

Report to: Cabinet

Date of Meeting: 9 April 2018

Report Title: Healthy Hastings & Rother – Reducing Health Inequalities Programme

Report By: Andrew Palmer – Assistant Director – Housing & Built Environment

Purpose of Report

1. To advise Cabinet on proposed changes to funding allocations for the Hastings Borough Council (HBC) led projects within the NHS Hastings & Rother Clinical Commissioning Group's (CCG) Healthy Hastings & Rother (HHR) programme.
2. To seek agreement for the revised programme and the arrangements for ensuring delivery of projects until March 2020.

Recommendation(s)

1. **To note the proposed changes to funding allocations from 2017 to 2020 for HBC led projects within the CCG's Healthy Hastings & Rother Programme.**
2. **To agree the revised programme of HBC led projects as described in the report, within the total financial resources available from the CCG of £2,751,512.**
3. **Subject to confirmation of the programme by the CCG's Governing Body on 28 March 2018, the Director of Operational Services, in consultation with the Lead Member, be authorised to enter into a funding agreement with the CCG under section 256 of the NHS Act 2006 to support continuation of the HBC led programme until 31 March 2020.**

Reasons for Recommendations

The Council has long held the position that good health is a key factor in determining the quality of people's lives and that health inequality is a significant outcome of and contributor to poverty. This programme is helping to contribute towards more integrated work with partners to address issues of health inequality. The revised programme supported by CCG funding requires Cabinet approval.

Introduction

1. Since 2015 the CCG has allocated substantial resources from its Healthy Hastings & Rother Programme, for HBC, East Sussex County Council, and other partners or providers to invest in projects, which will address health inequalities.
2. In July 2015 HBC Cabinet approved an initial programme of work with CCG funding of £0.602m paid under section 256 of the NHS Act 2006. This was supplemented with further CCG funding of £1.2m in 2015/16 and the enhanced work programme received HBC Cabinet approval in August 2016. In July 2017 HBC Cabinet approved further enhancements to the programme with additional CCG funding of £1.711m allocated over the current financial year and the two subsequent financial years until 31 March 2020.
3. Following the July 2017 Cabinet it was necessary to revise funding allocations to certain projects after changes resulting from feasibility work and/or project mobilisation. Cabinet approved the revised programme on 6 November 2017. Since November 2017 it has proved necessary to make further adjustments to the programme reflecting the experience of project delivery and to some extent increased funding pressures on NHS budgets. This report provides a summary of the updated position for Cabinet approval.
4. Overall, the revised programme supported by CCG funding amounts to a considerable sum of approximately £2.75m between 2015-2020. However, please note the revised programme is still subject to confirmation by the CCG's Governing Body on 28 March 2018.

HBC Led Programme

5. The HBC led programme comprises nine projects. Details of the individual projects and high level progress with delivering them is summarised at Appendix 1.
6. In Quarter 3 2017 it proved necessary to make some adjustments to the programme to reflect the conclusion of feasibility work during summer 2017 in relation to the Homelessness Support – Hospital Pathway project and to address slower than anticipated mobilisation of Phase 1 of the Health and Wellbeing Community Hubs. The programme originally included an allocation of £300,000 for the Homelessness Support – Hospital Discharge project. However, following feasibility work to establish the project, HBC and CCG colleagues have concluded that the proposed service, which following market testing includes a specialist nursing service, would be better commissioned directly by the CCG. In addition, slippage on the Health and Wellbeing Community Hubs project will result in spend this year of £229,000 against an original budget of £400,000.
7. As the CCG requires full spend in 2017/18 against the allocated budget these changes released funds to cover the extension of some existing projects without the need for the additional CCG funding originally anticipated in 2017/18, e.g. the Community Adult Learning project (WD4) and the Street Community – Health & Wellbeing Hub (EG12). The changes also enabled the implementation of a new partnership project: Co-investment Programme in Ore, Hollington, and Sidley

designed to reduce health inequalities amongst communities where there are concentrations of people living in housing association homes. Investment in this project was anticipated to be £50,250 in 2017/18. The budget changes also enabled an additional £130,000 to be allocated to the Healthy Homes programme to deliver additional heating improvements and energy efficiency measures for vulnerable households in priority areas.

8. The Borough Council and the CCG have worked hard to maximise expenditure against the overall budget whilst responding to local needs and opportunities. For example, in March 2018 Warrior Square GP practice relocated back to Marlborough House, St Leonards. The CCG is therefore exploring with its key stakeholders, the feasibility of investing Health & Wellbeing Community Hubs Phase 2 resources into Marlborough House in order to reduce inequalities between patients in access to services.
9. As the 2017/18 financial year end approaches HBC and CCG colleagues have reviewed project expenditure forecasts and this has indicated that across the programme £152,632 will not be spent by 31 March 2018. To help clarify the position the variations to the programme/reallocation of funds and projected expenditure in 2017/18 are set out at Appendix 2. The underspend equates broadly to the funds released by the CCG directly commissioning the Homelessness Support – Hospital Pathway project. Current NHS financial pressures require this sum to be returned to the CCG and arrangements are in train to facilitate this.
10. The revised budget position for the 5 year programme is attached at Appendix 3. Whilst the total allocation is now £2,751,512, which is £761,764 less than the allocation of £3,513,276 originally envisaged in July 2017, it is important to note that the CCG is now intending to directly commission the Homelessness Support – Hospital Pathway project, which is likely to lead to additional investment exceeding £300,000 over the next two years. Furthermore, if it proves successful there is the possibility of the project being extended for a further two years with a similar level of investment.
11. A further section 256 agreement between the CCG and HBC is required to confirm the availability of additional resources of £1,102,144 to sustain the programme through to 31 March 2020. This is being drafted in tandem with the Cabinet report so that it is ready for signature by both organisations and as soon as possible after the Cabinet meeting. In order to avoid delay in project delivery and to enable the letting of contracts that extend beyond 2017/18 prior to the Cabinet meeting and completion of the section 256 agreement, the CCG has written to HBC to confirm the availability of funds in 2018/19 and 2019/20.
12. The revised programme is subject to confirmation of funding by the CCG's Governing Body on 28 March 2018. Should the total funding be reduced for any reason, or any element of the programme require significant revision, then it will be necessary to further amend a new section 256 agreement between the CCG and the Borough Council. It is proposed, therefore, that the Director of Operational Services, in consultation with the Lead Member, be given delegated authority to vary the proposed agreement in line with requirements of both parties.

Policy Implications

13. If successful, projects within the programme will contribute to reducing health inequalities and impact positively on:
- a) Greater community cohesion and sustainability. Poor health outcomes are a significant cause of exclusion and impose significant problems at a personal and community level.
 - b) Crime and fear of crime, particularly on issues of domestic violence.
 - c) Local people's views, particularly through work around consultation and engagement on the delivery of health and wellbeing services in community centres
 - d) Anti-poverty, as health inequalities are widely recognised as both a development and outcome of wider economic exclusion
14. Initial results from established projects are generally proving positive. However, it is important to note that only longer term work, which is aligned to other local initiatives that are targeted at deprived communities and / or vulnerable population groups, will produce significant outcomes for local people.

Financial and Management Implications

15. The work programme will need to be contained within the resources allocated by the CCG, currently £2,751,512, including the additional funding of £1,102,144 for 2018-2020. Project delivery is progressing based on previously approved funding and will continue across the next two financial years to March 2020.
16. HBC does not have the staff resources or the capacity to absorb project management and other costs associated with delivering the programme. These costs will be contained within the programme budget and the agreed HBC project management costs will be charged to individual projects. In addition, the programme budget includes an allocation of just under £106,000 over the five year period (calculated at 4% of the total programme), as a contribution towards HBC management and central support costs associated with developing and delivering this programme.

Timetable of Next Steps

17. Please include a list of key actions and the scheduled dates for these:

Action	Key milestone	Due date (provisional)	Responsible
Confirm CCG Programme Funding	Agree and sign off s.256 funding agreement with CCG	10 April 2018	Andrew Palmer

Wards Affected

All

Implications

Relevant project tools applied? Yes/No

Please identify if this report contains any implications for the following:

Equalities and Community Cohesiveness	Yes
Crime and Fear of Crime (Section 17)	Yes
Risk Management	No
Environmental Issues	No
Economic/Financial Implications	No
Human Rights Act	No
Organisational Consequences	No
Local People's Views	Yes
Anti-Poverty	Yes

Additional Information

Appendix 1 – Healthy Hastings & Rother Programme – Projects Led by Hastings Borough Council

Appendix 2 – Healthy Hastings & Rother – HBC Led Projects – Variations to Programme at 31 March 2018

Appendix 3 – Healthy Hastings & Rother – HBC Led Projects – Revised Programme 2016/17-2019/20

Background Papers

Report to Cabinet – Healthy Hastings & Rother – Reducing Health Inequalities Programme – 10 July 2017

Report to Cabinet – Healthy Hastings & Rother – Reducing Health Inequalities Programme – 6 November 2017

Officer to Contact

Andrew Palmer
apalmer@hastings.gov.uk
01424 451316

Appendix 1

Healthy Hastings & Rother Programme – Projects Led by Hastings Borough Council – High Level Summary of Progress

CCG Ref:	Project description	High level progress against key targets	Progress against outcomes	Delivery Lead
E11	Let's Get Moving (LGM) exercise referral pathway in GP practices - increase the physical activity levels of overweight adults over 12 months	In Q1, 2 and 3 2017/18 , 15 (52%) HR GP practices delivered LGM. 655 initial patient consultations were completed during this period. However evidence shows that a limited number of patients received a follow up and motivational interviewing focused appointment.	In Q1 2018/19 further analysis of the project's impact will inform future commissioning decisions.	GP Practices
EC2	Health and Wellbeing Community Hubs – enable existing community centres and VCS organisations to become further involved in the design, development and delivery of health and wellbeing services	In November 2017 , awards made to VCS organisations to establish Health and Wellbeing Community Hubs in North East Hastings, North West Hastings, Central St Leonards, Central Bexhill and Sidley.	First stage evaluation report evidencing the impact of Health and Wellbeing Community Hubs available in April 2018 .	HBC - Regeneration
EC5	Community Empowerment programme in Ore, Hollington and Sidley – strengthen the capacity and capability of three communities to reduce the impact of health inequalities	In September 2017 , co-investment programme commenced with Hastings Borough Council, Optivo and Orbit housing associations and other partners. Focus includes support for young people and their families, adults on low incomes and / or living with long term conditions and Making Every Contact Count and Health	First stage evaluation report evidencing the impact of Community empowerment programme available in April 2018 .	Optivo housing association

CCG Ref:	Project description	High level progress against key targets	Progress against outcomes	Delivery Lead
		Inequalities Leadership training for staff.		
EG6	Health Independent Domestic Violence Adviser (HIDVA) - promote earlier identification of domestic violence and abuse (DVA) at the Conquest Hospital and improve referrals to IDVA services in Hastings for further support.	Q1 2017/18 21 referrals were received of which 75% were provided with an Initial Safety & Support Plan. Training has been embedded in the hospital's safeguarding programme. An amended referral pathway and staff changes resulted in the pilot ending in August 2017.	A review of HIDVA (EG6) and IRIS (EG7) projects concluded that the pilots have achieved positive outcomes e.g. improved professional understanding of DVA and direct help and support to victims of DVA. EG6 and a redesigned EG7 (see below) will continue in 2018/19 with 3 x HIDVAs (1 x hospital and 2 x primary care) working via a Health Hub for Adults Affected by DVA.	Change, Grow, Live - CGL
EG7	Identification and Referral to Improve Safety (IRIS) - develop existing partnership work between primary care and specialist DVA services by providing GP practices in Hastings with a practice based training, support and referral programme for staff.	Q1 2017/18 17 GP practices received brief advice training and 8 GP practices were trained in the full IRIS model. A review of the project concluded it was too rigid and therefore the pilot ended in August 2017.	A review of the pilot project concluded there was no perceived added value in retaining the IRIS brand and that the project should be redesigned to provide better value for money and more flexibility. In 2018/19 , the project will be incorporated in a Health Hub for Adults Affected by DVA (see EG6 above).	Change, Grow, Live - CGL
EG9	Specialist Nursing Service for rough sleepers, the street community and people living in temporary accommodation – provide physical and mental health support in the community and at the Conquest Hospital.	Project now funded directly by the CCG. Business case approved by HHR steering group. Procurement closed on 16th March 2018 .	Provider to be appointed in May 2018 with the service commencing in September 2018 .	H&R CCG

CCG Ref:	Project description	High level progress against key targets	Progress against outcomes	Delivery Lead
EG12	Rough sleepers and street community hub – a weekly multi agency hub in St Leonards to improve access to services and support for rough sleepers and the street community	In Q2 and Q3 2017/18 , 44 people were provided with housing and health and wellbeing information and referred to specialist services. Permanent housing solutions were found for 37 people.	Findings demonstrate that co-ordinated intensive support enables better health and wellbeing and housing outcomes to be achieved and improvements in access to local GP practices, drug and alcohol treatment and mental health services.	HBC - Housing Needs & Policy
WD2	Healthy Homes programme – reduce fuel poverty in owner occupied and private rented homes and support the enforcement of housing standards.	In Q1, Q2 and Q3 2017/18 : <ul style="list-style-type: none"> • 72 owner occupied and private rented homes were provided with additional heating and / or insulation improvements. • 83 private rented homes were inspected of which 13 have been improved through enforcement action. 	The University of Brighton have been appointed to evaluate the impact and effectiveness of the programme. An interim report evidencing its impact will be available in April 2018 .	HBC - Housing Renewal
WD4	Community Adult Learning – bespoke and targeted community adult learning for lone parents, people with poor physical and / or mental health, care leavers, the long term unemployed and the Black, Asian and minority ethnic communities.	In Q1, Q2, Q3 2017/18 , 73 independent learners benefitted from a programme of 8 courses.	Over 85% of learners were from the 30% most disadvantaged communities in Hastings and St Leonards. 100% of respondents said their mental wellbeing had improved. Case studies evidence learners feeling more confident in managing their health conditions.	Sussex Coast College Hastings

Appendix 2						
Healthy Hastings & Rother – HBC Led Projects Variations to Programme at 31 March 2018						
Project	CCG Ref	Spend @ 31 March 2017	Forecast Spend 2017/18	Original s.256 Allocation	Variance	Notes
Community Adult Learning	WD4	£57,600	£13,950	£57,600	£13,950	Project extended to 2019
Health & Wellbeing Centres - Consultation	0	£147,000	£0	£147,000	£0	Consultation phase complete
Health & Wellbeing Community Hubs Phase 1	EC2	£0	£229,186	£400,000	(£170,814)	Project start slipped but will continue until 2020
Health & Wellbeing Community Hubs Phase 1 Stage 2	EC7	£0	£0	£0	£0	Phase 1 Stage 2 to commence in 2018/19
Health & Wellbeing Community Hubs Phase 2	EC8	£0	£0	£0	£0	Phase 2 to commence following implementation of Phase 1
Co-Investment Programme in Ore, Hollington and Sidley	EC5	£0	£30,650	£0	£30,650	New project to run until 2019/20
Let's Get Moving	EI1	£33,822	£0	£73,400	(£39,578)	Funding no longer required for Sport England bid match funding.
IDVA Domestic Violence	EG6	£29,052	£20,751	£49,803	£0	Project extended to 2018/19 but slippage due to staffing issues
IRIS Domestic Violence	EG7	£41,001	£28,993	£69,994	£0	Project review leading to merger with EG6
Street Community - Health & Wellbeing Hub	EG12	£88,926	£115,000	£162,747	£41,179	Project extended to 2018/19
Homelessness Support (Hospital Pathway)	EG9	£0	£5,000	£152,253	(£147,253)	Feasibility work complete. CCG now commissioning this project.
Healthy Homes - Places (Fuel Poverty)	WD2	£194,004	£550,996	£627,000	£118,000	Project extended to 2018/19
HBC Programme Management	ME3	£51,000	£12,437	£62,203	£1,234	Calculated @ 4% of programme
Total Expenditure		£642,405	£1,006,963	£1,802,000	(£152,632)	Underspend to be repaid to CCG

Appendix 3							
Healthy Hastings & Rother - HBC Led Projects Revised Programme – 2016/17-2019/20							
		A	B	C	D	E	
Project	CCG Ref	Actual Spend @ 31 March 2017	Forecast Spend 2017/18	Additional Allocation 2018-19	Additional Allocation 2019-20	Total Additional Allocation (C+D)	Total Project Value (A+B+E)
Community Adult Learning	WD4	£57,600	£13,950	£41,850	£0	£41,850	£113,400
Health & Wellbeing Centres - Consultation	0	£147,000	£0	£0	£0	£0	£147,000
Health & Wellbeing Community Hubs Phase 1	EC2	£0	£229,186	£229,186	£229,186	£458,372	£687,558
Health & Wellbeing Community Hubs Phase 1 Stage 2	EC7	£0	£0	£0	£0	£0	£0
Health & Wellbeing Community Hubs Phase 2	EC8	£0	£0	£0	£0	£0	£0
Co-Investment Programme in Ore, Hollington and Sidley	EC5	£0	£30,650	£85,500	£85,500	£171,000	£201,650
Let's Get Moving	EI1	£33,822	£0	£0	£0	£0	£33,822
IDVA Domestic Violence	EG6	£29,052	£20,751	£105,532	£0	£105,532	£155,335
IRIS Domestic Violence	EG7	£41,001	£28,993	£0	£0	£0	£69,994
Street Community - Health & Wellbeing Hub	EG12	£88,926	£115,000	£108,000	£0	£108,000	£311,926
Homelessness Support (Hospital Pathway)	EG9	£0	£5,000	£0	£0	£0	£5,000
Healthy Homes - Places (Fuel Poverty)	WD2	£194,004	£550,996	£175,000	£0	£175,000	£920,000
HBC Programme Management	ME3	£51,000	£12,437	£29,803	£12,587	£42,390	£105,827
Total Expenditure		£642,405	£1,006,963	£774,871	£327,273	£1,102,144	£2,751,512