the Council pursuant to Council procedure Rule No 11.**

The Committee was informed that no exempt questions from elected members had been received.

HCS/50 **Exempt Minutes**

The Committee considered the exempt minutes of the meeting held on the 9<sup>th</sup> October.

**RESOLVED:-**

**To approve as a true record the exempt minutes of the meeting held on the 9<sup>th</sup> October 2014.**

Cllr Hewlett

CHAIRMAN

The meeting terminated at 6.35p.m.

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|                                |  |   |
|--------------------------------|--|---|
| <b>REPORT TO:</b>              | <b>HOUSING AND COMMUNITY SERVICES COMMITTEE</b>  | <b>AGENDA ITEM: 8</b>   |
| <b>DATE OF MEETING:</b>        | <b>5th FEBRUARY 2015</b>   | <b>CATEGORY: RECOMMENDED</b>  |
| <b>REPORT FROM:</b>            | <b>DIRECTOR OF FINANCE &amp; CORPORATE SERVICES</b>  | <b>OPEN</b>   |
| <b>MEMBERS' CONTACT POINT:</b> | <b>KEVIN STACKHOUSE (01283 595811)</b><br><a href="mailto:Kevin.stackhouse@south-derbys.gov.uk">Kevin.stackhouse@south-derbys.gov.uk</a> | <b>DOC:</b> u/ks/budget round 1516/base budget policy reports/6 HRA/budget report 15 16 |
| <b>SUBJECT:</b>                | <b>HOUSING REVENUE ACCOUNT BUDGET 2015/16 and PROPOSED RENT INCREASE</b>   | <b>REF:</b>   |
| <b>WARD(S) AFFECTED:</b>       | <b>ALL</b>   | <b>TERMS OF REFERENCE: HC 01</b>  |

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## **1.0 Recommendations**

- 1.1 That an average rent increase of 2.2% for tenanted properties is approved for 2015/16.
- 1.2 That the proposed estimates of income and expenditure for 2015/16 for the Housing Revenue Account are considered and referred to the Finance and Management Committee for approval.
- 1.3 That the updated financial projection on the HRA Business Plan as detailed in **Appendix 1** is approved.

## **2.0 Purpose of the Report**

- 2.1 As part of the annual financial planning cycle, the report details the Housing Revenue Account's (HRA) base budget for 2015/16. The report also sets out details of the proposed rent increase for 2015/16 in accordance with the strategy approved in the HRA Business Plan.

## **3.0 Detail**

- 3.1 During 2014, the Business Plan for the HRA was subject to a detailed review and update. This was to consider the resources available for New Build and to update the financial projection following the first 2 years of "self-financing" together with the impact of changes to the national rent setting guidelines, to be implemented in April 2015.
- 3.2 The Business Plan review was [Page 8 of 12](#) by a group consisting of members and tenants, supported by officers. The group reported in November 2014 and



the revised business plan, comprising a 30-year financial projection, was considered and approved by the Committee in December 2014.

- 3.3 This report confirms the base budget resources for 2015/16, with updates where necessary, together with the proposal for a rent increase in 2015/16. This is in accordance with the Policy approved in the updated Business Plan.

### **Formulating the 2015/16 Base Budget**

- 3.4 Many budgets have generally been calculated on an incremental basis, i.e. they are maintained at the same level as the previous year adjusted only for known changes and variations that have been identified through a restructure or efficiency programme. This approach is mainly applied to staffing costs.
- 3.5 However, many other budgets are subject to a base line review which is used to justify proposed spending. This process places greater responsibility on budget holders to justify their spending budgets by specifying their needs in a more constructed manner.
- 3.6 In addition to identifying possible budget savings, it can also identify potential cost pressures.

### **On-going Service Provision**

- 3.7 The budgets are based substantively on a continuation of existing service provision (in respect of staffing levels, frequency, quality of service, etc.).
- 3.8 However, the full year effects of previous years' restructures and efficiencies are included, with any non-recurring items removed as identified in the report.

### **The Position entering the Budget Round**

- 3.9 The Financial Plan, approved in December 2014, was based on updated spending information following the 2013/14 budget out-turn for the HRA, together with changes following the previous review in January 2014.
- 3.10 Various factors are modelled into the Plan with assumptions regarding future interest rates and inflation. In addition, the Plan was based on:
- The approved first phase of the New Build programme starting in 2014/15.
  - Revisions to the staffing structure in Housing implemented in July 2014.
  - Recent increases in right to buy sales.
  - Base inflation for rent increases starting at 1.5% and rising to an average of 2.5% over the planning period.
  - An assumed rent increase of 2.5% in 2015/16

- An increase in interest paid on the variable element of the “self- financing debt.”

3.11 The Plan was fully costed over its 30 year life and showed a sustainable financial position whilst delivering the existing capital investment programme, repaying debt and delivering the 1<sup>st</sup> phase of the New Build Programme.

3.12 This was on the basis that the HRA’s General Reserve would remain at a minimum level of £1m from year to year as set out in the Council’s Financial Strategy.

### **Updated Budget 2015/16**

3.13 Most of the assumptions and variables in the financial plan remain unchanged following the base budget review. There have been 3 main changes and these relate to:

- The proposed rent increase in 2015/16 – reducing from 2.5% to 2.2% (*if approved*) due to a reduction in the base rate of inflation.
- The interest rate forecast on variable rate debt – reduced from 1.5% to 1.1% based on latest interest rates.
- The phasing of New Build – with the main projects currently approved commencing fully in 2015/16. The Business Plan had assumed that the New Build programme would commence in 2014/15. Although sites have been identified and a procurement exercise has been undertaken, actual works are not expected to start on site now until early in 2015/16.

3.14 Compared to the financial plan previously approved, this has increased estimated net expenditure in 2015/16 by £52,000. This has not materially affected the overall financial position in 2015/16.

### **Longer term Plan**

3.15 The financial model is established and is designed so that a £1m minimum balance is maintained on the HRA’s general reserve and that planned resources are set aside for debt repayment. These are the priority financial objectives to ensure that the Business Plan is sustainable.

3.16 Given that these two objectives are met, any increase or decrease in resources are reflected in the planned capital or new build programmes and these are flexed accordingly into the longer term. Effectively, the financial model is based on sustaining the core housing service.

3.17 Unless there is a significant change in resources in any year, this should not affect the short to medium term position. However, the cumulative effects of a change in one year, over 30-years, can affect the longer term aspirations built into the Plan.

3.18 The main focus of the Plan is over the medium term period of between 5 and 10 years. This ensures that any changes do not materially affect plans already in place to deliver the approved capital investment and new build programmes.

3.19 The updated 10 year projection is detailed in **Appendix 1**. A summary of the base budget for the HRA is shown in the following table.

| HRA Base Budgets 2014/15 to 2015/16       | Approved Budget 2014/15<br>£'000 | Proposed Budget 2015/16<br>£'000 | Change<br>£'000 |
|---|----------------------------------|----------------------------------|-----------------|
| <b>INCOME</b>                             |                                  |                                  |                 |
| Rental Income                             | 12,390                           | 12,591                           | 201             |
| Void Losses                               | -81                              | -82                              | -1              |
| Service Charges                           | 140                              | 140                              | 0               |
| Garage and Other Income                   | 103                              | 105                              | 3               |
| Grants & Recharges                        | 284                              | 284                              | 0               |
| <b>Total Income</b>                       | <b>12,835</b>                    | <b>13,038</b>                    | <b>203</b>      |
| <b>EXPENDITURE</b>                        |                                  |                                  |                 |
| General Management                        | 1,573                            | 1,617                            | 44              |
| Supported Housing                         | 839                              | 756                              | -83             |
| Bad Debt Provision                        | 43                               | 44                               | 1               |
| Responsive & Cyclical Repairs             | 3,287                            | 3,395                            | 108             |
| <b>Total Revenue Expenditure</b>          | <b>5,742</b>                     | <b>5,812</b>                     | <b>70</b>       |
| <b>Add : Interest/Capital Adjustments</b> |                                  |                                  |                 |
| Interest Paid                             | 1,599                            | 1,685                            | 86              |
| Cost of Servicing Debt                    | 275                              | 8                                | -267            |
| Interest Received from General Fund       | -13                              | -16                              | -3              |
| Depreciation                              | 2,805                            | 2,853                            | 48              |
| <b>Total Expenditure</b>                  | <b>10,408</b>                    | <b>10,342</b>                    | <b>-66</b>      |
| <b>Net Operating Income</b>               | <b>2,427</b>                     | <b>2,696</b>                     | <b>269</b>      |

3.20 The net operating income is transferred to the Major Repairs Reserve which is the fund used for the main Capital Investment Programme. The provision for depreciation is also transferred to this Fund.

3.21 The increase in rental income (subject to approval) assumes an average rent increase of 2.2% in 2015/16, adjusted for right to buy sales. The increase in responsive and cyclical repairs is in accordance with the main Business Plan and allows for inflation in the building cost index.

3.22 The cost of servicing debt in 2014/15 relates to the early termination payment on a fixed interest loan that was repaid on 2<sup>nd</sup> October 2014. This was reported to the Finance and Management Committee in December 2014. The subsequent savings on future interest payments of £48,000 per year were included in the Business Plan review.

## HRA Reserves

3.23 The HRA has 3 separate reserves as follows:

|   |  |
|---|--|
| <b>Working Balance or General Reserve</b> | Held as a contingency with a minimum balance of £1m.   |
| <b>New Build Reserve</b>                  | Accumulated Capital Receipts pending expenditure on building new properties. The financial model assumes that these are drawn down each year to finance New Build ahead of any further borrowing. Therefore, the carrying balance from year to year remains low. |
| <b>Debt Repayment Reserve</b>             | Sums set-aside to repay the initial “self-financing” debt; contributions to the Reserve start from 2018/19 in accordance with the debt repayment profile.  |

## Key Variables and Assumptions

3.24 The Business Plan details the key variables on which the financial plan is based. These are summarised in the following table.

|                                |  |
|--------------------------------|--|
| <b>Cost inflation</b>          | Based on the latest economic forecast of 2.2% per year.  |
| <b>Annual rent increase</b>    | Inflation (as at September) as measured by the CPI +1% - based on the Government’s national rent guideline.  |
| <b>Void level</b>              | 0.65% - based on historical levels.  |
| <b>Supported Housing Grant</b> | £250,000 per year – cash limited.  |
| <b>Right to Buys</b>           | <ul style="list-style-type: none"> <li>• 2014/15 - 20</li> <li>• 2015/16 - 15</li> <li>• 2016/17 - 15</li> <li>• 2017/18 - 15</li> <li>• 2018/19 - 13</li> <li>• 2019/20 – 13</li> </ul> |
| <b>Capital Receipts</b>        | In accordance with current policy, all HRA retained receipts (after Pooling) are reinvested back into New Build as part of the “1-2-1” agreement with the Government.                    |

|  |  |
|--|--|
| <b>New Build Units</b>                     | <ul style="list-style-type: none"> <li>• 2015/16 – 50 (financed)</li> <li>• 2016/18 – 60 (planned)</li> <li>• Up to 2024 – 130 (subject to resources)</li> </ul> |
| <b>Responsive and Cyclical Maintenance</b> | £950 per property per year, plus £350,000 per year for disabled adaptations.   |
| <b>Capital Improvements</b>                | £27m investment programme over the first 5 years of the Plan and then £36,659 per property over 30 years as identified in the latest stock condition survey.     |
| <b>Interest Rates</b>                      | Predominantly fixed; £10m variable debt at 0.7%, in 2014/15 rising to 1.1% in 2015/16 and to 2% in 2019 at maturity.   |
| <b>Minimum HRA Working Balance</b>         | £1m  |

## Financial Risks

3.25 The Plan remains affordable if the above parameters and associated budgets are met. As planned at the outset of the self-financing framework, the HRA starts to generate surpluses after 2018/19 in order to repay debt.

3.26 The biggest risk is still considered to be future rent rises. The Financial Plan is fundamentally based on the Government's national rent guideline from 2015/16, i.e. inflation +1% year on year. If corresponding income levels are not achieved, this will have an effect on projected spending plans and investment.

## New Build Programme

3.27 A Phase 1 programme has been approved and initial contractors appointed. Land has been identified and assembled and some initial works undertaken. The main projects are expected to commence in 2015/16.

3.28 This phase has a budget of £5.4m and is being financed mainly from resources already in the HRA and accumulated capital receipts. It is planned to provide up to 50 new properties.

3.29 The Plan also allows for the HRA to borrow a further £9m up to its debt cap over the life of the plan. This is designed to maximise the amount of New Build within available resources.

3.30 Although the Plan allows for a further 60 properties by 2018 and then 130 up to 2024, each phase in the future will need to be subject to a separate financial assessment and appropriate approval. The Business Plan Group recommended that alternative delivery models should be considered in the future to achieve the aims set out in the Plan.

## Future Rent Levels

- 3.31 As previously reported, 2014/15 is the last year of rent restructuring and the convergence of all local rents to a level based on a national formula. From 2015/16, the Government's national rent setting policy is based on a guideline increase of inflation (as measured by the rate of CPI as at September) + 1%.
- 3.32 The Business Plan is based on this guideline. Therefore, all individual property rents, whether they have converged or not, will be increased from their actual level in 2014/15 based on this new guideline each year.

## Proposed Rent Increase 2015/16

- 3.33 The Consumer Price Index (CPI) stood at 1.2% in September 2014. After adding on 1%, the proposed increase for 2015/16 is **2.2%**.
- 3.34 Based on this proposal, the average rent level would rise to £80.59 per week in 2015/16 (£79.23 in 2014/15). The average increase is £1.73, with the highest being £2.21 and the lowest £1.27 per week.
- 3.35 The highest rented property in the current housing stock would rise to £102.63 per week, with the lowest at £59.02 per week.
- 3.36 The Council does not have to adhere to the national guideline. However, if a lower increase is set, the impact on the Business Plan would need to be assessed as it could affect its longer term sustainability.
- 3.37 For every ½% reduction, this would reduce resources by approximately £60,000 per year and cumulatively over 10 years, this would equate to £600,000.

## Limit Rents

- 3.38 If higher increase was set, then this would need to be considered against the Limit Rent set for the Council. This is effectively a cap (set by the DWP each year) that the Council's average rent needs to stay below, to avoid a financial penalty through loss of benefit subsidy for rent rebates.
- 3.39 For 2014/15, this limit was set at £79.58, which is just above the Council's average of £79.23. For 2015/16, the Limit Rent has been increased by the national guideline of 2.2%, to £81.33 per week.
- 3.40 The Council could increase its average rent by a further 74p per week (almost 1%) without being penalised. However, at that level, this would leave no leeway if the Council's average increased during the year through changes to overall stock numbers, for example right to buy sales. Changes can affect the average rent per week over a year.

## **Overall Rent Strategy**

3.41 As part of the Business Plan, the following Rent Strategy was approved:

- Let all New Build and acquired properties at Affordable Rent Levels, i.e. 80% of Market Rent (*these rents do not count against the Limit Rent*).
- Let all existing properties at their “old formula rent” if still below this level where they become void and then subsequently relet (*this is a continuation of existing policy*).
- Increase the rent annually of all properties at the national guideline of CPI + 1%.

### **4.0 Financial Implications**

4.1 As detailed in the report

### **5.0 Corporate Implications**

5.1 There are no other legal, HR or other corporate implications apart from that considered in the report.

### **6.0 Community Implications**

6.1 The proposed budgets within the HRA provide the financial resources to enable many of the on-going services and Council priorities associated with council housing to be delivered to its tenants.

### **7.0 Background Papers**

7.1 HRA Business Plan – December 2014:

<http://south-derbys.cmis.uk.com/south-derbys/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1730/Committee/367/Default.aspx>

APPENDIX 1

HOUSING REVENUE ACCOUNT UPDATED FINANCIAL PROJECTION (as at January 2015)

| Year                                    | 2014.15       | 2015.16       | 2016.17       | 2017.18       | 2018.19       | 2019.2        | 2020.21       | 2021.22       | 2022.23       | 2023.24       |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| All figures in £'000                    | 1             | 2             | 3             | 4             | 5             | 6             | 7             | 8             | 9             | 10            |
| <b>INCOME:</b>                          |               |               |               |               |               |               |               |               |               |               |
| Rental Income                           | 12,390        | 12,591        | 13,131        | 13,668        | 14,038        | 14,420        | 14,812        | 15,215        | 15,933        | 16,612        |
| Void Losses                             | -81           | -82           | -85           | -89           | -91           | -94           | -96           | -99           | -104          | -108          |
| Service Charges                         | 140           | 140           | 140           | 140           | 140           | 140           | 144           | 147           | 151           | 155           |
| Non-Dwelling Income                     | 103           | 105           | 108           | 110           | 113           | 116           | 119           | 122           | 125           | 128           |
| Grants & Other Income                   | 284           | 284           | 285           | 285           | 285           | 286           | 287           | 288           | 289           | 289           |
| <b>Total Income</b>                     | <b>12,835</b> | <b>13,038</b> | <b>13,578</b> | <b>14,114</b> | <b>14,485</b> | <b>14,868</b> | <b>15,265</b> | <b>15,673</b> | <b>16,393</b> | <b>17,076</b> |
| <b>EXPENDITURE:</b>                     |               |               |               |               |               |               |               |               |               |               |
| General Management                      | -1,573        | -1,617        | -1,659        | -1,703        | -1,745        | -1,789        | -1,833        | -1,879        | -1,929        | -1,980        |
| Supported Housing                       | -837          | -756          | -775          | -794          | -814          | -834          | -855          | -877          | -898          | -921          |
| Bad Debt Provision                      | -43           | -44           | -46           | -48           | -49           | -50           | -52           | -53           | -56           | -58           |
| Responsive & Cyclical Repairs           | -3,287        | -3,395        | -3,501        | -3,588        | -3,678        | -3,770        | -3,897        | -4,055        | -4,200        | -4,353        |
| <b>Total Revenue Expenditure</b>        | <b>-5,742</b> | <b>-5,812</b> | <b>-5,980</b> | <b>-6,133</b> | <b>-6,286</b> | <b>-6,443</b> | <b>-6,637</b> | <b>-6,864</b> | <b>-7,083</b> | <b>-7,312</b> |
| <b>Interest and Capital Adjustments</b> |               |               |               |               |               |               |               |               |               |               |
| Interest Paid                           | -1,599        | -1,685        | -2,020        | -2,120        | -2,220        | -2,269        | -2,379        | -2,533        | -2,265        | -2,622        |
| Cost of Servicing Debt                  | -275          | -8            | -10           | -8            | -9            | -9            | -10           | -11           | -12           | -13           |
| Interest Received from General Fund     | 13            | 16            | 14            | 26            | 36            | 65            | 125           | 89            | 45            | 45            |
| Depreciation                            | -2,805        | -2,853        | -2,977        | -3,037        | -3,099        | -3,162        | -3,228        | -3,352        | -3,468        | -3,595        |
| <b>Net Operating Income</b>             | <b>2,427</b>  | <b>2,696</b>  | <b>2,604</b>  | <b>2,842</b>  | <b>2,908</b>  | <b>3,049</b>  | <b>3,135</b>  | <b>3,003</b>  | <b>3,611</b>  | <b>3,579</b>  |
| <b>APPROPRIATIONS:</b>                  |               |               |               |               |               |               |               |               |               |               |
| FRS 17 /Other HRA Reserve Adj           | 94            | 1,236         | 0             | 0             | 0             | 0             | 0             | 10,000        | 0             | 10,000        |
| Revenue Contribution to Debt/Capital    | -4,245        | -3,745        | -2,695        | -2,832        | -3,053        | -3,095        | -3,129        | -13,013       | -3,537        | -13,643       |
| <b>Total Appropriations</b>             | <b>-4,151</b> | <b>-2,508</b> | <b>-2,695</b> | <b>-2,832</b> | <b>-3,053</b> | <b>-3,095</b> | <b>-3,129</b> | <b>-3,013</b> | <b>-3,537</b> | <b>-3,643</b> |
| <b>ANNUAL CASHFLOW</b>                  |               |               |               |               |               |               |               |               |               |               |
|   | -1,724        | 188           | -91           | 10            | -145          | -46           | 7             | -10           | 74            | -64           |
| Opening HRA Balance                     | 2,810         | 1,087         | 1,275         | 1,184         | 1,194         | 1,050         | 1,003         | 1,010         | 1,000         | 1,074         |
| <b>Closing HRA Balance</b>              | <b>1,087</b>  | <b>1,275</b>  | <b>1,184</b>  | <b>1,194</b>  | <b>1,050</b>  | <b>1,003</b>  | <b>1,010</b>  | <b>1,000</b>  | <b>1,074</b>  | <b>1,010</b>  |
| New Build Units Planned                 | 0             | 50            | 50            | 10            |               |               |               | 50            | 39            | 45            |
| Variable Interest Rate                  | 0.70%         | 1.10%         | 1.60%         | 1.80%         | 2.00%         | 2.00%         | 2.00%         | 2.00%         | 2.00%         | 2.00%         |



| HRA Base Budgets 2014/15 to 2015/16       | Approved      | Proposed      | Change     |     |
|---|---------------|---------------|------------|-----|
|   | Budget        | Budget        |            |     |
|   | 2014/15       | 2015/16       |            |     |
|   | £'000         | £'000         | £'000      |     |
| <b>INCOME</b>                             |               |               |            |     |
| Rental Income                             | 12,390        | 12,591        | 201        |     |
| Void Losses                               | -81           | -82           | -1         |     |
| Service Charges                           | 140           | 140           | 0          |     |
| Garage and Other Income                   | 103           | 105           | 3          |     |
| Grants & Recharges                        | 284           | 284           | 0          |     |
| <b>Total Income</b>                       | <b>12,835</b> | <b>13,038</b> | <b>203</b> | 203 |
| <b>EXPENDITURE</b>                        |               |               |            |     |
| General Management                        | 1,573         | 1,617         | 44         |     |
| Supported Housing                         | 839           | 756           | -83        |     |
| Bad Debt Provision                        | 43            | 44            | 1          |     |
| Responsive & Cyclical Repairs             | 3,287         | 3,395         | 108        |     |
| <b>Total Revenue Expenditure</b>          | <b>5,742</b>  | <b>5,812</b>  | <b>70</b>  | 70  |
| <b>Add : Interest/Capital Adjustments</b> |               |               |            |     |
| Interest Paid                             | 1,599         | 1,685         | 86         |     |
| Cost of Servicing Debt                    | 275           | 8             | -267       |     |
| Interest Received from General Fund       | -13           | -16           | -3         |     |
| Depreciation                              | 2,805         | 2,853         | 48         |     |
| <b>Total Expenditure</b>                  | <b>10,408</b> | <b>10,342</b> | <b>-66</b> | -66 |
| <b>Net Operating Income</b>               | <b>2,427</b>  | <b>2,696</b>  | <b>269</b> | 269 |
|   | 5,232         | 5,549         |            |     |

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|                                |  |                                   |
|--------------------------------|--|-----------------------------------|
| <b>REPORT TO:</b>              | <b>HOUSING AND COMMUNITY SERVICES COMMITTEE</b>                                      | <b>AGENDA ITEM: 9</b>             |
| <b>DATE OF MEETING:</b>        | <b>5<sup>TH</sup> FEBRUARY 2015</b>  | <b>CATEGORY:</b>                  |
| <b>REPORT FROM:</b>            | <b>DIRECTOR OF COMMUNITY AND PLANNING SERVICES</b>                                   | <b>OPEN</b>                       |
| <b>MEMBERS' CONTACT POINT:</b> | <b>VICKY SMYTH 01283 595776<br/>vicky.smyth@south-derbys.gov.uk</b>                  | <b>DOC:</b>                       |
| <b>SUBJECT:</b>                | <b>HEALTHY COMMUNITIES NETWORK – PROPOSAL TO BECOME AFFILIATED DERBYSHIRE MEMBER</b> | <b>REF:</b>                       |
| <b>WARD(S) AFFECTED:</b>       | <b>ALL</b>   | <b>TERMS OF REFERENCE: HCS 07</b> |

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## **1.0 Recommendations**

1.1 Members approve the adaptation of new 'Healthy Communities' model in South Derbyshire that will affiliate to the Derbyshire wide network.

## **2.0 Purpose of Report**

2.1 To inform members about the World Health Organisations (WHO) Healthy Cities/Communities initiative.

2.2 To approve the development of a South Derbyshire application to become affiliated members of the Derbyshire county-wide network.

## **3.0 Detail**

3.1 The World Health Organisation's (WHO) Healthy Cities' initiative is a global network that engages local authorities and their partners in health development. The programme is well established across the European region with around 100 designated cities. The UK membership currently stands at 26 town or cities. The network is now widening to counties under the umbrella of 'Healthy Communities'. Lancashire and Cumbria are already signed up. Derbyshire County wants to establish itself as the next Healthy Community.

3.2 The networks role is:-

- To enhance learning and build capacity through sharing ideas, experience and best practice.
- To widen participation in the Healthy Cities movement and support members; to develop and test innovative approaches to emerging public health issues.

- To become a strong collective voice for health, wellbeing, equity and sustainable development.

3.3 The Healthier Communities approach links to the Derbyshire Health and Wellbeing Strategy and the South Derbyshire Health and Wellbeing Locality Plan. It will provide an overall framework for making Derbyshire a healthy place to live and work. This will include creating opportunities for healthy activity, encouraging positive mental wellbeing, developing healthy workplaces, supporting sustainable transport and creating resilient communities.

3.4 The approach also provides a framework for local authorities to tackle the wider determinants of health such as education, housing, planning, transport and employment and addressing the needs of vulnerable and disadvantaged groups. The approach recognises that health is the business of all sectors and local authorities are in unique position to take the lead.

3.5 Healthy Cities is currently in Phase VI of its programme. This phase is based on the core themes outlined in the Marmot review, with two strategic goals of:-

- Improving health for all and reducing health inequalities.
- Improving leadership and governance for health.

3.6 The programme has four core themes each with priority issues to be addressed:-

| <b>Life course approach and empowering people</b> | <b>Tackling public health priorities</b> | <b>Strengthening people-centred health system and PH capacity</b> | <b>Creating community resilience and supportive environments</b> |
|---|--|---|--|
| Early life  | Physical activity                        | Health and Social services  | Community resilience   |
| Older people                                      | Nutrition and Obesity                    | Other wider county services                                       | Healthy settings   |
| Vulnerability                                     | Alcohol                                  | Public Health capacity  | Healthy urban planning and design                                |
| Healthy literacy                                  | Tobacco                                  |   | Healthy transport  |
|   | Mental Health and wellbeing              |   | Climate change   |
|   |  |   | Housing and regeneration   |

3.7 Towns and cities involved in the healthy Communities network have found that it facilitates innovative and creative solutions to community issues and supports collaborative initiatives that address wide ranging community health challenges.

3.8 Derbyshire County Council (DCC) Public Health colleagues have approached South Derbyshire District Council (SDDC) to explain the rationale for joining the network and ascertain commitment to participating in developing the model across the county. DCC is aware that they don't have responsibility for delivery of some of the key priority issues e.g housing. Thus, they are keen to work in partnership with the 8 Derbyshire District and Borough Councils to achieve Derbyshire accreditation.

3.9 DCC will submit an overall county application to join the network with District and Borough Councils submitting affiliated applications as individual members – thus individually benefitting from the support available to members. This will include the opportunity to learn from other cities and authorities, share experience and gain mutual support. It will provide a mechanism for a joined up approach to addressing

health inequalities across Derbyshire. Belonging to the network will also offer the opportunity to share innovative practice at a local, national and international level.

3.10 Local delivery in South Derbyshire will be achieved through the work of the South Derbyshire Health and Wellbeing Group and its associated Locality Action Plan.

3.11 The approach also fits well with our existing Healthier South Derbyshire partnership brand.

3.12 It is envisaged that the District application will be submitted by the summer of 2015. It is proposed that this takes the form of an SDDC application on behalf of the wider South Derbyshire Partnership. South Derbyshire partners are essential players in improving health and wellbeing in the District. Inclusion in the application will ensure that mutual gain is achieved by all.

#### **4.0 Financial Implications**

4.1 Cost of Derbyshire accreditation will be in the region of £9,000. This cost will be met by the DCC Public Health budget, therefore there will be no annual subscription costs for this Council.

#### **5.0 Corporate Implications**

5.1 The services cut across many corporate agenda's and these are shown below: -

- Sustainable growth and Opportunity
  - The project supports promotion of The National Forest and opportunities available in it e.g. Walking For Health.
  - Sessions are offered free to ensure good access for all.
  - Sessions will be delivered in different Hub areas around the district.
- Lifestyle Choices
  - The Project promotes increased participation in physical activity and supports the development of a healthier lifestyle.
- Value for Money
  - Development of employees by up skilling the workforce.

#### **6.0 Community Implications**

6.1 The service proposals will have a significant impact on improving the health and wellbeing of South Derbyshire residents.

#### **7.0 Conclusions**

7.1 The Healthier Communities approach links to the Corporate Plan, individual service plans, the Community Strategy and the South Derbyshire Health and Wellbeing Locality Plan. It will provide an overall framework for making Derbyshire a healthier place to live and work.

#### **8.0 Background Papers**

Appendix 1 – Healthy Cities/Communities application form  
Appendix 2 - Phase VI goals and themes overview



**UK Healthy Cities**  
N E T W O R K

**APPLICATION FOR MEMBERSHIP OF THE UK HEALTHY CITIES NETWORK**



## CONTENTS

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## APPENDICES

- APPENDIX 1    MEMORANDUM OF UNDERSTANDING
- APPENDIX 2    TERMS AND CONDITIONS

*Please complete the declaration and questionnaire/supporting statement/ memorandum of understanding / terms and conditions and send electronically to Sandra Brookes at [contactus@healthycities.org.uk](mailto:contactus@healthycities.org.uk).*

## BACKGROUND AND INTRODUCTION

Healthy Cities is a global movement that engages local authorities and their partners in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects. Within Europe, there are around 100 cities that are designated as members of the [World Health Organisation \(WHO\) European Healthy Cities Network](#) (including 14 in the UK) – and in addition, there are approximately 30 national Healthy Cities networks involving more than 1400 local authorities, towns and cities as members. Originally established with funding from the Department of Health for England, the UK Healthy Cities Network is one of 20 networks accredited by the WHO as a member of the Network of European National Healthy Cities Networks. The Network now supported by its members and operates a partial subscription model. It will play an invaluable role in enabling local authorities, towns and cities to access the latest UK and international learning and contribute their learning and experience to the developing pool of knowledge.

The Healthy Cities approach seeks to put health high on the political and social agenda of its members and to build a strong movement for public health at the local level. It strongly emphasizes *equity, participatory governance, solidarity, intersectoral collaboration, sustainable development* and *action to address the social, economic and environmental determinants of health*. Successful implementation of this approach requires innovative action addressing all aspects of health and living conditions, and extensive networking between cities across Europe and beyond. This entails:

- explicit political commitment
- leadership
- institutional change
- intersectoral partnerships.

[Phase VI of the WHO European Healthy Cities Network](#) runs from 2014-2018. Phase VI maintains the previous Phase V focus of *Health and Health Equity in All Local Policies* – based on an appreciation that population health and inequities in health are largely determined by policies and actions beyond the health sector.

Its overarching goals are

- improving health for all and reducing health inequities; and
- improving leadership and participatory governance for health

Both strategic goals reinforce the strong standing commitment of the WHO European Network to addressing equity and the social determinants of health and striving to improve governance for health.

The core themes in Phase VI will be based on a local adaptation of the four priorities for policy action of Health 2020:

- Investing in health through a life course and empowering people;
- Tackling the European Region's major health challenges of infectious and non-communicable diseases;
- Strengthening people-centred systems and public health capacity and emergency preparedness and surveillance; and
- Creating resilient communities and supportive environments.

The four themes are not discrete areas of action but are interdependent and mutually supportive.

[Click to see summary of Phase VI](#)

## VISION AND AIMS

The vision of the [UK Healthy Cities Network](#) is to develop a creative, supportive and motivating network for UK local authorities, towns and cities that are tackling health inequalities and striving to put health improvement and health equity at the core of all local policies. Its aims are to:

- enhance learning and build capacity through sharing ideas, experience and best practice
- widen participation in the Healthy Cities movement and support member towns, cities and local authorities to develop and test innovative approaches to emerging public health issues
- become a strong collective voice for health, wellbeing, equity and sustainable development – informing and influencing local, regional, country and national policy.

## JOINING THE UK HEALTHY CITIES NETWORK

The UK Healthy Cities Network offers members the opportunity to be part of a dynamic and supportive network of local authorities, towns and cities committed to embedding health and health equity in all local policies, to improving the health of their populations and to developing a strong collective voice for public health and sustainable development.

Membership is via an annual subscription and is open to cities, towns and local authorities across the UK. To become a member of the Network, local authorities, towns and cities are required to demonstrate that they meet our membership criteria (see Declaration on p.4).

## BENEFITS OF MEMBERSHIP

Specific benefits of being a member of the UK Healthy Cities Network include:

- quarterly Network meetings
- capacity building workshops, master classes and training events
- sub-groups on Healthy Cities themes and approaches
- regular e-bulletin and news updates
- development of a City specific microsite accessible via the UKHCN website
- dissemination of learning and expertise from WHO, its Collaborating Centres and global leaders in the field
- access to knowledge and experience drawn from local authorities, towns and cities across Europe active in Healthy Cities
- being part of a values-based movement with a strong history of putting the principles of equity, empowerment, partnership and community participation into practice in local urban settings.
- Online discussion forum for City co-ordinators

***N.B. A full list of benefits can be found in the Network Memorandum of Understanding see Appendix 2***



## DECLARATION

(Enter Name of Local Authority) hereby applies for (Enter Name of Town or City) to join the UK National Healthy Cities Network. This declaration confirms that (Enter Name of Town or City) has met the minimum requirements for membership as detailed below.

We hereby confirm that (Enter Name of Town or City) endorses the Healthy Cities approach and the vision and aims of the [UK Healthy Cities Network](#).

(Enter Name of Town or City):

- is a city or town
- has a named lead politician to support work in pursuit of Healthy Cities and has explicit commitment from the Council Leader or elected Mayor endorsing Health 2020 and Phase VI (please provide scanned signed copy and/or copy of Council Resolution)
- has an identified lead with appropriate administrative and technical support for taking forward Healthy Cities work
- has formal local partnership arrangements that demonstrably focus on health and health equity and can steer Healthy Cities work
- has in place a range of strategies and activities to address the overarching goals and core themes of [Phase VI of the WHO European Healthy Cities Network](#), as detailed in the attached supporting statement :

- **improving health for all and reducing health inequities; and**
- **improving leadership and participatory governance for health**

Both strategic goals reinforce the strong standing commitment of the WHO European Network to addressing equity and the social determinants of health and striving to improve governance for health and promote health in all policies. The core themes in Phase VI will be based on a local adaptation of the four priorities for policy action of Health 2020:

- **Investing in health through a life course and empowering people;**
- **Tackling the European Region's major health challenges of infectious and non-communicable diseases;**
- **Strengthening people-centred systems and public health capacity and emergency preparedness and surveillance; and**
- **Creating resilient communities and supportive environments.**

- is committed to attending at least one meeting of the UK National Healthy Cities Network each year and to participating actively in the work of the Network by:
  - sharing information about activities and learning with the wider network
  - participating in and contributing to communications and learning activities (both face to face and virtual)
- will provide an annual update on activities and progress.

Name:

Signature:

Date:

*Political Representative*

Name:

Signature:

Date:

*Healthy Cities Lead*

## QUESTIONNAIRE/SUPPORTING STATEMENT FOR APPLICANTS FOR MEMBERSHIP

|   |  |
|---|--|
| Town/City:  |  |
| Local Authority:  |  |
| Lead Officer for Healthy Cities work:   |  |
| ▪ Name  |  |
| ▪ Position  |  |
| ▪ Tel No  |  |
| ▪ Email Address   |  |
| Lead Politician for Healthy Cities work:  |  |
| ▪ Name  |  |
| ▪ Position  |  |
| ▪ Tel No  |  |
| ▪ Email Address   |  |
| Partnership arrangements - how will Healthy Cities be delivered locally<br><i>(Please provide supporting documents/evidence preferably via hyperlinks):</i><br><br><i>Please outline how these will support your Healthy City Initiative and outline how this will be steered and what governance arrangements are in place. Key prompts:</i> <ul style="list-style-type: none"> <li>▸ <i>Membership of current or planned groups</i></li> <li>▸ <i>Terms of Reference</i></li> <li>▸ <i>Other key documents</i></li> </ul> |  |
| Strategies/activities to address the overarching goals and core themes of Phase VI of the WHO European Healthy Cities initiative<br><br><i>This will provide a situation analysis against Health 2020 – please use the goals and themes to assess the local position</i><br><br><i>(Please provide supporting documents/evidence preferably via hyperlinks.)</i>  |  |
| <ul style="list-style-type: none"> <li>• Tackling Health Inequalities – improving health for all and reducing health inequities</li> </ul> <i>Key Prompts:</i> <ul style="list-style-type: none"> <li>▸ <i>Links to Marmot work</i></li> <li>▸ <i>Local vision and mission / key values/principles</i></li> <li>▸ <i>Links to other work streams, e.g. PHE Centres, Public Health Unit, Core Cities; Health and Well Being</i></li> </ul>   |  |

|  |  |
|--|--|
| <p><i>Board; economic development and investment; key partnerships</i></p> <ul style="list-style-type: none"> <li>▸ <i>Progress with embedding health and health equity in your city's policies – and approach taken</i></li> </ul>  |  |
| <ul style="list-style-type: none"> <li>● Promoting and improving city leadership and participatory governance for health</li> </ul> <p><i>Key Prompts:</i></p> <ul style="list-style-type: none"> <li>▸ <i>Active citizenship and community engagement</i></li> <li>▸ <i>Health and Health equity in all local policies</i></li> <li>▸ <i>Alignment with national policy</i></li> <li>▸ <i>Use of JSNA's and Health Impact Assessments</i></li> <li>▸ <i>Stakeholder engagement</i></li> <li>▸ <i>Partnerships, alliances, joint working and Integration of services</i></li> <li>▸ <i>Local political commitment</i></li> </ul> |  |
| <ul style="list-style-type: none"> <li>● Investing in health through a life course and empowering people;</li> </ul> <p><i>Key Prompts:</i></p> <ul style="list-style-type: none"> <li>▸ <i>Active citizenship and community engagement</i></li> <li>▸ <i>Addressing the social gradient</i></li> <li>▸ <i>Age Friendly programmes and initiatives</i></li> <li>▸ <i>Early years investment and programmes</i></li> <li>▸ <i>Healthy literacy</i></li> <li>▸ <i>Vulnerable groups</i></li> <li>▸ <i>Tackling social exclusion</i></li> </ul>   |  |
| <ul style="list-style-type: none"> <li>● Tackling major health challenges of infectious and non-communicable diseases;</li> </ul> <p><i>Key Prompts:</i></p> <ul style="list-style-type: none"> <li>▸ <i>Joint initiatives in tackling NCD's</i></li> <li>▸ <i>You may wish to outline key activities/initiatives around the following topics</i></li> <li>▸ <i>Physical Activity</i></li> <li>▸ <i>Nutrition and Obesity</i></li> <li>▸ <i>Alcohol</i></li> <li>▸ <i>Tobacco</i></li> <li>▸ <i>Mental health and Wellbeing</i></li> </ul>   |  |

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>▪ Strengthening people-centred systems and public health capacity and emergency preparedness and surveillance;</li> </ul> <p><i>Key Prompts:</i></p> <ul style="list-style-type: none"> <li>▸ <i>Development of localised services</i></li> <li>▸ <i>Integration of Health and Social Care</i></li> <li>▸ <i>Supporting Public Health capacity – integration of Depts.</i></li> <li>▸ <i>Localised training and CPD</i></li> </ul>   |   |
| <ul style="list-style-type: none"> <li>▪ Creating resilient communities and supportive environments.</li> </ul> <p><i>Key Prompts:</i></p> <ul style="list-style-type: none"> <li>▸ <i>Creating resilient communities – engaging communities</i></li> <li>▸ <i>Asset based approaches</i></li> <li>▸ <i>Citizenship – panels – community champions</i></li> <li>▸ <i>Creating healthy settings – schools/universities/prisons/workplaces etc.</i></li> <li>▸ <i>Healthy urban planning and links to spatial planning partnerships</i></li> <li>▸ <i>Transport and travel planning</i></li> <li>▸ <i>Housing and regeneration</i></li> <li>▸ <i>Environmental pollution/climate change</i></li> <li>▸ <i>Creativity and liveability</i></li> </ul> |   |
| <p>What do you envisage doing differently as a result of becoming a member of the UK Healthy Cities Network?</p> <p><i>Key Prompts:</i></p> <ul style="list-style-type: none"> <li>▸ <i>How do you think you will benefit from being a member of the UK Network</i></li> <li>▸ <i>How will membership of the UK Network help you build on existing work?</i></li> <li>▸ <i>How will you further embed core Healthy City goals and themes within your town/city?</i></li> </ul>  |   |
| <p>Endorsement of Health 2020 and Phase VI Goals and themes</p>   | <p><i>Please provide scanned signed copy and/or copy of Council Resolution.</i></p> |

*Please complete the declaration and questionnaire/supporting statement/ memorandum of understanding / terms and conditions and send electronically to Sandra Brookes at [contactus@healthycities.org.uk](mailto:contactus@healthycities.org.uk).*

## **USEFUL LINKS**

[UK National Healthy Cities Network](#)

[WHO European Healthy Cities Network](#)

[Phase VI](#)

[Health 2020](#)

## **CONTACTS FOR APPLICATION SUPPORT**

Stephen Woods  
Co-ordinator UK Healthy Cities Network  
Healthy Settings Unit  
School of Health  
Brook Building Rm 318  
UCLAN Preston PR1 2HE

01772 893651  
Mobile 07891 614692  
[smwoods2@uclan.ac.uk](mailto:smwoods2@uclan.ac.uk)

Jennie Cawood  
Co-ordinator UK Healthy Cities Network  
Healthy Settings Unit  
School of Health  
Brook Building Rm 318  
UCLAN Preston PR1 2HE

01772 895468  
Mobile: (0)7528 522911  
[jlcawood@uclan.ac.uk](mailto:jlcawood@uclan.ac.uk)



**MEMORANDUM OF UNDERSTANDING**  
BETWEEN  
**UK HEALTHY CITIES NETWORK (PHASE VI)**



AND

**ADD CITY NAME**

**1. BACKGROUND**

Healthy Cities is a ground-breaking and values-based World Health Organization (WHO) initiative that focuses on city-level political leadership, partnership working and participatory processes to tackle the social determinants of health and health inequality.

The UK Healthy Cities Network is one of 20 such national networks accredited by the World Health Organization (WHO) and forms part of the wider Healthy Cities movement – which has served as a ‘field laboratory’ for tackling inequalities in health and developing innovative and sustainable solutions to public health challenges over more than 25 years.

The Network was established in 2011 with funding from the Department of Health for England and the Public Health Agency for Northern Ireland. Its founding membership comprised the 14 UK cities formally designated as members of the WHO European Healthy Cities Network. Since its inception, it has built a firm infrastructure able to support the delivery of health in and through local government – and has expanded this membership to include other cities, towns and authorities committed to Healthy Cities values and goals

**2. PURPOSE OF MEMORANDUM**

The purpose of this Memorandum is to formalise the working relationship between ..... and the UKHCN and sets out matters of agreed values and principles, establishes criteria for Membership of the UK Healthy Cities Network and identifies key responsibilities for both the Network and its members.

**3. VALUES, PRINCIPLES AND CORE THEMES**

The Healthy Cities approach seeks to put health high on the political and social agenda of cities and to build a strong movement for public health at the local level. It strongly emphasizes equity, participatory governance, solidarity, intersectoral collaboration, sustainable development and action to address the social, economic and environmental determinants of health. Successful implementation of this approach requires innovative action addressing all aspects of health and living conditions, and extensive networking between cities across Europe and beyond. This entails: explicit political commitment; leadership; institutional change; and intersectoral partnerships.

Phase VI of the WHO European Healthy Cities Network runs from 2014-2018. The following two strategic goals of [Health 2020](#) provide the overarching themes for Phase VI:

- improving health for all and reducing health inequities; and
- improving leadership and participatory governance for health

Both strategic goals reinforce the strong standing commitment of the WHO European Network to addressing equity and the social determinants of health and striving to improve governance for health and promote health in all policies.

The core themes in Phase VI will be based on a local adaptation of the four priorities for policy action of Health 2020:

- Investing in health through a life course and empowering people;
- Tackling the European Region's major health challenges of infectious and non-communicable diseases;
- Strengthening people-centred systems and public health capacity and emergency preparedness and surveillance; and
- Creating resilient communities and supportive environments.

The four themes are not discrete areas of action but are interdependent and mutually supportive.

[Click to see summary of Phase VI](#)

## **4. VISION AND AIMS OF THE NETWORK**

The vision of the [UK Healthy Cities Network](#) is to develop a creative, supportive and motivating network for UK cities and towns that are tackling health inequalities and striving to put health improvement and health equity at the core of all local policies. Its aims are to:

- enhance learning and build capacity through sharing ideas, experience and best practice
- widen participation in the Healthy Cities movement and support member towns and cities to develop and test innovative approaches to emerging public health issues
- become a strong collective voice for health, wellbeing, equity and sustainable development – informing and influencing local, regional, country and national policy.

## **5. THE NETWORK OFFER**

The UK Healthy Cities Network offers members the opportunity to be part of a dynamic and supportive network of cities and towns committed to embedding health and health equity in all local policies, improving leadership and participatory governance for health, supporting and delivering sector-led improvement to ensure the health of local populations and to develop a strong collective voice for public health and sustainable development.

### **5.1 NETWORK BENEFITS**

The following outlines the Key benefits offered by the Network to its members:

#### **Learning and Best Practice from the UK and Europe:**

- the opportunity to learn from others who may be further ahead in implementing key policy priorities – and to disseminate learning and best practice
- access to the ideas and experiences underpinning local- and national-level policy and practice within other countries active in the Healthy Cities movement
- participation in and access to learning from WHO European Healthy Cities Sub-Networks.

#### **Briefings, Toolkits and Guidance Documents:**

- access to materials developed in response to demand and drawing on the assets of Network members and the wider Healthy Cities movement (examples to date include: 20 mph speed limits, smoke-free children's play areas, alcohol minimum pricing).

**Policy Development:**

- the opportunity to contribute to the development of Network position statements on key policy issues
- engagement with the development and implementation of policy at the WHO/European level, thereby influencing 'upwards' whilst also informing local planning and action.

**Collaborative Innovation and Creativity:**

- the potential to access expertise and leadership in UK and European cities/towns, national Healthy Cities networks and WHO collaborating centres
- the opportunity to work collaboratively with towns and cities to develop, share, test, refine and implement innovative and creative interventions and programmes.

**Advocacy:**

- the opportunity to advocate for 'health and health equity in all policies' at a national level through participating in and helping build the Network as a powerful shared voice and vehicle for change
- the potential to strengthen local advocacy through agreeing common priorities and approaches among member cities/towns.

**5.2 DELIVERY MECHANISMS**

Members will be offered these benefits through the following mechanisms (co-ordinated and/or supported by the Network's Co-ordination Team):

**Network Meetings:**

- A minimum of three meetings each year, comprising business, WHO update, sharing of practice, peer support and training workshop.

**Themed Learning Events:**

- A minimum of three interactive training and capacity building workshops and master classes each year (examples to date include: community development; age-friendly cities; planning and health; resilience and assets; welfare reform and health).

**Sub-Groups and Collaborations:**

- Focused sub-groups and collaborations to support particular groups of stakeholders (e.g. co-ordinators, local politicians, academics) and facilitate shared learning and action on core Healthy Cities themes and approaches (e.g. healthy planning, community development, age-friendly cities and towns).

**Website:**

- A web-based portal comprising background information; a searchable database of resources and case studies; reports and presentations from meetings; and relevant links. In addition to this cities get access to their own microsite accessible via the city location dots on the UK map of the main site

**Monthly E-Bulletin:**

- The production and dissemination of a monthly electronic bulletin, 'Snippets', providing up-to-date information and links relevant to Healthy Cities.

**Bi-Monthly Webinars:**

- A minimum of six online seminars each year, combining expert input of topical issues and themes with interactive dialogue and debate.

**Open Access Conference Calls:**

- Open access conference calls offering the opportunity for members to discuss and support one another in addressing priority issues and concerns.

**Consultation Responses:**



- The facilitation and co-ordination of Network responses to a limited number of relevant national and WHO/European consultations on policy and other developments.

**Network Support and Development:**

- Support to members, to strengthen Healthy Cities work and facilitate the maintenance and further development of a dynamic and effectively functioning network.

**Online discussion forum for City co-ordinators**

- This offers additional support to members, providing an additional mechanism for sharing and learning and sourcing solutions to specific issues and challenges.

## **6. EXPECTATIONS OF MEMBERS**

The section outlines the key expectations the Network has of it's of members.

### **6.1. ROLE OF THE HEALTHY CITIES CO-ORDINATOR**

This will be different across individual Towns/Cities as the architecture that supports the development and delivery of the Healthy Cities programme will depend on local structures, mechanisms and partnerships. The Healthy Cities Co-ordinator will play a critical role in co-ordinating and providing effective and dynamic leadership across their town/city and with local partners. The role will focus on championing the Healthy Cities approach which seeks to put health high on the political and social agenda of cities and to build a strong movement for public health at the local level. It strongly emphasizes equity, participatory governance, solidarity, intersectoral collaboration, sustainable development and action to address the social, economic and environmental determinants of health. Successful implementation of this approach requires innovative action addressing all aspects of health and living conditions, and extensive networking between cities across Europe and beyond.

**Main Duties and Responsibilities:**

1. To advocate and be an ambassador for Healthy Cities, engaging partners across their town/city, identifying strategic opportunities and working across sectoral, professional and political boundaries to develop and progress these.
2. Attendance at National Network meetings and contribute to meetings and agendas (a minimum of 1 meeting)
3. To support development of Network sub groups, task groups and products (e.g. topic specific briefings, case studies, learning resources).
4. To contribute to the development and support the delivery of the Network Learning support plan.
5. To support the local co-ordinator actions outlined in the Network Communications plan.
6. To host National Network meetings on a rota basis.
7. Contribute to the development of the Network website, local microsites and E-Bulletin and actively promote the Network website and to provide links to from local websites.
8. Respond to requests for information from the Network and its members
9. Hold telephone calls with the National Network Co-ordination Team to support development and planning of Network activity.
10. To contribute to Network-wide consultations.
11. Provide an annual report of Healthy City activity and contribute to the evaluation of the National Healthy Cities Network and explore local opportunities for wider research and evaluation relating to Healthy Cities.

## 6.2. CRITERIA FOR MEMBERSHIP

The criteria for membership of the Network broadly follow the requirements set out by the World Health Organisation (WHO). They are:

Cities' eligibility for membership will be assessed by a panel drawn from the National Network steering group, and cities will be supported by the Network Co-ordinators to show that they meet these criteria.

|                        |   |
|------------------------|---|
| Geographic focus       | Members should be a city or town or municipality based on a local authority footprint (or county council working with district councils to support the Healthy Cities model) .  |
| Commitment             | Members should have an explicit commitment to the values, principles and expectations outlined in this memorandum.  |
| Political commitment   | Members should have an explicit commitment from the Council Leader or elected Mayor endorsing the participation in Phase VI. Members should identify a named lead politician to support work on Healthy Cities themes.  |
| Infrastructures        | Members should have: <ul style="list-style-type: none"> <li>• an identified co-ordinator/focal point with appropriate office/admin support for taking forward Healthy Cities work,</li> <li>• formal local partnership arrangements that demonstrably focus on health and health equity and can steer Healthy Cities work</li> </ul>  |
| Products and outcomes  | Members should have in place a range of activities to promote health and address health inequalities, and be willing to work in partnership to address the core themes of Phase VI of Healthy Cities. Members will be required to provide an annual update on activities and progress and will be asked to reconfirm their commitment at the beginning of each WHO phase.       |
| Networking             | Members should attend at least one meeting of the Network per year and actively participate in the work of the Network by: <ul style="list-style-type: none"> <li>• sharing information about activities and learning with the wider network</li> <li>• participating in and contributing to communications and learning activities (both face to face and virtual).</li> </ul> |
| Financial contribution | Members are required to pay an annual membership fee of:<br>£1500 plus VAT (district and unitary authorities)<br><br>Each two tier county application will be assessed on a case by case depending on county size and structure. Based on current membership the indicative amount would be £9500<br><br>(see additional Terms and Conditions)                                  |

Signatures

**Authorised Signatory on behalf of the UK Healthy Cities Network**

Signature 

Name in capitals      Stephen Woods / Jennie Cawood

Post                      UK Healthy Cities Network Co-ordinators

Date                      .....

**Authorised Signatory for Other Party**

Signature              .....

Name in capitals      NAME

Post                      Post

Date                      .....

## Appendix 2



## UK HEALTHY CITIES NETWORK:

### MEMBERSHIP TERMS AND CONDITIONS

#### Terms and conditions of membership for UK Healthy Cities Network

These Terms and Conditions shall govern membership agreement of the UK Healthy Cities Network. By submitting an application to become a member of the UK Healthy Cities Network members agree to abide by these Terms and Conditions.

#### Definitions:

“**Member**” means a subscribing member of the Network.

“**Membership**” means membership of the Network.

“**Membership Fee**” means the relevant sum as set out on the membership application form.

“**Network**” means the UK Healthy Cities Network (acting through UCLan Business Services Limited - registered company number 02340053).

“**Network Steering Group**” means the group that oversees and provides strategic direction and guidance to the Network; (more information available on the Network website <http://www.healthycities.org.uk/> )

#### 1. General Notices

- i. This document sets out the Terms & Conditions that will apply to Membership of the Network and is entered into between the Member and the Network.
- ii. The Network reserves the right to amend these Terms and Conditions and any other document governing Membership of the Network at any time.
- iii. Members will be informed of changes to the Terms and Conditions by email and any such changes will also be published on the Network website: <http://www.healthycities.org.uk>

#### 2. Membership

- i. Acceptance for Membership is on the basis of the Network membership criteria (available on the Network website: <http://www.healthycities.org.uk/> ) and at the discretion of the Network's Steering Group. The Network shall be entitled at its sole discretion to refuse an application for Membership. There is no entitlement to appeal.
- ii. The Network shall endeavour to notify the applicant of its decision within 21 days of an application being submitted.
- iii. Membership will commence on the later of the date of acceptance of the application for Membership by the Network or 1<sup>st</sup> January 2013 and will be valid until 31<sup>st</sup> December 2013 (the “**Membership Period**”).

- iv. For the avoidance of doubt, refusal of an application shall not give rise to any claim in damages.

**3. Membership Fee**

- i. The Membership Fee shall be set by the Network Steering Group on an annual basis. The Network’s Steering Group may change the Membership Fee from year to year, however, for the avoidance of doubt the Membership Fee may not be changed during the Membership Period.
- ii. The Membership Fee is due annually and in advance.
- iii. The Membership Fee shall be paid by the Member within 30 days of the date of an invoice from the Network for the Membership Fee.
- iv. If any monies remain unpaid for 30 days, the Network shall be entitled to suspend or terminate Membership.
- v. Membership Fees are non-refundable in all circumstances
- vi. In the event the Network ceases to operate Membership Fees will be used to fund costs associated with closing down the Network

**4. General**

- i. These Terms and Conditions are subject to English Law and the exclusive jurisdiction of the English courts.
- ii. The Network reserves the right to terminate the Membership of any Member at any time and with immediate effect where the Member is deemed by the Network to have behaved inappropriately, including breach of these Terms and Conditions, or where the Member has behaved in such a manner as to generally bring the Network into disrepute.
- iii. These Terms and Conditions do not create a relationship of partnership, agency or any further relationship between the Network and the Member.
- iv. These Terms and Conditions constitute the whole agreement between the Network and the Member and supersede all previous agreements relating to Membership of the Network.
- v. To the extent permitted by law, neither party shall be liable for any loss or damage of any kind (whether arising from breach of contract, tort, breach of statutory duty or otherwise) suffered by the other party in connection with Membership of the Network.

**CONTACTS**

|   |  |  |  |
|---|--|--|--|
| Jennie Cawood<br>UK Healthy Cities<br>Network<br>Co-ordinator   | Stephen Woods<br>UK Healthy Cities<br>Network<br>Co-ordinator  | Sandra Brookes<br>UK Healthy Cities<br>Network<br>Administrator  | Mark Dooris<br>Director<br>Healthy Settings Unit |
|  +44(0)1772 895575 |  <a href="mailto:contactus@healthycities.org.uk">contactus@healthycities.org.uk</a> |  <a href="http://www.healthycities.org.uk">www.healthycities.org.uk</a> |  |

## Phase VI goals and themes: overview

### Overarching Goals

#### Tackling Health Inequalities

Human rights and Gender

#### Promoting city leadership and participatory governance for health

Whole of Government and whole of society approaches

Health and health equity in all local policies

City Health diplomacy

### Core Themes

**Life course approach and empowering people**

**Tackling public health priorities**

**Strengthening people-centred health systems and Public Health capacity**

**Community resilience**

### Highly Relevant priority issues

Early life

Physical activity

Health and Social services

Community resilience

Older people

Nutrition and Obesity

Other wider city services

Healthy Settings

Vulnerability

Alcohol

Public Health Capacity

Healthy urban planning and design

Health Literacy

Tobacco

Healthy Transport

Mental Health and wellbeing

Climate Change

Housing and regeneration

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|--------------------------------|---|------------------------------|
| <b>REPORT TO:</b>              | <b>HOUSING AND COMMUNITY SERVICES COMMITTEE</b>   | <b>AGENDA ITEM: 10</b>       |
| <b>DATE OF MEETING:</b>        | <b>5<sup>TH</sup> FEBRUARY 2015</b>   | <b>CATEGORY: DELEGATED</b>   |
| <b>REPORT FROM:</b>            | <b>DIRECTOR OF COMMUNITY AND PLANNING SERVICES/DIRECTOR OF HOUSING AND ENVIRONMENTAL SERVICES</b> | <b>OPEN</b>                  |
| <b>MEMBERS' CONTACT POINT:</b> | <b>STUART BATCHELOR (EXT. 5820)/ RICHARD BIRCHETT(EXT. 5775)</b>                                  | <b>DOC:</b>                  |
| <b>SUBJECT:</b>                | <b>WORK PROGRAMME</b>   | <b>REF:</b>                  |
| <b>WARD(S) AFFECTED:</b>       | <b>ALL</b>  | <b>TERMS OF REFERENCE: G</b> |

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## **1.0 Recommendations**

1.1 That the Committee considers and approves the updated work programme.

## **2.0 Purpose of Report**

2.1 The Committee is asked to consider the updated work programme.

## **3.0 Detail**

3.1 Attached at Annexe 'A' is an updated work programme document. The Committee is asked to consider and review the content of this document.

## **4.0 Financial Implications**

4.1 None arising directly from this report.

## **5.0 Background Papers**

5.1 Work Programme.

**Housing and Community Services Committee – 5<sup>th</sup> February, 2015**  
**Work Programme 2014/15**

| <b>Work Programme Area</b>   | <b>Date of Committee meetings</b> | <b>Anticipated completion date</b> | <b>Submitted to Council target date</b> | <b>Contact Officer (Contact details)</b>   |
|--|-----------------------------------|------------------------------------|---|--|
| Housing Revenue Account Business Plan Review   | 27 <sup>th</sup> November 2014    |                                    |   | Bob Ledger<br>Director of Housing and Environmental Services<br>(01283 595775)   |
| Housing Revenue Account budget setting   | 5 <sup>th</sup> February 2015     |                                    |   | Kevin Stackhouse<br>Director of Finance and Corporate Services<br>(01283 595811) |
| STAR Survey 2015   | 5 <sup>th</sup> February 2015     |                                    |   | Martin Guest<br>Performance and Policy Manager<br>(01293 595940)                 |
| Healthy South Derbyshire – Proposal to become an affiliated member of the UK Healthy Communities Network | 5 <sup>th</sup> February 2015     |                                    |   | Vicky Smyth<br>Health Partnership Manager<br>(01283 595776)                      |
| Quarterly Performance  | 12 <sup>th</sup> March 2015       |                                    |   |  |
| Private Sector Leasing Scheme  | 12 <sup>th</sup> March 2015       |                                    |   | Martin Guest<br>Performance and Policy Manager<br>(01293 595940)                 |



| <b>Work Programme Area</b>  | <b>Date of Committee meetings</b> | <b>Anticipated completion date</b> | <b>Submitted to Council target date</b> | <b>Contact Officer (Contact details)</b>                                    |
|---|-----------------------------------|------------------------------------|---|---|
| Swadlincote Local Nature Reserve Designation                      | 16 <sup>th</sup> April 2015       |                                    |   | Zoe Sewter<br>Open Space and Facility Development Manager<br>(01283 595753) |
| Sport and Recreation Facility Strategy Progress Report            | 16 <sup>th</sup> April 2015       |                                    |   | Zoe Sewter<br>Open Space and Facility Development Manager<br>(01283 595753) |
| Progress report: Housing Capital Investment Programme 2012 - 2017 | 16 <sup>th</sup> April 2015       |                                    |   | Roger Kendall<br>Acting Improvements Manager<br>(01283 595897)              |
| Outcomes from Experian Rental Exchange Project Phase 1            | 16 <sup>th</sup> April 2015       |                                    |   | Martin Guest<br>Performance and Policy Manager<br>(01293 595940)            |

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