

DERBYSHIRE COUNTY COUNCIL**Cabinet****3rd December 2013****Report of the Director of Public Health****PUBLIC HEALTH LOCALITY PROGRAMME (Health & Communities)****1. Purpose of the Report**

To seek Cabinet approval for the Public Health Locality Programme, the equitable approach it adopts to improving the health of local people and reducing health inequalities in local communities and the respective roles of Local Area Committees and Cabinet in agreeing and overseeing the locality plans and the programme overall.

2. Information and Analysis**2.1. Background Information**

2.1.1. The Public Health Locality Programme contributes to improving health and reducing health inequalities at a local level. The programme facilitates the involvement of local partners in the delivery of public health outcomes. The programme uses a collaborative approach to identify and address local health issues, this includes engagement with local people, and also partners from the statutory and voluntary sectors.

2.1.2. The Locality Programme is not characterised by a single programme but is made up of three main elements, identified below:

- Staff time dedicated to locality working
- Investment in local projects and interventions
- Grants to Locality Partnerships.

2.1.3. Over the last decade, the elements of the Locality Programme have evolved in response to local health variation, health inequalities and locally identified needs. Therefore, by definition, the programme reflects the diverse needs that are evident in the localities making up the County of Derbyshire.

2.1.4. Historically, investment in the Locality Programme has been in response to identified health inequalities within Derbyshire, an approach recommended by Dalghren & Whitehead (2007), and supported by the principles outlined in the Marmot Review (2010). Differential investment has also been a consequence of localised and targeted funding streams, for example Spearhead Inequalities, Neighbourhood Renewal Funding and Choosing Health.

2.2. Overview of the purpose and outcomes of the Locality Programme

2.2.1.

- Engagement with local people, local organisations and communities of interest.
- Securing commitment of local partners for the delivery of public health outcomes which improve health and reduce health inequalities.
- Building community resilience through the involvement of local people.
- Identifying and promoting shared ownership of local priorities and related plans to improve health and reduce health inequalities.
- Providing access to multi-agency partnerships, and associated resources, to develop and deliver interventions and projects which support the delivery of public health outcomes.
- Strengthening relationships between Public Health and other Derbyshire County Council departments, for example, Children and Young People (CAYA) and Adult Social Care, to enable an integrated approach to improving health and reducing health inequalities.
- Creating opportunity to develop localised responses and test out innovative solutions to health issues.
- Offering structures for local decision making and accountability for the appropriate use of resources.
- Facilitating local delivery of Countywide and Life course public health programmes in areas of highest need within the locality.
- In addition to localised interventions, it also enables countywide programmes to be tailored and/or enhanced to meet local need, for example, smoking cessation, physical activity, targeting identified areas of high prevalence and mortality.

2.3. Context for the proposal to enhance the Locality Programme using the additional investment previously approved by Cabinet.

2.3.1. Analysis of the current distribution of public health resources to the Locality Programme shows that some localities require additional investment to address identified health needs and health inequalities within their communities. It highlights that health inequalities not only exist between localities across the County but also within localities, indicating that investment should be targeted to priority areas using agreed criteria for addressing inequalities.

2.3.2. Therefore, additional investment is being used to level up resources across the County, whilst maintaining allocations in areas which have received investment historically. The national ACRA formula, which uses under 75 mortality as an indicator of health needs at small area level, is applied to guide the level of additional resource proposed for each area. This approach will achieve a more equitable distribution of public health resources, in terms of investment in projects and interventions, as well as deployment of public health staff.

2.3.3. The additional allocation is at locality level, although the resources will be targeted to specific geographical areas of identified inequality within each locality or specific vulnerable population groups experiencing inequality.

2.3.4. Investment in Projects and Interventions:

The additional funding proposed for each locality is shown below in Table 1. (Extracted and adapted from Cabinet Report: 30th July 2013, Public Health Commissioned Services 2013-15).

Table.1:

District	Current funding	Proposed Annual additional funding	Total Annual Allocation 2014/15	Additional Funding 2013/14 (part year)
Amber Valley	£40,300	£92,501	£132,802	£23,125
Bolsover	£265,588	Maintain existing	£265,588	0
Chesterfield	£37,783	£86,076	£123,860	£21,519
Derbyshire Dales	£38,475	£12,972	£51,488	£3,243
Erewash	£40,300	£88,954	£129,255	£22,238
High Peak (inc Glossopdale)	£32,275	£67,636	£99,912	£5,926
NE Derbyshire	£49,958	£44,154	£94,113	£10,982
S Derbyshire	£51,300	£40,983	£92,283	£11,038
Total	£555,979	£433,280	£989,259	£108,320

2.3.5. It is proposed that the use of each locality allocation should be determined and agreed using an approved Locality Plan for that area (See Section 2.4. for further explanation).

2.3.6. The emergence of Local Area Committees (LACs) presents an opportunity for County Council elected members to engage with Public Health and partnership working, to and to oversee the implementation of the Locality Programme and related investment. (See Section 2.5).

2.3.7. Allocation of Locality funding will follow the appropriate council financial regulations and procedures for procurement and/or grants, depending on the nature of the investment, and will require Cabinet Member authorisation.

2.3.8. It is proposed that a proportion of each locality budget should be used for a small grant fund focused on improving health and reducing health inequalities in line with the priorities identified in the Locality Plan. The suggested allocation is 10% of the locality allocation in each area, up to a maximum of £10,000.

2.3.9. Locality Staffing:

The Locality Programme is supported by all grades of public health staff, to deliver public health outcomes at strategic and operational level. Staff working in localities have specific roles and responsibilities, for example Public Health Consultants liaise with CCGs; Principal and Senior Public Health Managers are the designated link with District and Borough Councils; and Public Health Managers and Development Workers fulfill the core function of working with local partners and communities. The Locality staffing structure and distribution across Derbyshire is shown in Appendix 1.

2.3.10. In the main, the allocation of staff time is embedded within existing public health staffing resources. However, as described in the Cabinet Report on 30 July 2013 and approved by Cabinet on 10 September 2013, £75,000 of vacant staffing resource is to be used to establish and recruit two additional Development Workers posts to work in targeted communities within Amber Valley and Erewash localities.

2.3.11. This proposed distribution of public health staffing supports the leveling up approach referred to in 2.3.2. The current and proposed staffing structures for the two localities are shown in Appendices 2 and 3.

2.4. Locality Plans to improve health and reduce health inequalities

2.4.1. It is proposed that priorities and actions set out in a Locality Plan will govern the use of locality resources.

The Locality Plan will:

- Give direction to the locality programme and the work of the locality staff.
- Inform decisions about the use of any additional investment allocated to the Locality Programme.
- Provide a framework for monitoring progress and achievement against public health outcomes

2.4.2. Locality public health staff already work with partners to produce plans for improving health and reducing health inequalities, and work is underway to ensure a consistent approach is used throughout the County.

2.4.3. Locality Plans will be developed in conjunction with local partnerships, other County Council departments, the community and voluntary sectors, as well as key partner organisations, including district and parish councils and Clinical Commissioning Groups. Local Area Committees will be involved in the development of their locality plans, sign off the final plan for approval prior to submission to Cabinet, as well as receiving regular feedback on progress.

2.4.4. The Locality Plans lifespan will support sensible investment decisions and effective delivery of public health interventions, adopting the approach used for all other public health programmes and investment. For example, a

three year shelf life from April 2014 with an annual refresh/review (2014-2017)

2.4.5. Locality Plans will be based on the most up to date health profiles and also take account of local information and locally identified needs. The plans will reflect national strategies, for example Public Health Outcomes Framework, and also demonstrate their relationship with strategies and plans of local partner organisations and other County services.

2.4.6. The analysis and interpretation of information will be used to agree priorities and actions producing a Locality Plan which captures the specific needs and uniqueness of each locality as shown in Appendix 4.

2.4.7. The process for agreeing Locality Plans and their implementation investment proposals is illustrated by a flow diagram in Appendix 5. A costed locality plan will be signed off by each LAC and submitted to Cabinet for final approval.

2.5. Locality Partnership Working:

2.5.1. Partnership working is the cornerstone of the Locality Programme. The involvement of local of people and partners in public health issues is critical to the delivery of public health outcomes, because it:

- Encourages local ownership of priorities and plans,
- Avoids duplication of effort and resources,
- Creates opportunity for shared action.

2.5.2. As stated above, it is proposed that the Locality Programme should continue to work with Locality Partnerships where they exist to agree local public health priorities, plans and the allocation, monitoring and evaluation of resources

2.5.3. County elected members will be engaged in the process of agreeing priorities, allocating resources and having oversight of the locality plan. In some areas Local Members may be engaged in existing partnerships and utilise these arrangements in executing the Locality Plan for that area. This has been discussed and agreed at a series of LAC meetings during September and October 2013.

2.5.4. Whilst partnership arrangements vary across the County, many areas have well-established health and wellbeing groups, which feed into wider local partnership structures. This is the case in six of the eight localities, Amber Valley, Bolsover, Derbyshire Dales, Erewash, High Peak and South Derbyshire, and it is proposed that these locality arrangements are used as suggested in 2.5.3.

2.5.5. In the two localities where health and wellbeing partnerships are not currently operating, Public Health staff will work with local elected members through the LACs, and with other partner organisations, to develop appropriate structures.

3. Financial considerations

3.1. The Locality Programme is funded from a combination of existing ring-fenced budget and an additional investment, as outlined in Cabinet Report 30th July 2013:

- Staffing: £75,000* (inclusive of on-costs at 26.5% and associated travel costs).
- Locality projects & interventions: £433,280.

(*indicative amount based on Grade 10)

3.2 For 2013/14 the additional investment for locality projects and interventions would be £108,230, representing a part year spend. Table 1 shows the breakdown of additional funding for each locality.

4. Human Resources

4.1 As described above (2.3.9 and 2.3.10) the Locality Programme is delivered through existing staffing funded from the ring-fenced public health budget. There are no changes planned to the current staff assigned to the Locality Programme. Resource identified from vacant posts will be used to establish two new Development Worker positions; these will work in targeted communities in Amber Valley and Erewash, as shown in Appendices 2 and 3.

4.2. The two new posts have been evaluated under Hay job evaluation scheme at Grade 10, and will be recruited to in accordance with the Council's Recruitment and Selection procedures*.

*In recognition of the current pressures across the organisation, internal recruitment will be explored in the first instance to offer opportunities to staff with appropriate qualifications and experience.

5. Equality and Diversity

The proposal will support the council's aims in respect of equality and diversity. It will deliver locally based services, projects and interventions which take account of, and respond to, the diverse health needs across the County of Derbyshire. Although the Locality programme is geographically focused, it is part of the wider Public Health programme and contributes to addressing the health needs of diverse communities of interest across the County. The allocation of additional funding and staff has been done on an equitable basis and deployment of resources in this way will contribute to reducing health inequality.

6. Other Considerations

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

8. Key Decision

No

9. Call-in

No

10. Background Papers - Previous Cabinet reports

11. OFFICER'S RECOMMENDATION

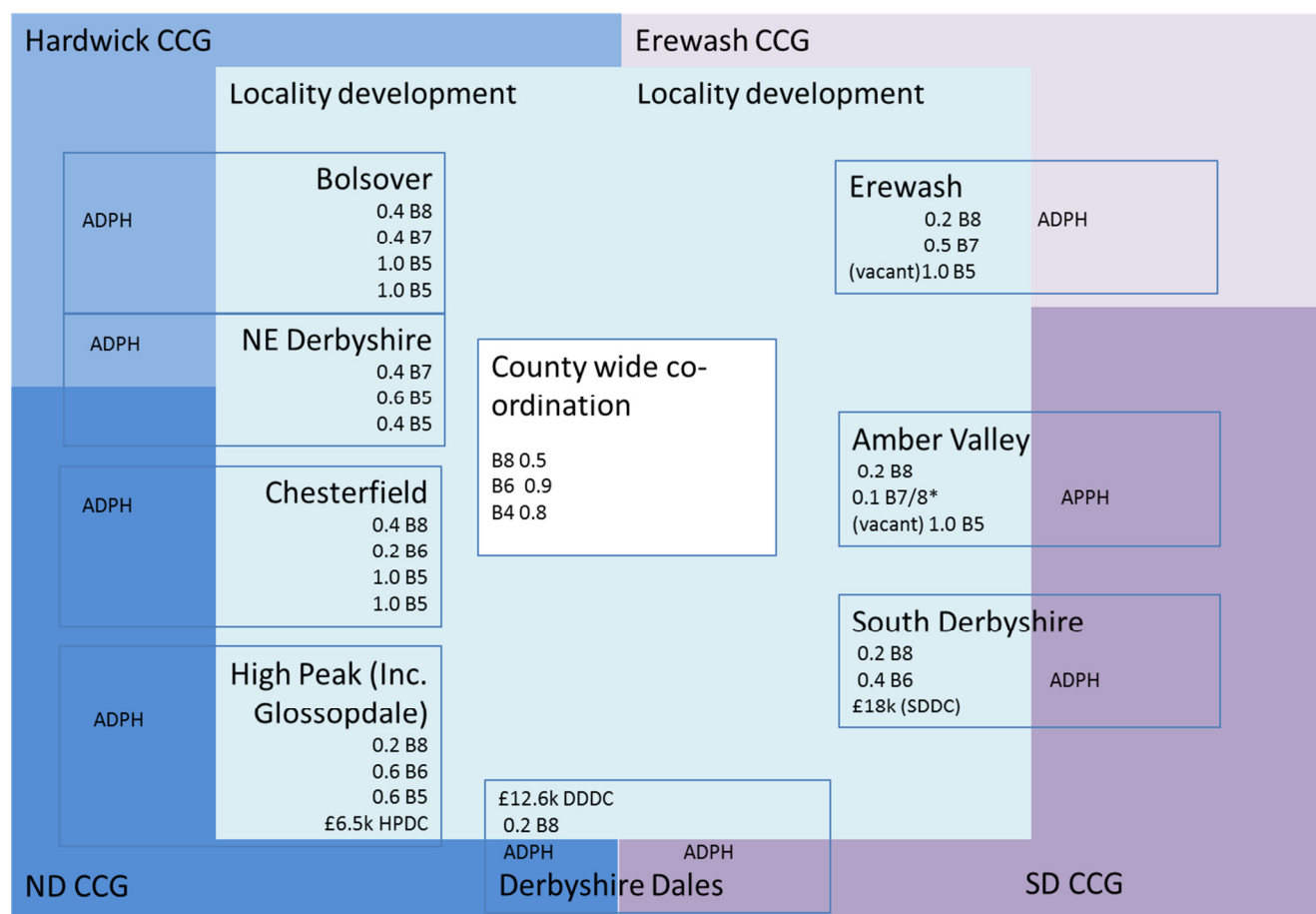
That Cabinet approves:

The Public Health Locality Programme and the equitable approach it adopts to improving the health of local people and reducing health inequalities in local communities.

The role of the Local Area Committees in agreeing and overseeing the locality plan and, the Cabinet's role of approving the programme overall.

Elaine Michel
Director of Public Health

Proposed Structure & Distribution of Public Health Staff in Localities



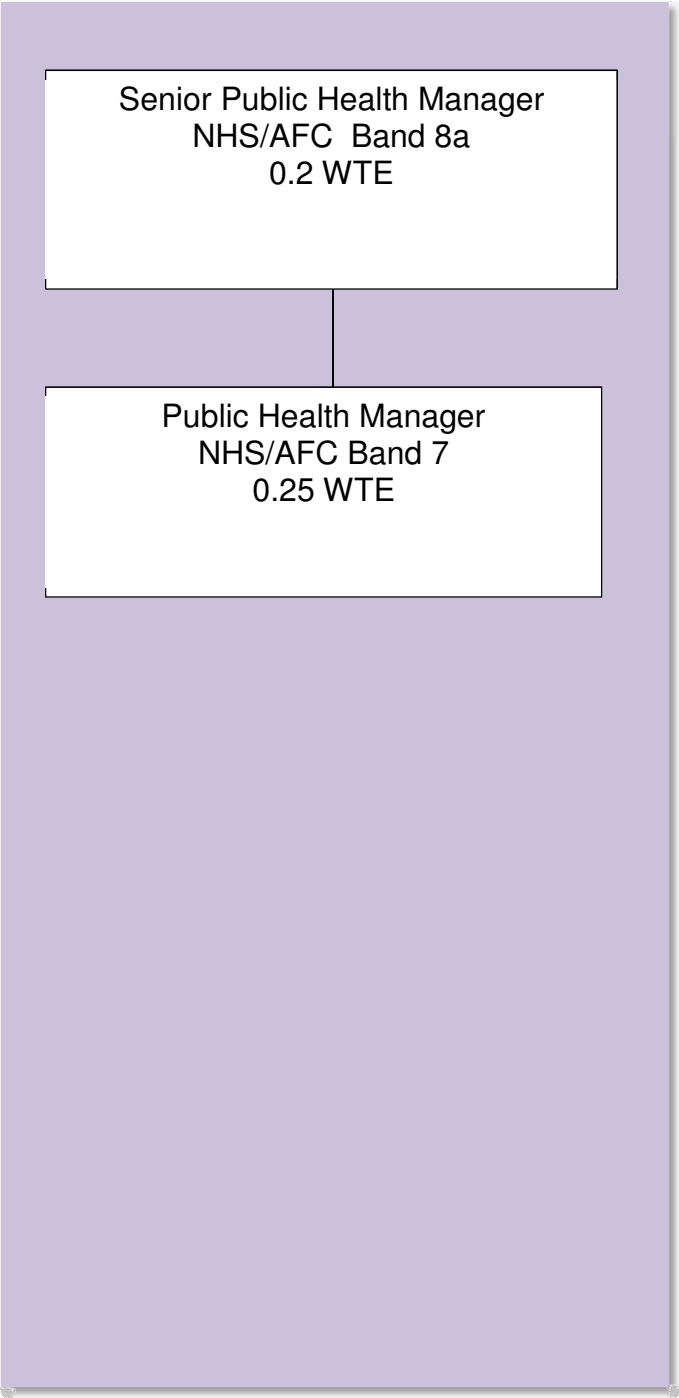
PUBLIC HEALTH LOCALITY MODEL

* Additional locality role for future/existing life course team member

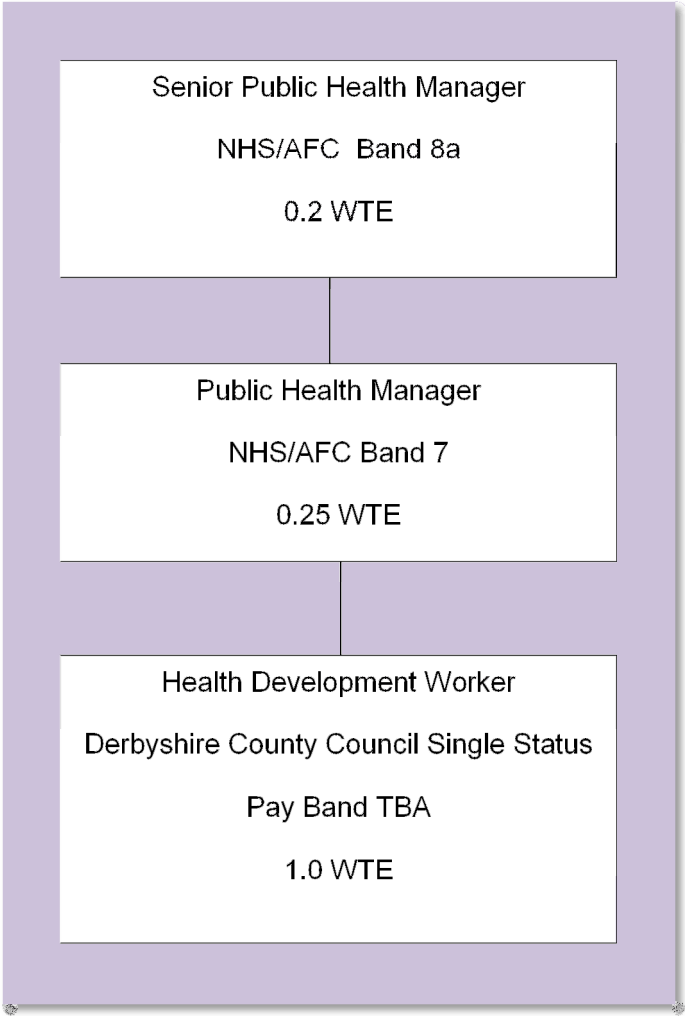
APPENDIX 2

Current and Proposed Public Health Staffing in Amber Valley Locality

Current

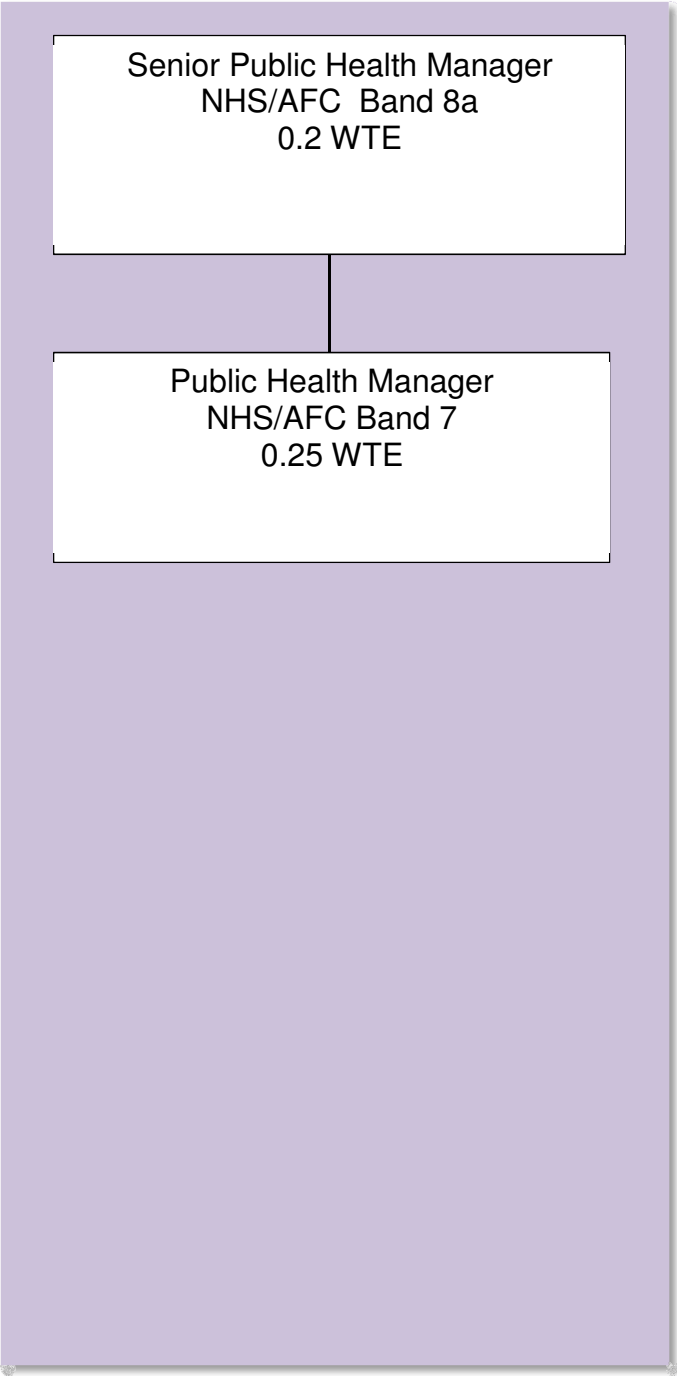


Proposed

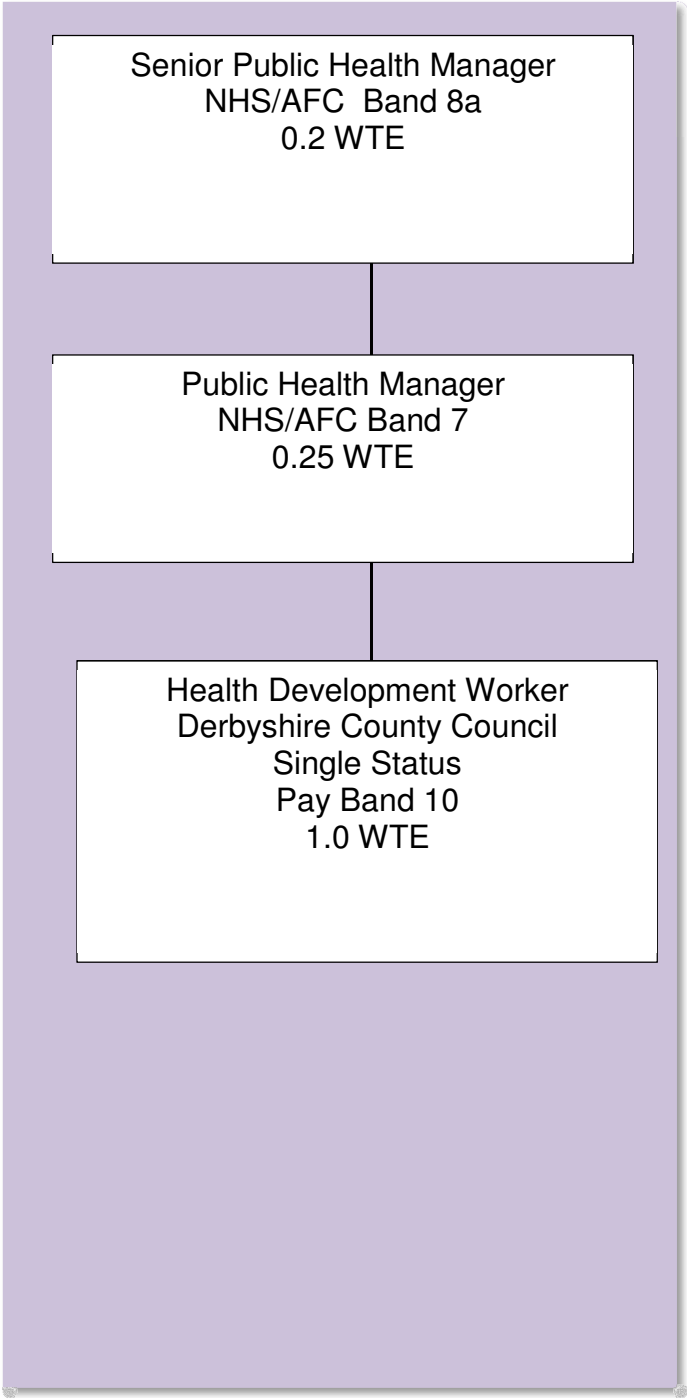


Current and Proposed Public Health Staffing in Erewash Locality

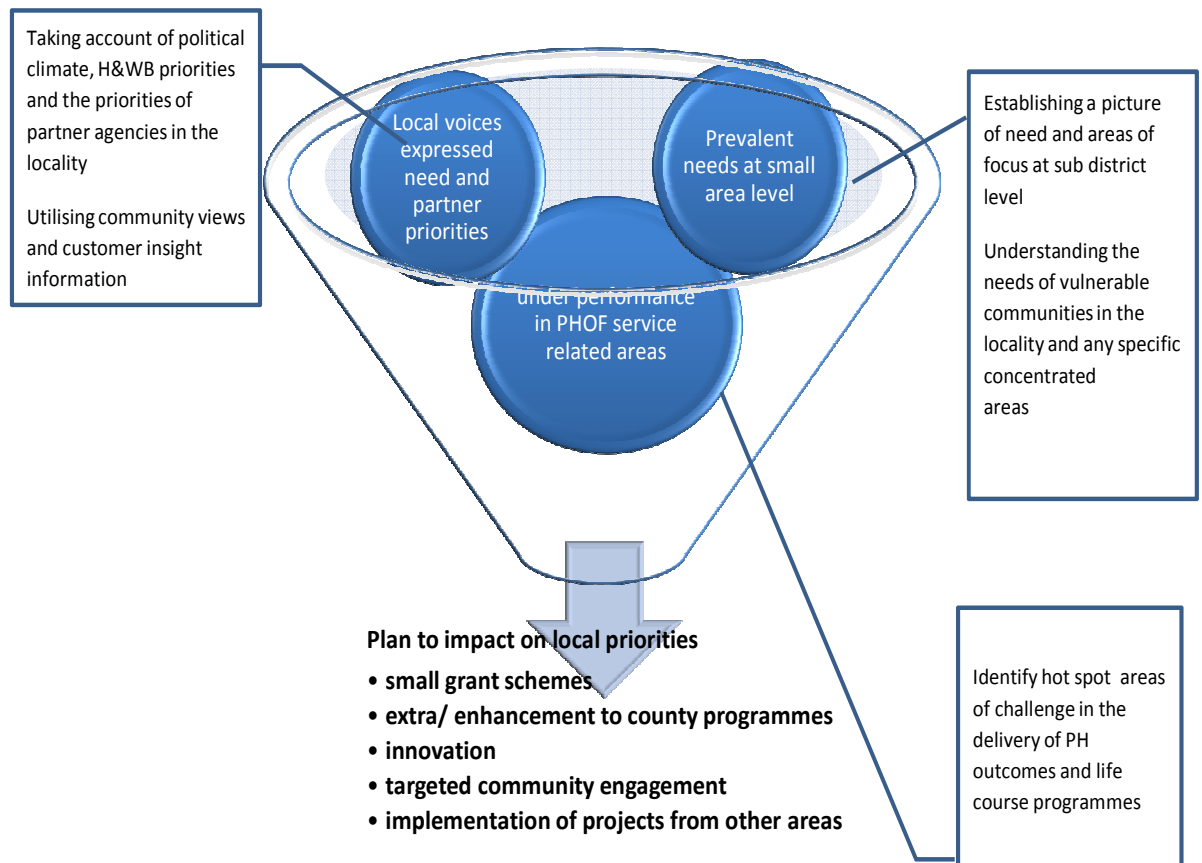
Current



Proposed



What to include in developing Locality Public Health Plans



Process and Timescale for developing Locality Public Health Plans

