

Report to: **Audit, Best Value and Community Services Scrutiny Committee**  
Date: **15 March 2016**  
By: **Acting Director of Public Health**  
Title of report: **Public Health One-Off Projects - Update Report**  
Purpose of report: **To provide an update on Public Health Grant one-off funded cross departmental projects.**

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## **RECOMMENDATIONS**

**The Committee is recommended to consider and note this report.**

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### **1. Background**

1.1 As a consequence of the complexity of changes in responsibility across health services and local authorities there was some funds in the 2013/14 Public Health grant which were unallocated. A cross-council East Sussex Public Health Group agreed that this resource be allocated, through a business case process, to one-off interventions which would create or support a step-change in addressing public health outcomes, i.e. where East Sussex is performing significantly worse against the Public Health Outcomes Framework indicators than other areas. Four projects were subsequently agreed relating to:

- Suicide Prevention;
- Addressing Obesity;
- Safer Streets;
- Tobacco Free East Sussex.

1.2 In 2015/16, unallocated Public Health Reserve was identified to be used to implement the recommendations of the 2014/15 Director of Public Health Annual Report, Growing Community Resilience in East Sussex, and to support a second tranche of one-off funded projects to deliver improved public health outcomes in relation to the Public Health Outcomes Framework.

1.3 Eleven projects were subsequently agreed relating to:

- Reduced Social Isolation Through Technology
- Speed Limits
- Speech, Language and Communications Training for Pre-School
- School Readiness
- Impact of Trauma on Brain Development
- Reduced Incidents of Self Harm in Young People
- Re-offending levels
- Pupil Absence
- HIV testing in Eastbourne
- Chlamydia Screening

In addition to the following to support implementation of the Public Health Annual Report:

- Community Resilience Population Health Check Survey;
- Implementation of Community Resilience Programme;
- Community Resilience Programme Support.

### **2. 2013/14 Project Updates**

2.1 Members have received an overview of all these projects and updates on progress of projects at previous Committee meeting.

2.2 The four projects agreed in 2013/14 for three years funding: Suicide Prevention; Addressing Obesity; Safer Streets; Tobacco Free East Sussex; were all due to complete by the end of 2015/16.

2.3 Appendix 1 contains a progress report in relation to these projects. For all the projects, a delay in starting, caused by a variety of reasons, results in them over-running into 2016/17.

### **3. 2015/16 Project Updates**

3.1 The eleven projects agreed in 2015/16 are in progress: Reduced Social Isolation Through Technology; Speed Limits; Speech, Language and Communications Training for Pre-School; School Readiness; Impact of Trauma on Brain Development; Reduced Incidents of Self Harm in Young People; Re-offending levels; Pupil Absence; HIV testing in Eastbourne; Chlamydia Screening.

3.2 Those projects receiving three years funding are due to complete in 2017/18.

3.3 Appendix 2 contains a progress report in relation to these projects.

### **4 Update on 2015/16 Projects Implementing the Annual Public Health Report on Building Community Resilience through East Sussex Better Together**

4.1 The 2014/15 Director of Public Health Report, *Growing Community Resilience in East Sussex*, focused on how we can build community resilience by growing the assets of wellbeing across East Sussex and provides the evidence base for the East Sussex Better Together (ESBT) community resilience programme.

4.2 *Growing Community Resilience in East Sussex* is supported by a 230 page review of the literature. The literature review was guided by the National Institute of Health and Care Excellence (NICE) guidelines on best practices for reviewing evidence, and the method expounded by the Cochrane Collaboration in the Cochrane Handbook for Systematic Reviews. Both the Search Parameter Framework for the review and the full review document is available upon request.

4.3 Community resilience is generated by community members coming together to identify and use community resources and strengths, e.g. voluntary groups, local businesses, parks, buildings etc. to help influence change in their community, e.g. to remedy the impact of a problem, gain more control over their wellbeing and manage their health and care support needs

4.4 Assets are any factor (or resource), which increases the ability of individuals, communities and populations, to maintain and sustain health and wellbeing and to help reduce health inequalities.

4.5 The Public Health Report looked at how we can identify, better understand and support development of existing and potential new community assets. It described how individuals can play a significant role in increasing community resilience and how systematic processes can be used to support this work and monitor its impact particularly in developing sustainability. Based on a review of the evidence, this report recommended further work to enhance community resilience which seeks positively to develop, harness and mobilise the assets, capacities and resources available to individuals and communities to enable them to gain more control over their lives and circumstances and to meet primary prevention, health, wellbeing and social care support needs.

4.6 The following projects are supporting implementation of the Public Health Annual Report: Community Resilience Population Health Check Survey; Implementation of Community Resilience Programme; Community Resilience Programme Support.

4.7 Appendix 3 contains a progress report in relation to these projects. It also includes information from Cumbria, used to inform the level of funding identified for the community resilience programme, details of the evaluation framework for the programme and brief information on economic assessment and evidence on the economic benefits of capacity building.

## **5. Recommendation**

5.1 The Committee is recommended to consider and note the report.

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Local Members: All

Background Documents: None