

**Public  
Key Decision - No**

## **HUNTINGDONSHIRE DISTRICT COUNCIL**

**Title:** Health Inequalities project – Tackling Prevention through Community Engagement

**Meeting/Date:** Overview and Scrutiny Panel (Customers and Partnerships) – 2<sup>nd</sup> March 2023

**Executive Portfolio:** Executive Councillor for Community and Health

**Report by:** Health Inequalities Project Manager

**Wards affected:** All

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### **Executive Summary:**

In March 2022 a funding opportunity was made available to all District Councils in the Cambridgeshire and Peterborough Authority to deliver local schemes supporting the strategic aims of the Integrated Care System (ICS). The funding was awarded to support local communities and community engagement initiatives related to improving the health inequalities across the district.

Funds were awarded to HDC to initially deliver a project to enable the recognised group of organisations (accredited Recognised Organisations - ROs) that HDC worked closely with during the pandemic to inform, co-design and evaluate initiatives that would address health inequalities hyper-locally.

This innovative way of working puts communities in control with support from HDC. In addition to funding local projects, support in the form of additional resource, was put in place which includes a Project Manager and a Communications Executive.

A mid-project review confirmed 15 community groups across the district have committed to delivering health inequality projects. The groups have consulted with their communities and have defined proposals to start activities/initiatives to address the identified needs.

This report provides the background to the project, progress so far and describes the intended impacts. It also poses the possible opportunity of using this approach by the council to other priority areas of work and how this aligns with the Community (Transition) Strategy 2021-23, which states that Huntingdonshire District Council is committed to supporting residents through a positive and ongoing working relationship with local communities.

**RECOMMENDATION:** The Overview and Scrutiny Panel is invited to comment on the progress of the Health Inequalities Project. A presentation will be made to the Panel at the meeting and a report has been produced with further information.

## 1. INTRODUCTION

- 1.1. The purpose of the report is to detail how Huntingdonshire District Council has delivered the project to address localised health needs, funded by the Integrated Care System, with particular reference to the enablement of community-based organisations to determine and address wider determinants of health.

## 2. BACKGROUND

- 2.1. In March 2022 a funding opportunity was made available to all District Councils in the Cambridgeshire and Peterborough Authority to deliver local schemes supporting the strategic aims of the Integrated Care System (ICS). The funding was to support local communities and community engagement initiatives related to improving the health inequalities across the district.

- 2.2. HDC have long held a commitment to contributing to health outcomes, and to work in partnership with our local communities. This project sits within HDC's own vision of 'Improving quality of life for local people' and compliments the Community Transition Strategy and the Health and Leisure Strategy.

- 2.3. The successful Huntingdonshire District Council proposal builds on the foundations of the strong community network that emerged during the pandemic.

- 2.4. During the pandemic Hunts Forum, supported by HDC, embedded a localised accreditation of Recognised Organisations (ROs)\* across the district with 14 community and voluntary organisations being awarded. This project uses these organisations as the framework on which to build, through a process of community engagement and co-production. It aims to support organisations that are deeply embedded in their neighbourhoods to empower residents to develop, and own, solutions to the unique challenges they face by building sustainable infrastructure (through networks, knowledge and information). (*\*Hunts Forum has since launched its 'Good to Go' accreditation which superseded the Recognised Organisations accreditation*)

- 2.5. The delivery of the Health Inequalities project aligns to the ICS design principles for new activities and schemes through their principles of:

- **Think Local** – everything should be done as near to where people live their lives as possible
- **Keep it Simple** – For both residents and staff remove all unnecessary layers that add limited value.
- **Do it Together** – Partners integrate to get better results, including voluntary sector and small providers.
- **Prove It** – Use evidence to show the impact of what you are doing.

- 2.6. In addition, the HDC design principles are incorporated into the design and delivery of the project:

- **Additionality** – how the funding creates additional value over and above the cost of implementation e.g.: enduring legacy, and developing new skills or providing opportunities that can be built on further
- **Scalability** – designing activities that can be replicated in other locations or other audiences, so we learn from success and challenges

- **Localism** – sourcing the things we need, in terms of goods and services, from the local community or within the district as a priority. Made locally, delivered locally, owned locally.
- **Sustainability and Enablement** – building provision that is enduring and owned by the local community through the support and advice provided by the council i.e.: a facilitating and enabling role rather than leading
- **Transparency** – to share learning and progress and to build trust with the local communities

### 3. HDC HEALTH INEQUALITIES PROJECT

3.1. The process used by the ROs was set out in 4 phases:

1. Consult with residents about what type of provision would address their neighbourhoods' specific health needs.
2. Set up, develop and communicate targeted community-based health improvement activities, in response to neighbourhood consultation and regional data.
3. Collect baseline data and follow up data to evaluate whether the intervention has been successful.
4. Use the learning to build interventions that are sustainable and scalable.

3.2. The support provided to the ROs by HDC was:

- Dedicated Project Manager and Communications Executive both for 12 months
- Provided direct payment funding of between £2.5 & £5K to participating ROs to cover existing resource/staff costs to support this work
- Made available £125K initiative funding for new or extended activities to address local health inequalities.

3.3. A direct payment was made to the participating ROs of £2,500 - £5,000 based on area size and assessment of need on receipt of a signed Memorandum of Understanding. The MOU set out the terms of agreement between the RO and HDC which included:

- **The undertaking of an analysis of the local health needs** via community consultation,
- **Working to identify how these needs can be met** through co-designing and co-developing sustainable local provision,
- **To deliver regular monitoring and evaluation activities** to assess the success and impact of the provision and share good practice.
- **To understand the impacts and successes** by working in co-production with residents and the district council to capture the innovations through case-studies and reports, enabling the learning to be shared with other ROs in the district, county or nationally.

3.4. Key to this project was that communities identify and meet their own needs. ROs were supported to efficiently assess and understand the level of need in their local area supported by the project manager.

3.5. **Analysis of Local Health Needs** - Recognising that ROs know the most effective ways to consult with their communities, each conducted a community consultation. Methods included surveys (online and in person), community

events, a forum of town organisations, youth bus and conversations at existing activities.

- 3.6. **Co-design & Co-development** – The consultation data and local demographic and health data provided by HDC was used to define proposals to address the health needs each RO has identified. A fund of up to £7,500 per RO was provisionally identified to facilitate these proposals.
- 3.7. Regardless of demographic ROs have all identified '**improving wellbeing**' as a priority in their local areas. This is reflected in regional and national data, exacerbated by the pandemic closely followed by the cost-of-living crisis. Addressing wellbeing is a precursor to residents being able to take action to improve their health and being more receptive to making changes that will potentially prevent the escalation of health issues in later in life.
- 3.8. ROs have proposed a wide variety of potential solutions. These fall into 5 main categories:
- Physical initiatives
  - Creative initiatives
  - Healthy Eating initiatives
  - Mental Health initiatives
  - Information Sharing
- Examples of the initiatives being delivered across the district can be found in Appendix 1
- 3.9. Having a named person(s) in the RO has allowed strong relationships between community groups and HDC to develop. Support so far includes:
- **RO Support** - Regular meetings with each RO involved in the project (face to face & online) and quarterly group meetings with all ROs to encourage networking and share ideas.
  - **Communications** - Social Media promotion and webpage for the project regularly updated. Frequent promotion of good news stories via press releases.
  - **Providing Local Data** – General population data (split by gender and age), deprivation data (split across employment, housing and health), health condition data (split across conditions e.g.: obesity, diabetes, dementia, hypertension etc)
  - **Information Gathering/Sharing** - Sharing relevant health related news / initiatives, attending events where required. Regular 'newsletter' update to share successes and provide advice and guidance.
  - **Linking ROs with relevant support/commissioning organisations**
- 3.10. **Monitoring & Evaluation.** ROs will use a combination of quantitative and qualitative monitoring and assessment methods, including attendance registers, case studies, photographs and videos.

- 3.11. **Understanding the impacts and successes:** ROs will complete a project evaluation which will enable HDC and the ICS to evaluate the impact of the project against the expected benefits.
- 3.12. In addition to addressing local health needs/inequalities this approach has also delivered additional benefits:
- Increase capacity/skills of community groups and volunteers
  - Build stronger relationships between HDC and community groups
  - Objectively evaluated the impact of small amounts of funding to address very specific, localised needs ensuring it is efficient, well-founded and cost effective and the process can be adapted to other council priorities.
  - Provided further insight into the heart of the varied and unique communities that make up Huntingdonshire which could inform future planning and strategic aims.
- 3.13. The role of HDC has been as an enabler and facilitator for the local communities, as well as the working directly with the ICS to ensure the overall funding terms are satisfied. Regular written updates are provided to the ICS and progress presentations are shared authority wide at quarterly meetings, with the intention of informing future delivery models. A lessons learned document has also been shared with the ICS.
- 3.14. Recent discussions with the ICS (in February) are suggesting a second year of funding will be made available to district councils to continue to address health inequalities at a local level. Process, reporting requirements and budgets have yet to be confirmed but all districts across the Authority have been able to demonstrate positive impact for their schemes, to the satisfaction of the ICS, and therefore to validate further funding through this model.

#### **4. LINK TO THE CORPORATE PLAN/COUNCIL PRIORITIES**

- 4.1 The model used to deliver the Health Inequalities Project directly links to the priority areas of work, as set out in the HDC Corporate Plan 2022/23, for two of the Council's objectives: **Supporting the Needs of Residents** and **Strengthening our Communities**.
- 4.2 In addition, the model directly supports activity that will deliver **Priority 1 – Improving quality of life for local people** of the HDC Corporate Plan 2023/26

#### **5. CONSULTATION**

- 5.1 The development of the Health Inequalities Project has multi-agency support. It provides key stakeholders i.e.: members of community groups, Town and Parish Councillors, Hunts Forum, Think Communities, Health services, schools, Primary Care Networks, ICS and a range of internal HDC services, the opportunity to inform and influence activities that will directly improve outcomes for residents.
- 5.2 HDC reports regularly to the **ICS 'Community and Prevention: Collaboration Group'** which is a network of colleagues across the CPCA who deliver projects funded by this grant. This network allows for sharing of ideas and solutions and transparency across the county.

#### **6. LEGAL IMPLICATIONS**

- 6.1 There are no direct legal implications from this report

## **7. RESOURCE IMPLICATIONS**

- 7.1 This project has funded HDC staff support until 31<sup>st</sup> June 2023. It is likely that many of the projects initiated by this fund will last longer and the transition of project work into the community will be supported by the project manager, while in post.

## **8. REASON FOR RECOMMENDATIONS**

- 8.1 To brief Overview and Scrutiny Panel members on the district's Health Inequalities Project to support our residents to address localised health inequalities, build community resilience and prevent health issues from escalating.

## **LIST OF APPENDICES**

APPENDIX 1: EXAMPLES OF INITIATIVES BEING DELIVERED

APPENDIX 2: LIST OF ORGANISATIONS WORKING WITH HDC TO DELIVER THE HEALTH INEQUALITIES PROJECT

## **BACKGROUND PAPERS:**

Community (Transition) Strategy 2021-23

<https://applications.huntingdonshire.gov.uk/moderngov/documents/s117477/5.%20Community%20Transition%20Strategy%202021%202023%20Covering%20Report.pdf>

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APPENDIX 1

EXAMPLES OF INITIATIVES BEING DELIVERED

The green initiatives have submitted proposals and have had funds allocated. The yellow activities are currently in the submission process.

Proposal	Addressing ....
Specialist youth worker to work with young people to address wellbeing and mental health issues at weekly youth club.	Young People's Mental Health & Wellbeing
Extend the offer at the Green End Club by introducing some movement and wellbeing activities. Provide volunteers and staff with mental health first aid training. Foodbank Recipe Book, Health Talks	Keep older residents more active for longer, wellbeing, public awareness,
Dementia Café and intergenerational activities to promote awareness and understanding.	Dementia, wellbeing
Health Walks, Community requested exercise classes, art/craft club	Getting the inactive more active, wellbeing
Train village volunteer to offer 'Love to Move' strength and balance classes, wellbeing/social activities for the isolated.	Keep older residents more active for longer, mental health/wellbeing
Cooking on a Budget, Youth Cricket, Community Cafe	Cost of living crisis, mental health/wellbeing, encouraging youth participation in sport
Yoga and Artist led Art Classes	Getting the inactive more active, community cohesion and reducing isolation
Cookery Classes/Healthy eating, weekly community sports sessions, organisational support	Healthy eating, getting the inactive more active
Strength and balance course, swimming/aqua classes.	Keep older residents more active for longer, wellbeing, getting the inactive more active
Young People's Mental Health with particular reference to the home schooled	Young People's Mental Health and Wellbeing
Classes to promote use of outside gym equipment, Tai Chi and Yoga	Keep older residents more active for longer, wellbeing, getting the inactive more active
Men's Shed	Mental Health and wellbeing
Information sharing, signposting to existing activities – St Neots Community Forum	Reducing inequalities regarding access to services and activities that will promotes healthy lifestyles and wellbeing
Project 1 - Hobby Hub for 50 participants. Artist led to promote wellbeing and joint working. Project 2 - Hobby Hub/warm space. Project 3 - Men's Shed.	Wellbeing and mental health
Information sharing, signposting to existing activities	Reducing inequalities regarding access to services and activities that will promotes healthy lifestyles and wellbeing

## APPENDIX 2:

List of recognised organisations (ROs) working with HDC to deliver the health inequalities project:

- Brampton Community Hub
- CARESCO
- Godmanchester Timebank
- Hail Weston Parish Council
- Hemingford Hub
- Hilton Parish Council
- Houghton & Wyton Timebank
- Huntingdon Community Group
- Kimbolton Parish Council
- Love's Farm Community Association
- Ramsey Neighbourhoods Trust
- Somersham & Pidley Timebank
- St Neots Community Support
- Social Echo - Yaxley
- St Ives Town Council - St Ives Cares