



Chester-le-Street
District Council

Report to:	Full Council
Date of Meeting:	15 January 2009
Report from:	Assistant Director of Development Services
Title of Report:	Communities for Health Programme 2008-2009
Agenda Item Number:	10

1. PURPOSE AND SUMMARY

To provide members with details of additional funding from the Department of Health as part of the Communities for Health programme.

2. CONSULTATION

- 2.1 The CMT, the Leader, the Executive Member for Neighbourhood Services and members of the Communities for Health sub group have been consulted on this matter and the proposed way forward.

3. Transition Plan and People and Place Priority

- 3.1 The Communities for Health funding supports the Transition plan and People and Place priority, particularly strengthening partnerships and partnerships for the future, as it aims to meet the needs of the community by working towards reducing health inequalities and improving the health and the wellbeing of the District.

4. IMPLICATIONS

4.1 Financial Implications and Value for Money Statement

The Communities for Health grant brings additional resources into the Council, allowing projects to be delivered at no cost to the Council.

4.2 Legal

There are no legal implications arising from this report

4.3 Personnel

There are no personnel implications arising from this report.

4.4 Other Services

There are no implications for other services arising from this report

4.5 Diversity

“Communities for Health” aims to improve health and reduce health inequalities by engaging with the community and developing community leadership. This approach will enable all members of the community to become actively involved in challenging behaviours that adversely impact on the health of the local community and in doing so will work towards improving social inclusion and community cohesion.

4.6 Risk

The Communities for Health programme has now been well established and we do not foresee any risks attached to spending the additional finance provided by the Department of Health. The programme is considered as part of the LGR Health workstream and the Durham re-organisation should not result in any risks in delivering the programme following vesting day.

4.7 Crime and Disorder

As the Communities for Health grant works towards reducing health inequalities through community involvement, there is a possibility that projects will impact on matters of Crime and Disorder.

4.8 Other Implications

There are no other implications from this report.

5. BACKGROUND, POSITION STATEMENT AND OPTION APPRAISAL

- 5.1 “Communities for Health” was launched in 2005, shortly after the publication of the Choosing Health White Paper. The aim of the programme is to support local authorities in spearhead areas and their partners to encourage the involvement of the local community to take action against reducing health inequalities and improving the health of the District.

5.2 Chester-le-Street is a health inequality spearhead area and in 2007 the District Council were invited to take part in the programme, receiving £100,000 of funding for the delivery of projects to tackle public health priorities. An additional sum of £50,000 was granted for use in 2008/2009.

5.3 The initial sum of money (£100,000) was used largely to support 2 projects,

- The health trainer programme
- The Communities for Health, Mental Health Awareness project, delivered by Chester-le-street MIND

whilst the additional £50,000 grant was used to continue to support both of the above projects.

5.4 Shortly before Christmas, the Department of Health offered spearhead areas another £120,000 for 2008-2009. As before, these funds are to be spent towards the Communities for Health objectives to tackle local health inequalities through working with partners and the community.

5.5 In previous rounds of this grant, members delegated authority to the Communities for Health sub-group of the Health Improvement Group to co-ordinate proposals and commission projects/services to tackle health inequalities locally. The group consists of: the Director/Assistant Director of Development Services, the Executive Member for Neighbourhood Services, the Council's Community and Health Worker, the PCT's Partnerships and Performance manager and the LSP Manager.

5.6 The above mechanism has worked successfully and it is proposed that the same group is used to allocate this new £120,000 Communities for Health grant. Given the short timescales until vesting day, and in the interest of subsidiarity, it is very important to ensure that this commissioning exercise is undertaken at our local level. Equally, to ensure continuity at strategic level following vesting day, a County Council officer involved in the health inequalities agenda will join our local group as an observer, since any resultant projects/services approved by the group will be monitored (or perhaps delivered) locally by the new authority.

6. RECOMMENDATIONS

6.1 Members delegate authority to the Communities for Health Sub-Group to develop/commission proposals and approve expenditure for the latest round of £120,000 of Communities for Health funding in 2008-2009.

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