

Report to: Executive
Date: 20th March 2007
Report of: Executive Member for Health
Subject: Communities for Health
Ward: All

1.0 Purpose of the Report

1.1 The purpose of the report is to advise the Executive of the invitation for the Council to participate in the Department of Health's '*Communities for Health*' programme and the planned arrangements to utilise the associated funding of £100,000 to support the Council and its partners to improve health and reduce health inequalities in East Durham.

2.0 Consultation

2.1 This report has been prepared in consultation with the Executive Member for Regeneration and the Management Team. Discussions have also taken place with representatives of the County Durham Primary Care Trust on the implementation of the programme through the Health Improvement Group of the LSP.

3.0 Background

3.1 Following the publication of the Choosing Health White Paper in late 2004, the *Communities for Health* Programme has operated on a pilot basis. It is now being roll out to over fifty new areas to build on the pilot phase. It represents one of the ways the Department of Health is supporting Councils help meet the considerable challenges they face in tackling health inequalities. The initiative also recognises the role that Councils are playing in co-delivering the shared priority on health improvement and health inequalities, and the work being undertaken on health through Local Area Agreements.

3.2 *Communities for Health* is seen as an exemplar of creative thinking and good practice in health improvement work. Launched in Spring 2005 with an initial pilot phase, the programme is designed to promote action across local organisations – voluntary sector, NHS, local authorities, business and industry – on a locally-chosen priority for health, to celebrate achievements, and build momentum for future change.

3.3 The funding award of £100,000 is non recurrent, as its purpose is to help develop the capacity of local health partnerships, and in particular to strengthen the role that community groups and the voluntary sector can make in changing behaviours that have an adverse impact on health.

3.4 *Communities for Health* does not involve a bidding process as the funding is pre awarded to the District based on our existing levels of health disadvantage. The only commitment required is that the Council with its partners will use the funding for purposes that fall within the criteria set out for the Programme and that later in 2007, a report is prepared indicating the use to which the resources have been put and to give an indication of the outcomes that have been achieved.

3.5 As part of the Programme a number of national and regional events are to be held to provide opportunities to share progress with other council areas, and to meet with key policy leads from government departments and national organisations that are engaged in work to narrow health inequalities.

3.6 Confirmation has been sent to the Department of Health indicating the Council's wish to participate in the *Communities for Health* Programme.

4.0 'Communities for Health' Programme: Operational Details

4.1 The *Communities for Health* initiative is seen as a new approach to unlocking the energy that lies within communities themselves. The original purpose of the pilot stage was to seek new ways of engaging communities in initiatives to improve the health of the whole population. This remains unchanged.

4.2 The strategic aims of *Communities for Health* are to:

- engage communities in their own health and develop their capacity to support individual behavioural change for healthier lifestyles;
- build partnerships between organisations and communities; and
- develop innovative practices for community based health improvement.

4.3 It is anticipated that *Communities for Health* will focus local activity on the key health priorities of tackling health inequalities, reducing smoking, tackling obesity, improving sexual health and mental health, and encouraging sensible drinking.

4.4 A number of criteria were set for funding schemes under the pilot programme so as to show initiatives were sustainable: through in part the building of community capacity and alignment to the LAA; well-evaluated; based on evidence of need; and use interventions that are evidence based where possible. These criteria remain unchanged, but participating areas are asked in developing their work over the next year to take into account the following considerations:

- Health inequalities should be even more strongly represented in programmes.
- Choosing Health introduced the language of co-delivery: a shared leadership responsibility between local authorities and PCT's for the delivery of health improvement. Local Area Agreements are accepted as a framework for agreeing joint performance plans, and there is a strong drive for more effective community engagement by the public sector and how wider engagement of the third sector might be enabled by such developments. The use of *Community for Health* funding to support this direction of travel would be welcomed by showing how the processes of the development of integrated delivery models can be used to respond to health improvement commissioning plans.
- Continuing to move away from one-off projects to strategic programmes of change. *Communities for Health* should contribute to a locally defined cohesive strategy for health improvement. This may draw on other nationally sponsored initiatives such as Health Trainers and Small Change, Big Difference. The Department of Health is also keen to seek ways of linking new initiatives – for examples Health Direct and the IDeA Healthy Communities programme –with local strategic plans through *Communities for Health* initiatives.

- 4.5 Within the aim of the programme to pilot new public health approaches that effectively engage the enthusiasm of local communities themselves, the funding can be used to:
- identify local projects that engage communities in improving their own health and help to reduce health inequalities;
 - foster and enable the implementation of innovative, sustainable practice across a number of different priorities;
 - encourage partnership working between different sectors, agencies and communities;
 - strengthen the role of regional partners;
 - promote and disseminate good practice; and
 - reinforce the community leadership role of local authorities and the NHS.
- 4.6 It is expected that where possible *Communities for Health* funding should be aligned with Local Area Agreements, to support the delivery of health outcomes and the new health inequalities mandatory target. This will place *Communities for Health* within the Government Office framework for developing joint performance plans and within the regional/local performance management structure.
- 4.7 Implementation of the *Communities for Health* initiative will be co-ordinated through the East Durham LSP's Health Improvement Group, who will be tasked to develop a strategic programme in line with the above guidance and criteria. A further key consideration for the Health Improvement Group will be to ensure the programmes complements current NRF supported and agreed service improvement plans related to addressing alcohol reduction and childhood obesity, as part of a wider drive to reduce health inequalities faced by Easington's communities.
- 4.8 In addition by using the LSP this aligns with the agreed County Durham LAA approach of placing LSPs at the centre of delivery of actions. Within the Healthy Communities and Older People block of the LAA, there are a number of outcomes that this Programme should contribute towards from a health improvement perspective:
- Increasing life expectancy and substantially reducing premature mortality rates.
 - Improving health in disadvantaged neighbourhoods.
 - Improving access for vulnerable people to services, leisure and social activities.
 - Improving opportunities for vulnerable people to play a full and active role in their community.
 - Providing greater independence and choice for vulnerable adults.
- 4.9 The most direct contribution should however be towards the target of improving health in disadvantaged neighbourhoods which is focused on reducing premature mortality rates between wards/neighbourhoods, with a particular focus on reducing the risk factors for heart disease, stroke and related diseases (i.e. actions on smoking, diet and physical activity)
- 4.10 Management of the funding and liaison with the Department of Health will be undertaken by the Regeneration and Partnerships Service.

5.0 Implications

Financial

- 5.1 As indicated the Department of Health will provide to the Council grant aid of £100,000 to support the Programme. There are no requirements to specifically match this expenditure and as such there are no direct implications on the Council's existing expenditure plans. There might be an opportunity to support the any actions with additional NRF resources arising from the monitoring of existing programmes and commitments during 2007/08.

Legal

- 5.2 It is not considered that the report has any legal implications for the Council.

Policy

- 5.3 It is not considered that the report has any policy implications for the Council.

Risk

- 5.4 A risk assessment has been carried out. This identifies the key factors requiring attention to be ensuring that the funding is used for the intended purposes and a report on outcomes is prepared in a timely manner for submission to the Department of Health.

Communications

- 5.5 An appropriate press release will be prepared.

Corporate Plan and Priorities

- 5.6 The *Communities for Health* initiative will support the Council's corporate priority to build a health community and its focus on addressing health inequalities and supporting health improvement activities.

Social Inclusion

- 5.7 The *Communities for Health* will assist to support efforts to promote greater social inclusion across the District and within individual communities.

Other Implications

- 5.8 There are no significant equality and diversity issues, e- government, procurement, sustainability and crime and disorder implications directly arising from the report.

7.0 Recommendations

- 7.1 That the Council participates in the Department of Health's Communities for Health Programme and this be undertaken in partnership with the East Durham Local Strategic Partnership's Health Improvement Group.

Background Papers.

1. Letters from Department of Health, November 2006 and February 2007
2. District of Easington's Corporate Plan

Further information Contact:

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