

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

*To:* **Health Committee**

*Meeting Date:* **January 17th 2019**

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

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

*Forward Plan ref:* **Not applicable**      *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 Healthy Fenland Fund programme.**

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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

The first two programmes were discussed at the Health Committee meeting held on 8<sup>th</sup> November and Let's Get Moving was further reviewed at the meeting on 6<sup>th</sup> December. This report focuses on the Healthy Fenland Fund programme

### **1.2 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 Foundation 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.

2.2 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.

Based on analysis from other community development initiatives where an assets based approach has been adopted there is growing evidence that it has a range of benefits. However it is noted that the HFF evaluation could be strengthened by more fully understanding whether it is reaching those most in need along with identifying and capturing additional measures of community assets.

An economic analysis of the HFF has not been undertaken. However the report suggests that the approach to evaluation could be strengthened to demonstrate impact on health and cost benefits but there would be resource implications.

### **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 or No Name of Officer:
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes or No Name of Legal Officer:
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
<b>References</b>	
The Marmot Review: Fair Society: Healthy Lives 2010	<a href="http://www.instituteoftheequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review">http://www.instituteoftheequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review</a>
Cabinet Office and The Department of Work and Pensions: Wellbeing and civil society 2013	<a href="https://www.gov.uk/government/publications/wellbeing-and-civil-society">https://www.gov.uk/government/publications/wellbeing-and-civil-society</a>
Public Health England: A guide to community-centred approaches for health and wellbeing 2015	<a href="https://www.gov.uk/government/publications/health-and-wellbeing-a">https://www.gov.uk/government/publications/health-and-wellbeing-a</a>

Public Health England: Health Matters – community approaches to health 2015 & 2018

[guide-to-community-centred-approaches](#)

<https://publichealthmatters.blog.gov.uk/2018/02/28/health-matters-community-centred-approaches-for-health-and-wellbeing/>

NICE Guideline 44 Community engagement: improving health and wellbeing and reducing health inequalities 2016

<https://www.nice.org.uk/guidance/ng44>

NHS England: NHS Five Year Forward View

<https://www.england.nhs.uk/five-year-forward-view/>