

**PROGRESS REPORT: PROGRAMMES FUNDED FROM PUBLIC HEALTH RESERVES**

*To:* **Health Committee**

*Meeting Date:* **November 8<sup>th</sup> 2018**

*From:* **Director of Public Health**

*Electoral division(s):* **All**

*Forward Plan ref:* **N/A** *Key decision:* **No**

*Purpose:* **The purpose of this paper is to provide progress reports on three pilot programmes funded by the Health Committee from Public Health Reserves.**

*Recommendation:* **The Committee is asked to review the progress reports and support the following recommendations.**

- a) Acknowledge the positive progress achieved by the three programmes.**
- b) Support the request to continue to fund the Let's Get Moving Programme for a minimum of one year from April 2019.**
- c) To note that that public health allocated funding to support the system wide Falls Prevention Programme will end in January 2020 and its future funding will require review by the Health Committee.**

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## **1. BACKGROUND**

1.1 The Health Committee funded from Public Health Reserves three new public health initiatives. These programmes are being closely monitored to provide evidence of their impact, effectiveness and their potential cost benefits. They include:

- Falls Prevention Programme
- Let's Get Moving
- Healthy Fenland Fund

### **1.2 Falls Prevention Programme**

The Health Committee allocated an earmarked reserve of £400k for falls prevention work, which is being used for a collaborative falls prevention pilot, working with the Sustainable Transformation Programme and Better Care Fund Integrated Commissioning Board. Cambridgeshire County Council public health reserve funding into this pilot is approx £119k funding per year over two years, together with some mainstream revenue funding. The aim of the Falls Prevention Programme is to reduce serious falls that require medical attention and improve the quality of life and health outcomes of older people by implementing an integrated, evidence-based falls prevention pathway across Cambridgeshire and Peterborough. The supporting paper outlines the achievements to date, impact, issues encountered and proposed next steps. The paper provides early indications of a positive return on investment for adult social care, but data for a longer time period is needed in order to give a robust result.

### **1.3 Let's Get Moving**

In 2016 the Health Committee approved £513,000 public health earmarked reserves to fund over two years the countywide physical activity programme, Let's Get Moving. The Lets Get Moving Programme proposal was developed as a collaborative initiative between the district councils, their partners and County Sports Partnership Living Sport, to provide a countywide physical activity programme that would increase levels of physical activity especially in areas and groups with high needs. It has a key role in the delivery of the Cambridgeshire Healthy Weight Strategy with its central themes of collaboration across the system to support healthy behavioural change and communities taking responsibility for their health and wellbeing. These themes and objectives are reflected in the Lets Get Moving Programme which focuses upon increasing levels of physical activity through engaging local communities, including the use of the district council facilities, to a level that will enable them to become self-sustaining.

### **1.4 Healthy Fenland Fund**

The Health Committee approved funding for the Healthy Fenland Fund (HFF) which reflected its commitment to improving health outcomes and inequalities in Fenland. The aim of the Programme is to contribute to improvements in the health and wellbeing of communities in Fenland through supporting the development of strong and resilient communities that are fully engaged in identifying and addressing their needs.

Care Network successfully bid in a competitive tender for the delivery of the HFF, with the contract commencing in January 2016. HFF is funded for five years with a total value of £825,000, of which £500,000 is from a public health earmarked reserve, and has two mutually dependent elements. The "Fund" can be accessed by communities who want to develop activities to engage their members in activities that they think will improve their

health and wellbeing. Care Network sub-contracted with the Cambridgeshire Community Fund to administer the Fund. Care Network was also commissioned to provide a small team of community development workers to engage and develop the skills within communities for identifying their needs and assets along with how they could address these needs. This included supporting them to make bids against the HFF and also to other sources of funding.

## **2. MAIN ISSUES**

- 2.1 The funding for these three programmes is non-recurring as it is from the Public Health Reserves. The objective of the funding was to develop new public health initiatives that would prove to be effective, bring cost benefits attracting other more secure funding sources. The funding for the Falls Programme will end in January 2020 and for Let's Get Moving in April 2019. Both Programmes have started to provide evidence of their impact that suggests that additional funding would consolidate the programmes and secure more robust evidence of their impact and effectiveness.
- 2.2 Based on the early indications of a reduction of hospital admissions due to falls, the recommendation is for Public Health to continue to contribute to the funding for the system-wide implementation of the Falls Prevention Programme when funding ends in 2020 to build on existing practice and consolidate cross-agency join-up and action.
- 2.3 The supporting paper for Let's Get Moving describes evidence of impact, innovation, increased opportunities and engagement of individuals and communities in physical activity. However demonstrating the impact of behaviour change programmes presents challenges. The data for the first year of the Programme is promising but it is challenging to capture the impact of behaviour change programmes in terms of participant reporting and overlap of the structured physical activity programmes across years. The second year of the Programme is focusing upon further development of programmes, capturing any sustained behaviour change and initiatives. The recommendation is to extend funding which will enable the outputs from the second year to be captured, to use the learning to inform the ongoing development of the Programme, to bench mark with other areas and to further develop and expand the initial cost benefit analysis described in the supporting paper.
- 2.4 The supporting paper for the Healthy Fenland Fund (HFF) describes its progress to date and suggests strongly that the HFF has engaged with and impacted upon communities in Fenland. The tangible evidence of this is number of community projects that have been supported and received grants. There is also evidence that community assets have been realised through the identification and energising of community connectors, peer support, volunteers and the impressive 74% of projects which continue to be self-sustaining after receiving development and funding from the HFF.  
An economic analysis of the HFF has not been undertaken. However based on analysis from other community development initiatives where an assets based approach has been adopted there is growing evidence that it has cost benefits.  
There is however a need to work to develop further to fully understand whether the HFF is reaching those most in need. Additional measures of community assets need to be identified and captured to demonstrate more robustly its contribution to strengthening and developing the assets of the community in Fenland.

### **3. ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 Developing the local economy for the benefit of all**

The following bullet points set out details of implications identified by officers:

All three programmes will contribute to reducing the costs to the local economy through reducing ill health

#### **3.2 Helping people live healthy and independent lives**

All three programmes aim to improve the health and wellbeing of the population and enable people to live independently.

#### **3.3 Supporting and protecting vulnerable people**

All three programmes have focus upon supporting and protecting those most in need and any associated health inequalities.

### **4. SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

The report above sets out details of significant implications in **2.1**

#### **4.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

*See wording under 4.1 and guidance in Appendix 2.*

The following bullet points set out details of significant implications identified by officers:

- Any additional funding that is secured that has implications for procurement/contractual/Council contract procedure rules will be considered with the appropriate officers from these Departments and presented to the Health Committee before proceeding.

#### **4.3 Statutory, Legal and Risk Implications**

The following bullet points set out details of significant implications identified by officers:

- Any legal or risk implications occurring from additional funding will be considered with the appropriate officers from these Departments and presented to the Health Committee before proceeding.

#### **4.4 Equality and Diversity Implications**

The following bullet points set out details of significant implications identified by officers:

- The programmes are monitored to ensure that any equality and diversity implications are identified and any ensure that appropriate action is undertaken.

#### **4.5 Engagement and Communications Implications**

The following bullet points set out details of significant implications identified by officers:

- The programmes secure regular feedback from their patients and clients
- All programmes involve ongoing engagement with individuals and communities

#### **4.6 Localism and Local Member Involvement**

The following bullet points set out details of significant implications identified by officers:

- The programmes reflect the differing needs found across Cambridgeshire and are tailored to address these through consultation with residents, stakeholders and partner organisations.

#### **4.7 Public Health Implications**

The following bullet points set out details of significant implications identified by officers:

- The programmes present growing evidence that they are preventing ill health and improving health of the population through the range of interventions that have been developed.
- The programmes also target those most vulnerable and in need to address inequalities and improve the outcomes for these population groups.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Clare Andrews:
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Paul White
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Allis Karim
Have the equality and diversity implications been cleared by your Service Contact?	Yes Liz Robin:
Have any engagement and communication implications been cleared by Communications?	Yes Matthew Hall:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes or No Liz Robin:
Have any Public Health implications been cleared by Public Health	Yes or No Liz Robin:

Source Documents	Location
The source documents can be found at the end of the supporting appendices	