

**DERBYSHIRE COUNTY COUNCIL**

**CABINET**

**15<sup>th</sup> March 2018**

**Report of the Director of Public Health**

**Localities and Place-based Programme & Investment 2018-19  
(Health and Communities)**

**1. Purpose of the report:**

- To seek approval for ongoing investment in the Public Health Locality and Place-based Programme in 2018-19
- To seek approval for the use and allocation of the 2018-19 investment for the Public Health Locality and Place-based Programme, as outlined in this report

**2. Information and analysis:**

**Background**

Public Health Localities and Place-based approach delivers a broad range of locally-developed projects and programmes, which are monitored and reported annually. The following headlines are taken from the 2016-17 county-level annual report:

- 80+ local projects delivered in communities;
- 45,758 local people participated in and benefited from projects;
- 792 groups and networks engaged and involved in wellbeing activities;
- 26,459 local people supported to live healthier lifestyles;
- 16,996 reported improvements in their ability to access services which support their wellbeing;

This activity shows how the Public Health Localities and Place-based approach supports the delivery of the Council Plan and the Council's place-based work and local engagement. It also impacts upon Derbyshire's Health and Well-being Strategy, contributes to the Prevention and Place work streams of Joined-up Care Derbyshire, and district and borough Community Strategies, where appropriate.

Public Health Localities and Place-based work is integral to addressing the wider determinants of health and wellbeing at a local level; in particular, employment and skills, financial inclusion, community cohesion and social isolation experienced by some of Derbyshire's most vulnerable communities.

Activity is assessed for social value, where appropriate, helping to implement the Council's Social Value Strategy. A Social Return on Investment (SROI) calculation applied to a selection of locality funded projects across the county, showed that the £0.400m invested achieved a SROI of £1.880 million. Therefore, every pound the council spent on these interventions achieved an average social value of £4.77.

Joint working is well-established in the Localities and Place-based approach, and this creates considerable secondary gain across the localities, both in terms of in-kind contributions from partners and also match-funding. Analysis of 14 local projects showed that £0.171m locality investment attracted additional match-funding of £0.228m demonstrating how the Localities and Place-based approach can maximise the Council's investment in local communities.

Activity and achievements for 2017-18 will be collated at the end of the financial year and reported in May 2018.

### **Localities and Place-based Investment 2018-19**

The total Localities and Place-based budget for 2018-19 is £0.890m and will be apportioned as follows:

- £0.579m of the budget will continue to be allocated to the 8 Locality Health and Wellbeing Partnerships, this represents 65% of the overall budget. The allocations will be determined using a fair-share formula; a weighted calculation, taking into account population size, health outcomes, and key determinants of health, to achieve an equitable distribution of resources across the County.
- £0.311m will be retained in-house, this represents 35% of the overall budget. It will be used to implement public health priorities at a local level; this will include allocating £10,000 to each locality for Health & Wellbeing Community Small Grants.
- An additional £80,000 transitional funding will be provided to Bolsover Health and Wellbeing Partnership in 2018-19. Historically Bolsover Health and Wellbeing Partnership has received a greater proportion of the overall budget than other partnerships. There is an expectation that there should be a move to fair-share allocation across all partnerships. In the short-term, this additional contribution will assist Bolsover Health and Wellbeing Partnership with the transition to a significantly reduced annual allocation.

All Health and Wellbeing Partnerships will be required to use their locality allocations to deliver the public health priorities set out in the 2018-19

Public Health Locality and Place action plans. These are agreed annually by each place-based Health and Wellbeing Partnership. Governance arrangements will ensure that the investment is used to complement and not duplicate other work of the Council, including other public health programmes.

### **Governance and Accountability**

Each Health and Wellbeing Partnership works to improve the health of local communities, through promoting healthier lifestyles and addressing the wider determinants of health, such as housing, employment and skills, and financial inclusion.

Membership of the partnerships reflects local variation, but core membership includes elected members from County, District, Parish and Town councils, representatives from Adult Care and Children's Services, district and borough council staff, NHS commissioners and providers, Police, Fire and Rescue, voluntary sector organisations and representatives from local communities.

Governance varies between partnerships, with some being incorporated into an overarching strategic partnership structure, and others operating as standalone partnerships. During 2018-19, options for strengthening the governance and accountability of the partnerships will be considered, for example by establishing a common accountability mechanism at a county level, whilst retaining the individuality required to function most effectively within district and borough arrangements.

### **3 Social Value considerations:**

A particular strength of the Locality and Place-based Programme is its engagement with partners from the community and voluntary sectors and local communities. The approach encourages and enables participation of local people in decision making and shaping services, thereby reflecting the principles in the Council's Social Value strategy.

In addition, a systematic monitoring system is built in to the Locality and Place-based approach. As mentioned above, this incorporates a measure of social value and impact of project delivery (SROI), which reflects the social value principles referenced in the strategy. Funded projects also promote social value, for example, supporting vulnerable people with employment and skills training, raising aspirations amongst young people, improving cohesion and connectedness both between and within communities, and reducing the impact of poverty.

### **4. Finance**

The budget for the Locality Programme is £0.890m, and this money has been identified within the Public Health Grant. The transitional contribution

of £80,000 to Bolsover Health and Wellbeing Partnership will be sourced from Public Health reserves

**5. Human Resources**

The funding will enable local providers to deliver projects and services. Derbyshire County Council accepts no employment or future redundancy liability, with all employment and related matters to be managed by the providers.

**6. Other considerations:**

In preparing this report the relevance of the following factors has been considered: legal, prevention of crime and disorder, equality of opportunity, environmental, health, property and transport considerations.

**7. Background papers:**

- Cabinet Report 14<sup>th</sup> March 2017 – Public Health Locality Programme Investment Allocation.
- Social Value Strategy 2016.
- Annual Reports 2016-17: Preventions in Partnership – People and Place.

**8. Key Decision:**

No

**9. Call-in:**

Is it required that call-in be waived for any decision on this report?

No

**10. Officer's Recommendation:**

That Cabinet:

- i. Approve the ongoing funding of the Public Health Localities and Place-based programme in 2018-19
- ii. Approve the release of the locality investment for 2018-19 to Locality Health and Wellbeing Partnerships to deliver the priorities set out in the Public Health Locality Plans.

**Dean Wallace**  
**Director of Public Health**