

DERBYSHIRE COUNTY COUNCIL

CABINET

24 May 2016

Report of the Director of Public Health

**PUBLIC HEALTH LOCALITY PROGRAMME ANNUAL REPORT
(Health and Communities)**

1. Purpose of the report:

- To update Cabinet on the progress and achievements of the Public Health Locality programme during 2015
- To seek approval for ongoing investment in the Public Health Locality Programme in 2016/17
- To seek approval for releasing the 2016/17 investment for the Public Health Locality programme to locality Health and Wellbeing Partnerships to deliver against the priorities outlined in the Public Health Locality Plans

2. Information and analysis:

Background

On 03 December 2013 Cabinet approved investment in the Public Health Locality Programme, with an allocation of £0.989m across the eight localities. The allocation was made on a proportionate basis, taking account of identified health needs and acknowledging health inequalities which prevail across the county.

Public Health Locality Plans for 2014-17 for each of the eight localities were approved by Cabinet on 02 June 2014. The plans are based on the health needs and investment priorities identified and agreed with local partnerships in each of the localities. The investment for each locality is set out within an inter-local authority agreement.

Strategic Context and Partnership Working

The programme makes an important contribution to the Council's place-based approach to improving health, including being a key component in delivering the Health & Wellbeing Strategy priority of creating healthy communities across Derbyshire. Through the strategic relationships developed, and the established mechanisms for engagement with local communities, the Locality Programme has supported the development of other locality based programmes, such as Thriving Communities and Local Area Co-ordination.

Through the Public Health Locality programme, each locality has a Health and Wellbeing Partnership, which facilitates successful partnership working for health and well-being with local partners, including district and borough councils, NHS commissioners and providers, and local communities. The focus for each partnership is tackling socio-economic issues which affect the health of local people, and also working at a local level to identify and reduce health inequalities.

Monitoring Progress

Since the Cabinet Reports in 2013 and 2014, a monitoring system has been introduced that enables the review of locality based initiatives on a consistent basis across all eight partnerships. The monitoring system measures outcomes and impact, using indicators from Public Health Outcomes Framework (PHOF) as a guide. This ensures measurement of progress across the diverse range of projects being developed and delivered locally. Progress and achievements were reported to the Cabinet Member meeting, Health and Communities on 26 May 2015.

Progress Highlights 2015

For 2015 progress reports from across all the localities in the county have been collated to provide a county level Annual Progress Report, attached as Appendix 1.

The following headlines have been extracted from the report to provide an overview of achievements during the period January to December 2015:

- 23,073 people engaged with services and activities funded by the Public Health Locality programme. Based on the annual budget of £0.989m, this equates to a cost of £42.89 per participant. The annual report details the outcomes delivered through the programme, which indicates good value for money (Appendix 1, p.2).
- Outcomes reported by participants range from positive lifestyle behaviour change and better emotional wellbeing, to significant improvements in personal circumstances which influence health and well-being; for example, gaining employment and participation in education (Appendix 1, p.3). These have direct links to the PHOF indicators referenced above.
- A selection of projects has been evaluated using a Social Return on Investment (SROI) tool, adapted from the Cabinet Office website. This has demonstrated that for every £1 spent on specific interventions the return on investment ranges from £3 to £50, highlighting the additional benefits and value for money provided by the Locality programme (Appendix 1, p.4).

- Strategic partnerships have been created or strengthened in localities that did not have a well-established Health and Wellbeing Partnership
- The locality Health and Wellbeing Partnerships have identified priorities to support the Health and Wellbeing Strategy priority of Creating Healthy Communities. These priorities will support the applications from district and borough councils to become affiliated members of the UK Healthy Cities Network.

Progress reports for each locality have been produced and these will be presented to local Health and Wellbeing partnerships, Local Area Committees and other appropriate local partnership groups to provide information on the specific outcomes and achievements for their area.

Next steps for 2016/17

- Build on the achievements to date and share good practice across the localities network.
- Refresh and implement action plans for each locality for 2016/17
- Review and evaluate the monitoring framework to refine the outcome measures and improve data reporting.
- Integrate priorities identified for the Health and Wellbeing Strategy Health Communities priority within locality action plans
- Support district and borough councils with their Healthy Cities/Communities action plans and applications, ensuring synergy between these and development in the wider Locality programme
- Continue to support the implementation of other county wide community engagement initiatives, including Local Area Co-ordination and Thriving Communities
- Ensure alignment between Locality Health and Wellbeing Partnership wider priorities and redefined actions to reduce health inequalities
- Review the operating and governance arrangements of the locality Health and Wellbeing partnerships and strengthen where appropriate

3. Financial considerations:

The budget for the Locality Programme in 2016/17 is £0.989m, and this money has been identified within the Public Health Grant for 2016/17.

4. Other considerations:

In preparing this report the relevance of the following factors has been considered: legal, prevention of crime and disorder, equality of

opportunity, human resources, environmental, health, property and transport considerations.

5. Background papers:

Cabinet Report dated 03 December 2013

Cabinet Report dated 02 June 2014

Cabinet Member Report dated 26 May 2015

Cabinet Report on Prioritisation of the Public Health Grant dated 15 March 2016

5. Key Decision:

No

6. Call-in:

Is it required that call-in be waived for any decision on this report? No

7. Officer's Recommendations:

That Cabinet:

- i. Note the progress made in 2015, and agree for the dissemination of the locality progress reports to each of the locality Health and Wellbeing partnerships and Local Area Committees.
- ii. Approve the ongoing funding of the Public Health Locality programme in 2016/17
- iii. Approve the release of the locality investment for 2016/17 to Locality Partnerships to deliver the priorities set out in the Public Health Locality Plans.

Maureen Whittaker
Interim Director of Public Health

Appendix 1

Derbyshire Public Health Locality Programme Annual Progress Report - March 2016

Introduction and Background

This report details the outcomes and impact of the Derbyshire Public Health Locality Programme and related investment. The report summarises the level of investment, the interventions funded, levels of activity across the programme and the outcomes and impact that have been achieved for local people.

A partnership approach underpins the success of the Derbyshire Public Health Locality programme, and Health & Wellbeing related partnership arrangements are well established throughout the county. Whilst these reflect the diversity of needs across the 8 localities, there is excellent engagement of local partners in all, and each partnership has membership from a range of county/district/community-wide organisations from across sectors, which includes elected member representation.

Local Priorities & Locality Plans

Priorities for each of the 8 localities across Derbyshire were agreed locally by partner organisations to ensure a joint approach to improving health and wellbeing and because of the impact on the work of many agencies and organisations. These priorities reflect the different health needs and issues affecting communities at a local level, and are set out in a Locality Plan for each district/borough council area, entitled, for example '**A Healthy Chesterfield Locality**' (the priorities for each locality are also listed in Box 1).

The locality plans, outlining priorities and investment for a 3 year period, received approval from Cabinet in 2013 and 2014 (Reference: Cabinet Reports 3rd December 2013 & 2nd June 2014). The Cabinet reports and each of the locality plans are available on the Derbyshire County Council website www.derbyshire.gov.uk.

Monitoring Investment, Measuring Outcomes and Impact

A wide variety of services and projects have been commissioned to achieve the priorities outlined in the locality plans. Over 80 projects have been delivered across Derbyshire across thirteen broad themes. These enhance the delivery of many mainstream health and wellbeing services, with a focus on addressing health inequalities amongst more vulnerable members of the community, including older people, those with mental health issues, disabilities, and people struggling to access services in a more traditional way.

Box 1: Health and Wellbeing Partnership priorities in each locality

Amber Valley: Building healthy communities, Improving access to preventative healthcare, Promoting healthy lifestyles and *Health literacy

Bolsover: Building healthy communities, Promoting healthy lifestyles, Supporting access to health and social care and *Urban planning and health

Chesterfield: Social capital, Poverty and financial inclusion, Healthy lifestyles, Mental health and wellbeing, Older people, *Physical activity, *Healthy eating and *Sustainable solutions for local communities

Derbyshire Dales: Fuel poverty and housing, Physical activity, Deprived areas, Access to services, Older people and *Building resilient communities

Erewash: Economic wellbeing, Employment and skills, Health and wellbeing, Safer communities, *Reducing smoking, obesity and alcohol consumption and *Attainment levels in young people

High Peak: Poverty and financial inclusion, Mental health and wellbeing, Young people and *Health literacy

North East Derbyshire: Building healthy communities, Promoting healthy lifestyles, Access to health and social care, *Older people, *Long Term Conditions and independence

South Derbyshire: Reducing health inequalities within families and young people living in the urban core, Supporting the health of older people in their own homes, Supporting individuals and families living in rural areas experiencing health inequality, *Physical Activity and *Urban Planning and growth

** signifies priority identified to support Health and Wellbeing Strategy Healthy Communities priority*

In 2015 a revised monitoring system was introduced to consistently capture the outcomes and impact of locality funded projects, using indicators from the Public Health Outcomes Framework (PHOF). The monitoring is on-going and provides important details of how many people are engaging with projects, along with information about the specific health gain or improvement achieved by individuals and/or groups of people. The information has been used to produce annual progress reports for each of the 8 localities; these will be shared with local partners through the Health and Wellbeing Partnerships and Local Area Committees.

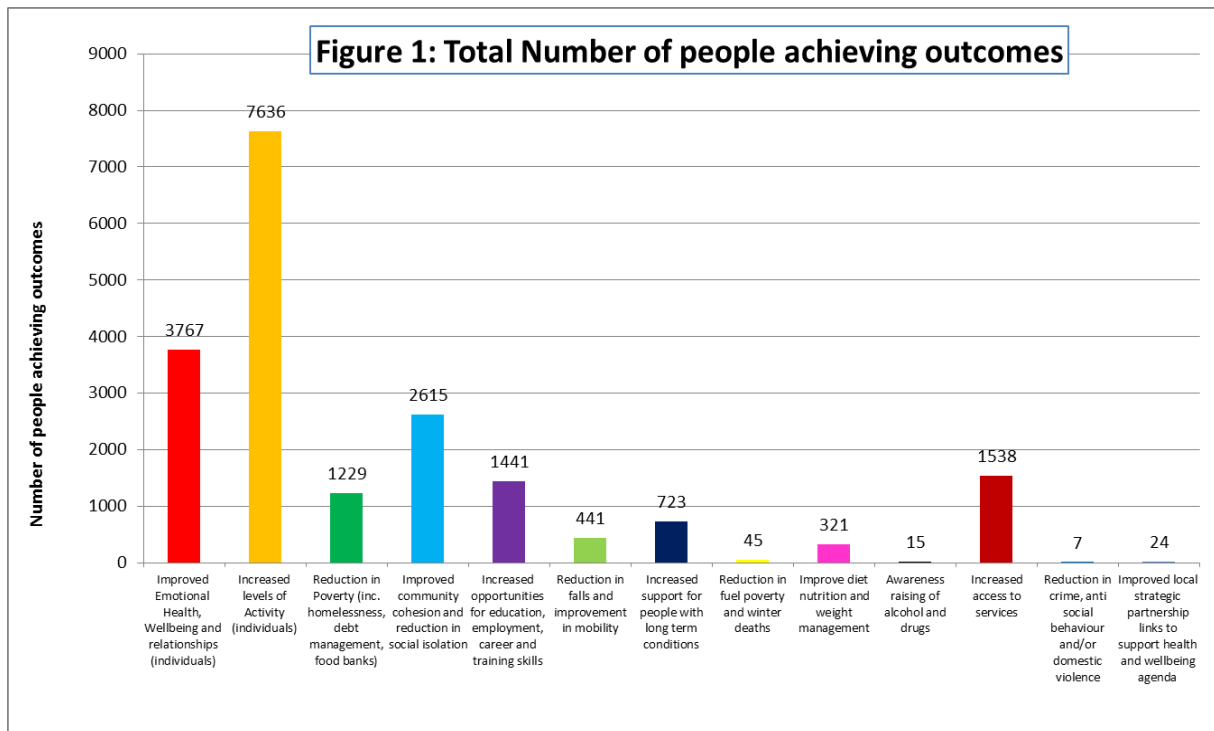
This report summarises the programme achievements at a county level during the 12 month period from January to December 2015. During this period, 23,073 people engaged with services and activities funded by the Public Health Locality programme. Based on investment of £989,529, this equates to a cost of £42.89 per participant. The projects funded can be collated into broad themes. Table 1 shows the level of investment in each theme, together with the number of individuals who have engaged with funded services and projects.

Table 1: Level of investment and numbers engaged by theme

Theme	Investment (£)	Numbers engaged
Emotional health, wellbeing and relationships	64,095	1,260
Physical activity	208,437	10,762
Poverty, income and financial inclusion	108,917	2,663
Community and social capital	146,848	3,917
Education, employment, training and careers	174,978	1,858
Falls prevention	2,000	20
Secondary prevention, NHS and long term conditionals	44,700	344
Housing and affordable warmth	23,300	481
Diet, nutrition and weight management	19,120	86
Access to services	39,725	972
Crime and domestic violence	5,270	63
Other	51,000	647
Total	888,390*	23,073

The outcomes reported by participants range from positive lifestyle behaviour change and better emotional wellbeing, to significant improvements in personal circumstances which influence health and well-being; for example, gaining employment and participation in education. The main outcomes identified by participants are summarised in Figure 1.

*NB this figure does not match with total annual investment figure for a full financial year, due to the difference in the monitoring period for this report. The new monitoring system operated within calendar year (up to Dec 2015) and some of the funds across each locality had not been committed, so have not been reported on or accounted for here. In addition, some of the jointly funded posts have not been included, as this only reports on funded *projects*, rather than personnel.



In addition to gathering activity data, the impact of projects on the lives of people and local communities is also monitored through the collection of qualitative information. The proximity of the Locality programme to communities and local people makes it possible to collect in-depth information, which has been used to create case studies demonstrating the real-life impact of the projects and service being delivered using the locality investment. These complement the quantitative data to provide a more comprehensive picture of the changes and improvements to peoples' health and well-being as a result of engaging with the various projects that comprise the programme. Case studies are incorporated into the reports for each locality to highlight the personal impact of the support being given to local people through the diverse range of locality projects.

As well as monitoring project performance against specified outcomes and evaluating impact, a number of the projects have been assessed for their Social Return on Investment (SROI). An SROI tool adapted from the Cabinet Office website has been applied to selected projects; this combines a number of important social outcome measures to forecast the SROI value of interventions. The SROI modelling has been used to demonstrate the additional benefits and value for money of a number of projects, with SROI values ranging from £3 to £50 for every £1 of investment. This highlights the additional benefits and value for money the projects deliver.

Table 2 gives examples of projects that that tool has been applied to calculate their SROI. The SROI modelling and the tool has been shared with the locality partnerships across the county to enable partners to identify the wider social benefits and value for money for projects and services being commissioned and delivered in their area.

Table 2: Examples of SROI modelling of projects delivered by PH Locality Programme

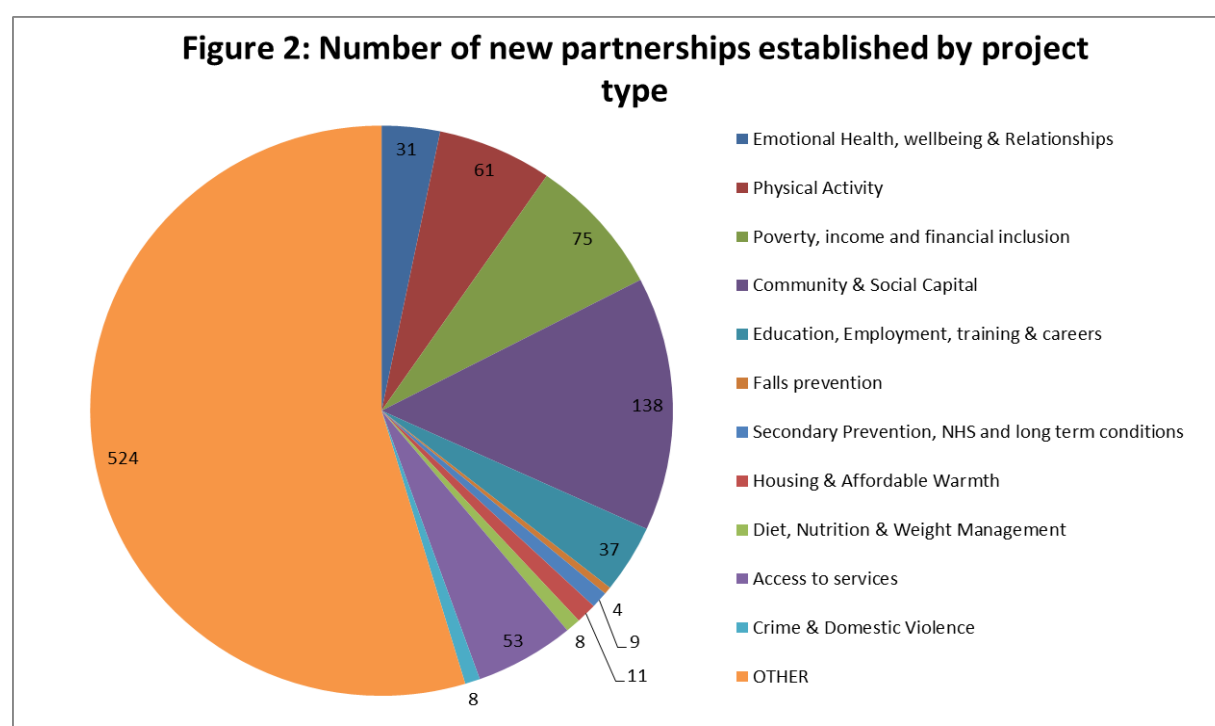
Project	PH Investment	Value of Outcomes	SROI
Alice & Job Club (South Derbyshire)	£10,000	£500,715	£50.72
Bolsover volunteering	£15,323	£217,670	£14.21
Budget buddies	£12,524	£35,067	£2.88

Partnership Working, Local Engagement, and Social Capital

In addition to the benefits experienced by individuals, the locality programme facilitates local engagement and the development of local connections to promote health and improve outcomes. This aspect of the programme makes a significant contribution to building stronger, more resilient communities, and each Locality Plan references this as an overarching priority.

Through the strategic relationships developed, and the established engagement mechanisms with local communities the Locality Programme has supported the development of other locality-based programmes, such as Thriving Communities and Local Area Co-ordination. In addition, the creation of new connections and groups increases capacity and capability at a very local level, which is crucial for building and enhancing social capital within communities. In this way the programme is assisting with the social capital work streams of partner organisations and contributing towards the Health and Wellbeing Strategy priority of Building Social Capital.

Figure 2 highlights the number of new connections, which have been supported by the locality investment and structure to deliver health and well-being outcomes.



Next steps

- Build on the achievements to date and share good practice across the localities network
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- Support district and borough councils with their Healthy Cities/Communities action plans and applications, ensuring synergy between these and development in the wider Locality programme
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- Review the operating and governance arrangements of the locality Health and Wellbeing Partnerships and strengthen where appropriate

Summary

This report offers a brief overview of the work supported through the Public Health Locality programme and investment. Further information is available on request, including, the separate reports for each of the 8 localities, case studies, and more detailed evidence of the work that has been undertaken. To find out more about the work of the County wide Locality Programme please contact:

Mandy.chambers@derbyshire.gov.uk or Cath.bedford@derbyshire.gov.uk

To find out about specific work in each locality please contact the Public Health Locality lead for the area:

Amber Valley	Darran West	Darran.west@derbyshire.gov.uk
Bolsover	Mandy Chambers	Mandy.chambers@derbyshire.gov.uk
Chesterfield	James Creaghan	James.creaghan@derbyshire.gov.uk
Derbyshire Dales	Elaine Varley	Elaine.varley@derbyshire.gov.uk
Erewash	Darran West	Darran.west@derbyshire.gov.uk
High Peak	Julie Hirst	Julie.Hirst@derbyshire.gov.uk
North East Derbyshire	Mandy Chambers	Mandy.chambers@derbyshire.gov.uk
South Derbyshire	Mary Hague	Mary.hague@derbsyhire.gov.uk

Your feedback on the content and format of this report is welcome, and it will help the Locality team improve the reporting process. Please email your comments to: Mandy.chambers@derbyshire.gov.uk or Cath.bedford@derbyshire.gov.uk