

# Public Document Pack



## Rutland County Council

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DX28340 Oakham

**Meeting:** ADULTS AND HEALTH SCRUTINY PANEL

**Date and Time:** Thursday, 5 April 2018 at 7.00 pm

**Venue:** COUNCIL CHAMBER, CATMOSE, OAKHAM,  
RUTLAND, LE15 6HP

**Clerk to the Panel:** Corporate Support 01572 720922  
email: [governance@rutland.gov.uk](mailto:governance@rutland.gov.uk)

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**Helen Briggs**  
**Chief Executive**

### A G E N D A

**1) APOLOGIES FOR ABSENCE**

**2) RECORD OF MEETING**

To confirm the record of the meeting of the Adults & Health Scrutiny Panel held on 8 February 2018 (previously circulated).

**3) DECLARATIONS OF INTEREST**

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

**4) PETITIONS, DEPUTATIONS AND QUESTIONS**

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of Procedure Rule 217.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the

Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

**5) QUESTIONS WITH NOTICE FROM MEMBERS**

To consider any questions with notice from Members received in accordance with the provisions of Procedure Rule No 219 and No 219A.

**6) NOTICES OF MOTION FROM MEMBERS**

To consider any Notices of Motion from Members submitted in accordance with the provisions of Procedure Rule No 220.

**7) CONSIDERATION OF ANY MATTER REFERRED TO THE PANEL FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION**

To consider any matter referred to the Panel for a decision in relation to call in of a decision in accordance with Procedure Rule 206.

**SCRUTINY**

Scrutiny provides the appropriate mechanism and forum for members to ask any questions which relate to this Scrutiny Panel's remit and items on this Agenda.

**8) CONSOLIDATION OF INTENSIVE TREATMENT UNITS**

To receive a presentation from University Hospitals of Leicester NHS Trust.

**9) HOMECARE RECOMMISSIONING**

To receive a presentation from Mr M Andrews (Deputy Director for People)

**10) SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP: LEICESTER, LEICESTERSHIRE AND RUTLAND DEMENTIA STRATEGY**

To receive Report No. 62/2018 from the Director for People  
(Pages 5 - 20)

**11) HEALTHY RUTLAND GRANT SCHEME**

To receive Report No. 65/2018 from the Director for People  
(Pages 21 - 24)

**12) MENTAL HEALTH TASK AND FINISH GROUP UPDATE**

The Chairman of Adults and Health Scrutiny Panel to give a verbal update

### **ITEMS FOR INFORMATION ONLY**

The following items will not be discussed at the meeting and are for information only.

#### **13) QUARTER 3 PERFORMANCE MANAGEMENT REPORT 2017/18**

To receive Report No. 12/2018 from the Chief Executive

*(Report circulated under separate cover)*

#### **14) QUARTER 3 FINANCIAL MANAGEMENT REPORT 2017/18**

To receive Report No. 32/2018 from the Director for Resources

*(Report circulated under separate cover)*

#### **15) PROGRAMME OF MEETINGS AND TOPICS**

##### **a) SCRUTINY PROGRAMME 2015/16 & REVIEW OF FORWARD PLAN**

To consider Scrutiny issues to review.

Copies of the Forward Plan will be available at the meeting.

#### **16) ANY OTHER URGENT BUSINESS**

To receive any other items of urgent business which have been previously notified to the person presiding.

#### **17) DATE AND PREVIEW OF NEXT MEETING**

Thursday 26 April 2018 at 7 pm (Special Meeting)

Proposed agenda items:

Proposed Closure of Ketton Surgery

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#### **TO: ELECTED MEMBERS OF THE ADULTS AND HEALTH SCRUTINY PANEL**

Mrs L Stephenson (Chairman)

Miss R Burkitt

Mr G Conde

Mr W Cross

Mrs J Fox

Miss G Waller

Vacancy

#### **OTHER MEMBERS FOR INFORMATION**

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**ADULTS AND HEALTH SCRUTINY PANEL**

**5 APRIL 2018**

**LLR DEMENTIA STRATEGY 2018 - 2021**

**Report of the Director for People**

Strategic Aim:	Reaching our Full Potential	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr A Walters, Portfolio Holder for Adult Social Care and Health	
Contact Officer(s):	John Morley, Head of Service	01572 758442 jmorley@rutland.gov.uk
Ward Councillors	All	

**DECISION RECOMMENDATIONS**

That the Panel:

Comments on the joint LLR Dementia Strategy 2018 – 2021 and notes the strategy may be amended following a consultation with the 3 CCG'S , the 3 Local Authorities the general public commencing Easter 2018

**1 PURPOSE OF THE REPORT**

- 1.1 To seek comments from the Adults and Health Scrutiny Panel on this draft LLR strategy during the consultation period

**2 BACKGROUND AND MAIN CONSIDERATIONS**

- 2.1 The previous Dementia Strategy ran to 2014. Legislation and national guidance with regards Dementia has changed following the introduction of the Care Act and therefore our Dementia offer and support, needs to be adapted accordingly.
- 2.2 The attached draft Joint Dementia Strategy 2018-2021 has been developed using analysis of survey and performance data but with a clear focus on local views and experiences expressed through the engagement undertaken across LLR. Further public consultation is happening after Easter 2018 for a 9 week period on the draft strategy.
- 2.3 The strategy recognises that, working alongside partners, much can be achieved in terms of better supporting People with Dementia and their carers through

increased awareness, working together and simplification of systems and processes. Key priorities have been identified to support People with Dementia and their Carers to continue in their caring role to maintain their own health and wellbeing.

- 2.4 Rutland's own delivery plan will set our local key priorities for Dementia based support around the Admiral Nurse post situated within adult social care. Our overall ambition for our plan is to provide an integrated dementia service for the people of Rutland, which the Admiral Nurse will take forward.
- 2.5 The Admiral Nurse is invited to this scrutiny and will be available for members to ask questions about the LLR and our own Rutland strategy.

### **3 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 3.1 This strategy sets out clear priorities for supporting People with Dementia and their carers across health and social care. We therefore recommend that the Adults and Health Scrutiny Panel endorses the LLR strategy with a view to our own Rutland specific strategy being written after the LLR consultation process is completed.

### **4 EQUALITY IMPACT ASSESSMENT**

- 5.1 An Equality Impact Assessment has been completed. No adverse or other significant issue were found. A copy of the EIA can be found with the report holder (Kim Sorsky, Service Manager. [ksorsky@rutland.gov.uk](mailto:ksorsky@rutland.gov.uk) ).

### **5 APPENDICES**

- 5.1 Appendix A - Draft LLR Dementia Strategy 2018-2021

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

Leicestershire, Leicester & Rutland's  
Living Well with Dementia Strategy  
2018-2021

# 1. Introduction

Supporting and helping those living with dementia and their carers remains a priority for Leicestershire, Leicester and Rutland's (LLR) health and social care organisations.

Our Strategy sets out the Leicestershire, Leicester and Rutland ambition to support people to live well with dementia. It reflects the national strategic direction outlined in The Prime Minister's Challenge on Dementia which details ambitious reforms to be achieved by 2020. The Strategy is **informed by** what people have told us about their experiences either as a person living with dementia or as a carer and is written **for** those people; specifically those with memory concerns, those with a dementia diagnosis, their families and carers and the organisations supporting them.

Leicestershire, Leicester and Rutland's Living Well with Dementia Strategy 2018-2021 has been developed in partnership between local health, social care and voluntary sector organisations.

- ∞ An important focus of our strategy is to move towards delivery of personalised and integrated care. We have used the NHS England Well Pathway for [Dementia](#) to give us a framework that puts the individual and their carer at the centre of service development and implementation across health and social care.

As a partnership, we are committed to minimising the impact of dementia whilst transforming dementia care and support within the communities of Leicestershire, Leicester City and Rutland, not only for the person with dementia but also for the individuals who care for someone with dementia.

We want the well-being and quality of life for every person with dementia to be uppermost in the minds of our health and social care professionals.

<https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf>

## 2. What is dementia?

**‘Dementia describes a set of symptoms that include loss of concentration and memory problems, mood and behaviour changes and problems with communicating and reasoning. These symptoms occur when the brain is damaged by certain diseases, such as Alzheimer’s disease, a series of small strokes or other neurological conditions such as Parkinson’s disease’**

**‘Prime Minister’s Challenge on Dementia 2020’**

**All types of dementia are progressive. The way that people experience dementia will depend on a variety of factors therefore the progression of the condition will be different.**

**People of any age can receive a dementia diagnosis but it is more common in those over the age of 65. Early onset dementia refers to younger people with dementia whose symptoms commence before the age of 65. Younger people with dementia often face different issues to those experienced by older people.**

**No two people with dementia are the same and therefore the symptoms each person experiences will also differ.**

Further information about the different types of dementia can be found at:

<http://www.nhs.uk/conditions/dementia-guide/Pages/dementia-choices.aspx> or  
[https://www.alzheimers.org.uk/info/20007/types\\_of\\_dementia?\\_ga=2.40475106.1171939401.1502101092-553907988.1496762237](https://www.alzheimers.org.uk/info/20007/types_of_dementia?_ga=2.40475106.1171939401.1502101092-553907988.1496762237)

### 3. Vision, Guiding Principles and Aim

This strategy has been guided by principles developed by NHS England in their transformation framework; this 'Well Pathway for Dementia' is based on NICE guidelines, the Organisation for Economic Co-operation and Development framework for Dementia and the Dementia I-statements from The National Dementia Declaration.

Our vision is that Leicestershire, Leicester and Rutland are all places where people can live well with dementia through the following guiding principles:



Preventing Well

Diagnosing Well

Supporting Well

Living Well

Dying Well

We aim to create a health and social care system that works together so that every person with dementia, their carers and families have access to and receive compassionate care and support not only prior to diagnosis but post-diagnosis and through to end of life.

## 4. National Context and Background

There are a number of national drivers that shape and influence the way the UK should tackle dementia as a condition.

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### Prime Ministers Challenge on Dementia 2020

In February 2015, the Department of Health published a document detailing why dementia remains a priority and outlining the challenges the UK continues to face in relation to dementia.

The priorities identified within this are:

- 1) To improve health and care
- 2) To promote awareness and understanding
- 3) Research

### Legislation

Care Act 2014

Equality Act 2010



### Context

Living Well with Dementia  
2009

Dementia 2015

NHS & Adult Social Care  
Outcomes Frameworks

Fix Dementia Care 2016

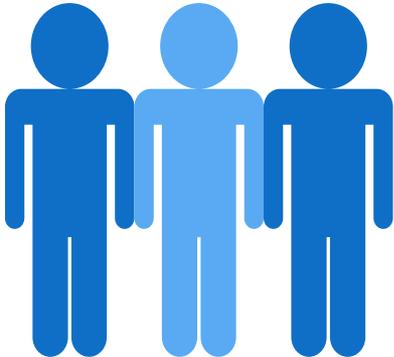
# National Picture

There are currently 850,000 people living with dementia in the UK. 42,325 of these have early onset dementia. The number of people with dementia is forecast to increase to 1,142,677 by 2025 – an increase of 40%.

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1 in every 14 of the population over 65 years has dementia

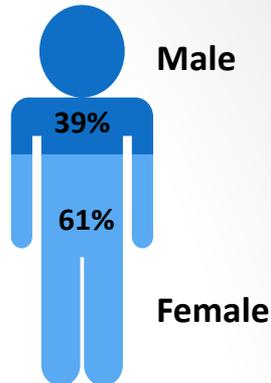
It is estimated that 1 in 3 people in the UK will care for someone with dementia in their lifetime



1 in 3 people who die over the age of 65 years have dementia. Dementia now accounts for 11.6% of all recorded deaths in the UK

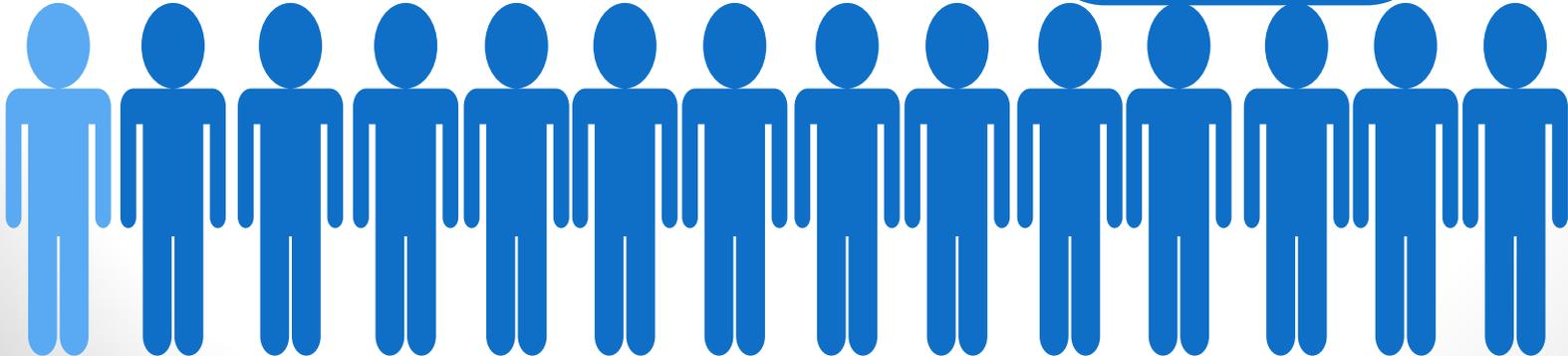
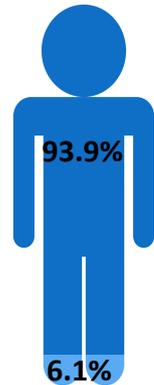
In the UK 61% of people with dementia are female and 39% are male. There are a higher proportion of women with dementia as women tend to live longer, however, this does reverse when considering the data for people with early-onset dementia.

## Gender



It is estimated that there are 11,392 people from black and minority ethnic (BME) communities who have dementia in the UK. 6.1% of all those are early onset, compared with only 2.2% for the UK population as a whole, reflecting the younger age profile of BME communities.

## Ethnicity

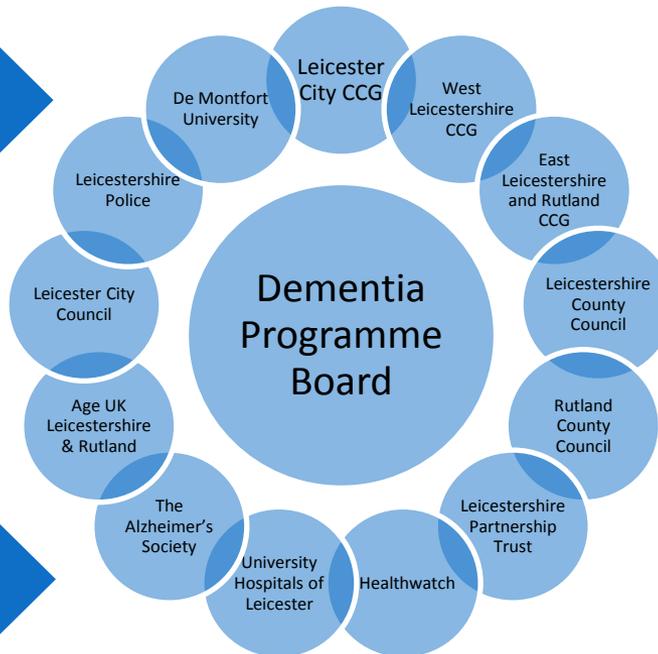


# 5. Local Context and Background

Better Care Together is the programme of work that plans to transform the health and social care system. The Sustainability and Transformation Partnership in LLR derived from this programme and is developing proposals across a variety of health and social care areas, to enable us to plan and be responsive to the needs of the whole population. The dementia work stream has established a programme board with membership across partnership organisations and linked to the wider STP programme.

The Dementia Programme Board has written this strategy and high level delivery plan. The multi agency partnership works to ensure that interdependencies are identified.

Funding in relation to dementia is not directly addressed within this strategy however, the financial position cannot be ignored therefore the available resources for each organisation will be reflected in individual organisational plans that will be developed by partners setting out their role in the delivery of the strategy.



The key local policy documents that influence the delivery of the Strategy



Leicestershire County Council Adult Social Care Strategy 2016-2020

Leicester City Council – Adult Social Care: Strategic Commissioning Strategy 2015-2019

Rutland County Council – The Future of Adult Social Care in Rutland 2015 – 2020

Clinical Commissioning Group Operational Plans 2016-2017

University Hospitals of Leicester NHS Trust Dementia Strategy 2016-2019

# Local Picture

The dementia diagnosis indicator compares the number of people thought to have dementia with the number of people diagnosed with dementia. The target set by NHS England is for at least two thirds of people with dementia to be diagnosed, 67%. The national prevalence of dementia is 1.3% of the entire UK population equating to approximately 850,000 individuals.

## Local NHS Diagnosis Rates

West Leicestershire  
73%

Leicester City  
87%

East Leicestershire & Rutland  
67%

November 2017

### Leicestershire

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- 9642 individuals living with dementia
- 9548 of these are 65 years or over
- The total population of people aged 65 years or over is 139,400 which equates to 6.78% of this cohort of the population living with dementia

### Leicester

- 3026 individuals living with dementia
- 2951 of these are 65 years or over
- The total population of people aged 65 years or over is 41,700 which equates to 7.07% of this cohort of the population living with dementia

### Rutland

- 704 individuals living with dementia
- 694 of these are 65 years or over
- The total population of people aged 65 years or over is 9,500 which equates to 7.3% of this cohort of the population living with dementia

## 6. Achievements of the Previous LLR Strategy 2011 – 2014

GP's have been supported to understand and promote key preventative messages as well as developing health checks and a dementia friendly GP toolkit

Engagement with people living with dementia and their carers has been undertaken across the area to understand their experiences of the health and social care system to inform future work

All CCG areas are meeting the 67% national target in relation to diagnosis rates and appropriate referrals are being made to memory assessment clinics, underpinned by a shared care agreement.

15 The memory pathway is well embedded across the area with good connections from primary care, memory clinics, post diagnostic support services, social care.

A new community and hospital based Dementia Support Service has been commissioned across Leicester and Leicestershire, with a single point of access for people with dementia, carers and professionals

Rutland has a fully integrated personalised approach to dementia support, including an Admiral nurse who has specialist dementia nursing expertise

Contract monitoring was undertaken by all commissioners and aimed to ensure that people with dementia were cared for and supported well.

Carers are supported through specific services, including advice, information, training and respite.

## 6. Achievements of the Previous LLR Strategy 2011 – 2014

Voluntary and Community Sector organisations offer training programmes for people with dementia and carers. NHS and social care organisations offer staff training programmes.

Advocacy services and Deprivation of Liberty Safeguards services are in place to give people with dementia a voice.

Assistive technology solutions are widely offered to people living with dementia and carers.

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Strong links have been made with the local Dementia Action Alliance social movement to recruit dementia friends and work towards creating more dementia friendly communities.

A variety of social opportunities such as activity groups, memory cafes, befriending is available to support people and carers to live well with dementia

Advice and information is available throughout the memory pathway

# 7. LLR Dementia Strategy Delivery Plan 2018 - 2021

This delivery plan will be refreshed on an annual basis to ensure its relevance. Actions have been agreed as a result of engagement with stakeholders and feedback from public consultation. Each member of the LLR Dementia Programme Board will reflect these delivery actions in their own organisational plans and the needs of under-represented groups will be considered in all of the actions listed below.

Action	Responsible	Priority	Actioned By
Pilot the Dementia Friendly general practice template and consider how to rollout more widely	CCGs	Preventing Well	2018/2019
17 Promote health checks in primary care	CCGs	Preventing Well	2018/19
Increase Public Health involvement in the work of the DPB	LLR Dementia Programme Board	Preventing Well	2018/19
Review memory assessment pathway and referral processes	CCGs & LPT	Diagnosing Well	2018/19
Promote memory pathway	LLR Dementia Programme Board	Diagnosing Well	2018/19
To develop a process to increase the number of people receiving a dementia diagnosis within 6 weeks of a GP referral	CCGs	Diagnosing Well	2019/20

# 7. LLR Dementia Strategy Delivery Plan

Action	Responsible	Priority	Actioned By
Work with Care Homes to pilot and roll out the dementia diagnosis toolkit	CCG & Local Authority Commissioners	Diagnosing Well	2019/2020
Monitor the Dementia Support Services contracts and take action as appropriate	Local Authority Commissioners	Supporting Well	2018/19
Raise awareness of dementia with housing providers	LLR Dementia Programme Board	Supporting Well	2019/20
Contribute to a review of the workforce development offer to ensure a focus on high levels of expertise when delivering personal care	Health and Social Care professionals and workforce development providers	Supporting Well	2019/20
Continue to focus on improving the in-patient experience and discharge pathways	LLR Dementia Programme Board	Supporting Well	2018/19
Promote Dementia Support Services across LLR	Health & Social Care professionals & providers	Living Well	2018/19

# 7. LLR Dementia Strategy Delivery Plan

Action	Responsible	Priority	Actioned By
Support the work to improve residential provision for people with complex dementia	CCG & Local Authority Commissioners	Living Well	2018/19
Support the Dementia Action Alliance to develop more dementia friendly communities	LLR Dementia Programme Board	Living Well	2018/19
Develop routine engagement processes with people living with dementia and carers to inform our work	LLR Dementia Programme Board	Living Well	2018/19
Review the dementia information offer to ensure it covers a range of topics, including accommodation options	LLR Dementia Programme Board	Living Well	2019/20
Review the current care and support standards used across LLR and agree a common set	Health & Social Care professionals & providers	Living Well	2019/20
Work with care homes and other providers to develop training and support to manage crises and work with reablement principles.	Health and Social Care professionals and providers	Living Well	2019/20
Make stronger links with STP End of Life work-stream	LLR Dementia Programme Board	Dying Well	2018/19

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**ADULTS AND HEALTH SCRUTINY PANEL**

5 April 2018

**HEALTHY RUTLAND SMALL GRANT SCHEME**

**Report of the Director for People**

Strategic Aim:	Meeting the health and wellbeing needs of the community	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr Walters, Portfolio Holder for Adult Social Care and Health	
Contact Officer(s):	Trish Crowson, Senior Public Health Manager	01572 758268 <a href="mailto:trish.crowson@leics.gov.uk">trish.crowson@leics.gov.uk</a>
	Karen Kibblewhite, Head of Commissioning	01572 758127 <a href="mailto:kkibblewhite@rutland.gov.uk">kkibblewhite@rutland.gov.uk</a>

**DECISION RECOMMENDATIONS**

That the Panel:

1. Endorses the use of the Public Health Grant and Better Care Fund Programme funding to establish a Healthy Rutland Small Grants Scheme to improve health and wellbeing within local communities as set out in Section 3.
2. Recommends to Cabinet the proposed option for managing the Healthy Rutland Small Grants Scheme.

**1 PURPOSE OF THE REPORT**

- 1.1 This report outlines proposals to bring together funding from both the Public Health Grant and the BCF to establish a Healthy Rutland Small Grants Scheme to pump-prime health and wellbeing activity within local communities prompt tangible local action, support people in their own communities as close to home as possible, and help boost community activity in local areas and villages.
- 1.2 Scrutiny Members are requested to endorse the proposal to establish the scheme, and to offer views on the proposed management of it.

**2 BACKGROUND AND MAIN CONSIDERATIONS**

- 2.1 The Council receives a ring-fenced grant for public health activity. The core condition of this grant is that it should be used only for the purposes of the public health functions of local authorities. The local authority statutory duties for public health services are outlined in the Health and Social Care Act 2012 legislation.

- 2.2 In addition a range of public health services are commissioned in line with the Public Health Outcomes Framework, the local Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.
- 2.3 The Rutland Better Care Fund (BCF) is a joint health and social care integration programme funded by the Department of Health and managed by the Council, in conjunction with the East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG). Prevention is a key strand of the programme: helping people to remain well whenever possible and reducing risk factors through primary prevention activities.
- 2.4 The grants scheme will help meet a number of key priorities for Rutland. These include the priorities set out in Rutland's Joint Health and Wellbeing Strategy (JH&WS):
- a) **Extending healthy life expectancy** (the years lived in good health) and particularly targeting those aged 45 to 65 to help ensure they enter older life healthier and stay healthier for longer. We will also assist our communities in supporting one another.
  - b) **Reduce inequalities** as some groups in our community have poorer health or are likely to have poorer health than the majority. Limiting long term conditions are for example more common amongst our routine and manual workers
  - c) **Health and Social Care Integration** - to make sure that those who are most at risk are provided with the right combination of care and support in the right place at the right time. This also helps us use limited resources to the best effect.

### 3 OPERATION OF THE GRANTS SCHEME

- 3.1 The scheme will invite applications from local community groups and organisations against a clear set of outcome and criteria specifically to improve health and wellbeing within their communities. The criteria will be set to ensure that funding meets the wider requirements of Public Health Grant and/or the BCF funding and that projects are truly community-based. Projects would need to be evidence-based or innovative and demonstrate community support for their proposal. It is proposed that there are two levels of grant: small grants up to £1k; and larger grants up to £10k.
- 3.2 All applications for grant funding must be able to demonstrate how they will meet the grant criteria and how they will measure the impact of their project.
- 3.3 The scheme will aim to achieve ongoing sustainability by pump-priming new activity or by supporting existing community activities to expand or improve through additional resources e.g. new equipment. It is therefore expected that some bids might focus on purchase of equipment that will provide ongoing impact whilst others might enable local community capacity building.
- 3.4 Proposals will be more likely to be funded if they can demonstrate working in partnership, match or plans for future funding, and scope for sustainability beyond the lifetime of the scheme or have an exit strategy. The scheme provides an opportunity to test and pilot innovative projects which local groups and parishes

may wish to extend through Parish funds where they provide benefit to local parishioners.

- 3.5 A number of options have been considered for administration of the scheme, all of which would include: a simple application form; set of criteria and of outcomes to be met; and the establishment of an Award Panel comprising of representatives from RCC at both officer and Member level.
- 3.5.1 The preferred option would be to devolve management, administration and promotion of the grants scheme to Rutland Access Partnership (RAP) as the contracted voluntary sector infrastructure organisation. This would include both administering the scheme, and supporting community organisations to develop and submit applications.
- 3.5.2 It is proposed that a small proportion of the funding would be used for RAP to recruit a part-time officer on a fixed term basis to offer additional capacity to community organisations to develop projects in their local area, thus supporting the ability of local community groups both to bid and to sustain the projects on a longer-term basis.
- 3.5.3 RAP have already established links with the Parish Councils and a number of smaller community organisations to promote community-based wellbeing activity, and this scheme would align with that.
- 3.5.4 Alternative options considered were:
- i) To site the funding and administration of the grants scheme with the Leicestershire and Rutland Association of Local Councils (LRALC) for them to administer for a fee. This would then move the funding via the Parish Councils to local community organisations.
  - ii) To devolve the grant fund to those parish councils with a General Power of Competence to hold and manage funds on behalf of other Parish Councils to administer in their own areas.
  - iii) To oversee the grants scheme within the Council, requiring additional officer capacity to manage and administer the scheme, and working with RAP and the Parish Councils to access local community organisations.

#### **4 FINANCIAL IMPLICATIONS**

- 4.1 The Public Health Grant has been managed within a reducing envelope with proactive work undertaken to reduce recurrent costs, and consequently a level of reserves has been built up. Public Health England have requested that Councils do not retain Public Health Reserves and that the Grant is fully spent each financial year. This scheme will enable the Council to make use of the reserves during 2018/19 in a constructive manner which meets local health and wellbeing priorities.
- 4.2 The BCF funding allocation includes a small amount to support the delivery of health and wellbeing activity in local communities and the addition of this to the Public Health funding enables a wider scope of projects to be considered for the grants, given the restrictions in place on Public Health spend.

4.3 The proposed allocation for this scheme is £100,000, including the costs of a fixed-term post to support the scheme.

## **5 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

5.1 It is recommended therefore that the scheme is administered by RAP on behalf of the Council, and that the Council provide a proportion of the funding for RAP to recruit a worker to support communities in applying and making best use of the monies.

## **6 BACKGROUND PAPERS**

6.1 There are no additional background papers to the report.

## **7 APPENDICES**

7.1 There are no appendices

**A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.**