

EAST HERTS COUNCIL

EXECUTIVE - 2 SEPTEMBER 2014

REPORT BY EXECUTIVE MEMBER FOR HEALTH, HOUSING AND
COMMUNITY SUPPORT

PUBLIC HEALTH OFFER TO DISTRICTS AND BOROUGHES IN
HERTFORDSHIRE 2014-16

WARD(S) AFFECTED: ALL

Purpose/Summary of Report

- To consider the offer from Hertfordshire County Council to provide funding to deliver public health outcomes and projects.

<u>RECOMMENDATIONS FOR THE EXECUTIVE : That:</u>	
(A)	the proposed structure for the selection of projects for the delivery of public health outcomes funded by the offer from Hertfordshire County Council, be approved;
(B)	the Director of Neighbourhood Services be authorised to sign the memorandum of understanding between the County Council and East Herts Council; and
(C)	the project board consisting of the Executive Member for Health, Housing and Community Support, the Director of Neighbourhood Services and the Environmental Health Promotion Officer to evaluate and approve proposals, be approved.

1.0 Background

- 1.1. Councillor Teresa Heritage, Executive Member Public Health and Localism for Hertfordshire County Council has written to all the District and Borough Councils in Hertfordshire offering funding for 2014-15 and 2015-16 of £100,000 per annum. Funding will be dependent on delivery of outcomes or projects which have been agreed.

- 1.2. The offer of £100,000 is to deliver mutually agreed public health priorities which reflect the needs of the population as reflected in the Joint Strategic Needs Assessment (<http://jsna.hertslis.org/>) and local health profiles (<http://www.healthprofiles.info/>). This will help both Councils to deliver their shared public health obligations and the ambitions in the Hertfordshire Public Health Strategy and the East Herts Health and Wellbeing Strategy.
- 1.3. There will be a memorandum of understanding which will set out what the money will be spent on and explain how performance is monitored. Performance monitoring will be through the Council's Health and Wellbeing Panel. Performance will be reported to the Director of Public Health.

2.0 Report

- 2.1. In considering how best to use the £200,000, the Council is keen to support a balance between some quick delivery wins, longer-term legacy projects and building community empowerment. To this end, the following aspects have been focused on:

1. Mainstreaming public health
2. National Health Leadership role
3. Delivery of positive health outcomes

- 2.2. When selecting suitable projects emphasis will be placed on the following:

1. Improving the quality of life for residents in East Herts, particularly those who are more disadvantaged
2. Support residents who are in a good place already, to enable continued healthy eating, keeping well, reduce social isolation and to building social capital and cohesion.
3. Projects which will lead to sustainable relationships with external partners to further the delivery of public health projects after the district offer has ended

- 2.3. Each project must be able to demonstrate:

1. A clear evidence-based ill-health-prevention rationale

2. Effective ways of measuring the health outcomes which enable to Council to demonstrate health improvement and reduction of health inequalities
3. Its sustainability once the grant funding has ceased. This could be with the use of volunteers for better health or community enterprise type set up.

2.4. Evaluation and Selection of Projects

1. It is expected that project ideas could come from a multitude of people, both internal to the Council and external. It is therefore important that the Council follows a single route for the evaluation of each project.
2. It is proposed that a project board is established to evaluate each of the proposals to ensure they meet the criteria set out above.
3. The project board will consist of the Director of Neighbourhood Services, Environmental Health Promotions Officer and the Portfolio Holder for Health, Housing and Community Support.
4. The project board will consider whether there are other, more suitable, sources of funding other than the district offer. This might for example take the form the public health board or CCGs directly commissioning East Herts Council to provide health and wellbeing related services.
5. Project ideas must be submitted on the form provided. Some items for consideration are contained in Essential Reference Paper B. These officers will then review these proposals and decide if there is sufficient evidence to support the outcomes above.
6. The project leads will then be responsible for reporting progress to the project board so that the project board can provide feedback to members of the Health and Wellbeing Panel.

- 2.5. To help Members get a feel for the types of projects that may be considered, below are some examples of potential project outlines

1. Increased integration and optimising delivery through the Council's Leisure Services, Community Safety and Health Services and other Council Departments supporting public health delivery, including exploring chair based exercise and singing approaches linked particularly to wellbeing in dementia and building social connectedness.
2. Sustained alcohol recovery support through the Hertfordshire County Council Commissioned Services run by CRI (Crime Reduction Initiative) and other alcohol recovery service providers. There is a need to support healthy lifestyle intervention and enable employment opportunities as work and health go together as important health determinants.
3. Showcasing the work of the Council and partners in successful delivery programmes and being an ambassador for public health through seminars and case studies.
4. Combining time banking and public health approaches in terms of delivery of sustainable public health outcomes.

3.0 Fund Details

1. The money can be carried over from one year to another, there is no requirement to spend in this financial year, but it must be spent by 31st March 2016.
2. The legal mechanism for use of the money is the County Council under agency powers (Local Government Act 1972) asking Districts/Boroughs to provide public health services
3. The money can be used to support project and infrastructure costs including staff time in delivering
4. There may be some additional monies for one off projects on a case by case basis if the Council has specific projects
5. The money for each District/Borough is in addition to Hertfordshire County Council's investment in Royal Society of Public Health accredited training for local authority or voluntary sector staff.
6. The money can be spent on revenue or capital
7. The primary criteria for priorities for the money are as follows
 - i. Priorities should be those which are relevant for the District/Borough as identified in either the "Tartan Rug" of

Health Indicators or Health Challenges for Hertfordshire or the JSNA or Hertfordshire Public Health Strategy or local Public Health Strategy (or its equivalent) and

- ii. Agreed with the Director of Public Health and
 - iii. Noted in the Memorandum of Understanding
8. Priorities can be revised/amended by simple agreement.
 9. The outcome and process measures for the projects should be agreed and monitored between the District/Borough and Director of Public Health.
 10. The support available from Hertfordshire County Council's Public Health team is set out in paragraph 4.3 below. Consultancy advice and support is available to help with the offer.
 11. The money could be recovered by Hertfordshire County Council if instructed by Department of Health if it is not spent wisely on public health in accordance with the public health priorities in the Hertfordshire Public Health Strategy or the East Herts Health and Wellbeing Strategy.
 12. Sharing projects and staff with other Councils is encouraged.
 13. County encourages the Council to work with voluntary sector and community agencies.
 14. District and Borough Councils have the same choice of how they get projects delivered that they have with anything else: they can make (do it themselves), share (do with partner) or buy (commission or grant aid).
 15. The continuation or provision of a small grants fund or small projects fund within the district's portfolio of work on the District Offer is up to the local area to decide on. Some districts are having a grants competition.
 16. The money can be used to bring in other monies (e.g. Sport England) through matched funding.

17. Projects can be designed so that the Clinical Commissioning Group (CCG) matched funding can be obtained.
18. Once the Memorandum of Understanding is signed by both parties the monies can be invoiced immediately.

4.0 Programme Management Infrastructure and process

4.1. County Council Infrastructure

- a. The Public Health Board will be used by the County Council as the main mechanism to monitor and run the district offer programme.
- b. A designated lead officer will account manage and co-ordinate the County Council's support for Districts.
- c. The County Council will provide time from its public health team to support Districts on technical advice, content, evidence etc.
- d. The County Council will provide from its public health analytical team support on setting indicators and outcomes and advice on evaluation.
- e. The Public Health analytical team will provide regular updates of the Public Health Outcomes Framework, updates of the tartan rug etc.

4.2. Governance

- a. The Public Health Board will be used by the County Council as the main mechanism for countywide governance.
- b. Each district can agree as stated above its governance and programme infrastructure to suit its needs.

4.3. Support to Districts on the Offer

- a. An information exchange, ideas and network group will be convened to enable lead officers to work together and share ideas.
- b. Practical Support to Districts on being able to deliver the offer takes the following forms:

- i. The designated lead officer will co-ordinate the offer from Public Health and will link Districts into topic leads within Public Health to give technical advice and assistance on projects
- ii. Consultancy support from external qualified and experienced consultants in public health/health improvement is being commissioned, free of costs to districts, and this can be accessed through the designated lead officer.
- iii. Technical assistance on setting indicators for monitoring progress and outcomes will be provided by the public health analytical team (along with regular updates on the public health outcomes framework and “Tartan Rug”) and this can be accessed through the designated lead officer.
- iv. The Director of Public Health will attend meetings to agree content of programmes wherever needed
- v. Training and support and access to evidence will be provided wherever possible. Districts should identify their needs to help deliver the programme
- vi. The County Council is willing to try to source anything districts feel they need not mentioned or already provided by way of assistance, advice and expertise

5.0 Governance and Monitoring

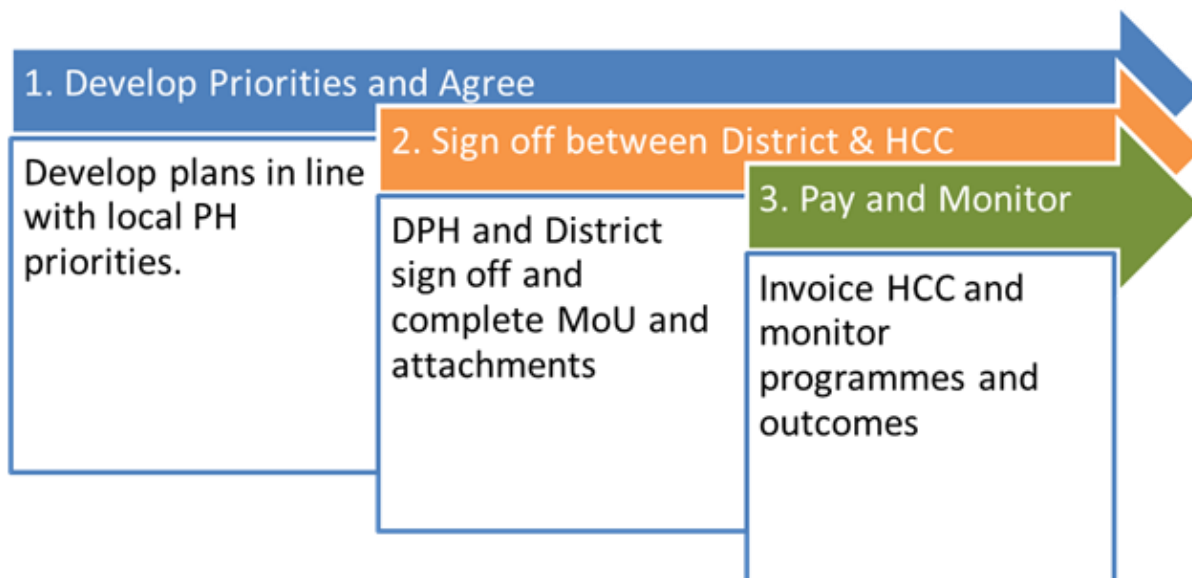
- 5.1. The County Council will take a light touch a process as possible to governance and decision making, so that each district can decide the best governance mechanism for them to adopt in relation to the money.
- 5.2. Reports will come from each District to the Public Health Board.
- 5.3. Which mechanisms the Districts use within the District is up to the District to suggest and agree within the Memorandum of Understanding.
- 5.4. The key criterion is that the District/Borough has a process for deciding on wise use of the money and accounting for its spend,

outputs and outcomes that works for the District. This mechanism should simply be mutually agreed, and stated in the Memorandum of Understanding.

- 5.5. There will be a simple suite of documents underpinning the process in each area:
 - a. An initial report to the Public Health Board once it has been through the District's own chosen governance process which contains
 - i. A signed Memorandum of Understanding between County and District to which will be attached
 - ii. A brief action plan on what the money will be used for, attached to the Memorandum of Understanding
 - iii. An outline of the performance monitoring (process, outputs, outcomes) chosen which can be the same document as the Action Plan
 - b. A performance monitor, quarterly, to the Public Health Board.
 - c. An annual simple certificate of what was spent, what is carried over for assurance purposes for the Department of Health which the County Council will ask for as part of monitoring and accounting for the grant
- 5.6. There are no set deadlines initially for these reports other than providing the annual certificate.
- 5.7. Monitoring performance will be done as realistically as possible. Ideally the Public Health Outcomes Framework will be used to monitor progress but it is recognised that this may take some time to shift. So outputs (activity numbers) and process or other outcomes will be mutually agreed between each District and the Director of Public Health which can be monitored. These can be refined and changed as time goes on by means of simply changing the action plan/ monitoring plan and exchange of emails/letters.

6.0 Process for Accessing the District Offer Monies

6.1. The following is the process for accessing the monies



7.0 Implications/Consultations

7.1. Information on any corporate issues and consultation associated with this report can be found within **Essential Reference Paper 'A'**.

Background Papers

None

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