

Meeting: Well-Being Strategic Partnership Board

Date: 8 December 2009

Report Title: Communities for Health Funding 2009/10

Report of: Margaret Allen - Assistant Director, Safeguarding and Strategic Commissioning

Purpose

To provide an overview of the Communities for Health grant funding for 2009/10.

Summary

Haringey has been allocated **£220,000** for 2009-10 to meet the Choosing Health Agenda¹ under the Communities for Health (CfH) Programme run by the Department of Health (DH), to deliver community based programmes with clear links to Haringey's Local Area Agreement (LAA).

The strategic aims of the CfH 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.

The criteria set by DH, was that the resource be used to develop local capacity, and to strengthen the role that community groups and the voluntary sector have, in changing behaviours that have an adverse effect on health. The grant is to 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. Where possible, CfH funding should be aligned with Local Area Agreements, to support the delivery of health outcomes.

The aims of the CfH programme link to Haringey's Well-being Partnership Board (WBPB) outcome of Be Healthy² and used to:

- identify local projects that engage communities in improving their own health and help to reduce health inequalities;

¹ Choosing Health: Making healthy choices easier (Published by Department of Health 16th Nov 2004)

² As agreed by WBCE on 20th March 2007 and 22nd April 2009

- foster and enable the implementation of innovative, sustainable practice across a number of different properties;
- 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.

The Well-being Chairs Executive agreed that activities commissioned should achieve at least one of the following outcomes:

- Tackling Obesity (TO) – overcoming barriers to physical activity and healthy eating;
- Improving Sexual Health (SH) – raising awareness of how to access sexual health services and supporting people to adopt safer sexual practices; and
- Improving Mental Health (MH) – address stigma experienced by people with mental health problems and their carers **and** community based mental health promotion.

2009/10 FUNDING

Invitations were sent out welcoming new bids for 2009/10 (see appendix A for template) and an overwhelming 44 applications were received.

An Evaluation Panel (see table below) was set up to review the submissions and make recommendations against the programme priorities and key criteria (those that did not meet these key criteria were excluded from further consideration). Representatives from HAVCO and NHS Haringey were excluded from the panel due to conflict of interests.

Evaluation panel assessing the bids
Healthy Communities Development Officer, Corporate Voluntary Sector Team
Head of Governance and Partnerships, Adult, Culture and Community Services
Senior Governance and Partnerships Officer, Adult, Culture and Community Services
Head of Finance, Corporate Finance
Head of Strategic Commissioning, Adult, Culture and Community Services

A rating system of low, medium and high was used and marked according to whether the project met some or all of the necessary criteria. The projects (see Appendix B) were agreed by the panel and endorsed by the Director of Adult, Culture & Community Services for in 2009/10 (projects commenced on 01/10/09).

Legal/Financial Implications

All projects have a Service Level Agreement (SLA) in place and it is

expected that all the funded organisations will abide by the contract and deliver its services/targets during the contract period 1 October 2009 to 30th April 2010.

Performance of services including expenditure is monitored monthly by the Governance & Partnerships Team. A timetable is in place for mid year reporting in January 2010 and an end of year report within 4 weeks of project expiry (April 2010), that will highlight the key achievements and overall outcomes of the service, impact on service users, and value for money.

Recommendations

That the Board notes the information within this report.

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Use of Appendices:

Appendix A: Project Information Form
Appendix B: Projects receiving *Communities for Health* funding
2009/10