

CABINET

19 JUNE 2018

DEVELOPMENT OF RUTLAND HEALTHY GRANTS SCHEME UTILISING PUBLIC HEALTH RESERVES

Report of the Director of Public Health

Strategic Aim:	Meeting the health and wellbeing needs of the community	
Key Decision: No	Forward Plan Reference:120118	
Cabinet Member(s) Responsible:	Mr A Walters, Portfolio Holder for Safeguarding – Adults, Public Health, Health Commissioning, Community Safety & Road Safety	
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DECISION RECOMMENDATIONS

That Cabinet:

1. Approves 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.
2. Approves the proposed option for managing the awarding of grants under the Healthy Rutland Small Grants Scheme as set out in Section 2.
3. Approves that the scheme is administered by Rutland Access Partnership (RAP) on behalf of the Council, and that the Council provide a proportion of the funding (approximately 9% of the total allocated funding) for RAP to recruit a worker to support communities in applying and making the best use of all the monies.

1 PURPOSE OF THE REPORT

This report outlines proposals to bring together funding from both the Public Health Grant and the BCF (Better Care Fund) to establish a Healthy Rutland Small Grants Scheme.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 Public Health services in Rutland are funded by way of a ring fenced grant from the Department of Health. 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. The Healthy Grant scheme set out in this paper will enable the Council to make use of the reserves during 2018/19 in a constructive manner which meets local health and wellbeing priorities. This is part of wider planned spend of the reserves and will avoid the potential 'clawback' of reserves by the Department of Health.
- 2.2 It is proposed to combine funding from the public health grant reserves with that of the Better Care Fund (BCF) to resource the grants scheme. This allows some flexibility on the types of projects to be funded. In bringing together funding from both the Public Health Grant and the BCF (Better Care Fund) to establish a Healthy Rutland Small Grants Scheme, it will pump-prime health and wellbeing activity within local communities and 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
- 2.3 The scheme is proposed for making best use of the reserves available to fund one-off programmes of activity or capital spend that will contribute to improving health and wellbeing in Rutland. As this is one-off spend, proposals will focus on purchase of equipment, or projects that will increase capability of local services or enable local community capacity building. Projects will be tailored to specific communities and build on existing community assets.
- 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):
 - 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.
 - 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
 - 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.
- 2.5 The scheme will invite applications from local community groups and organisations against a clear set of outcomes 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.

- 2.6 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 one thousand pounds; and larger grants up to ten thousand pounds.
- 2.7 All applications for grant funding must be able to demonstrate how they will meet grant criteria and how they will measure the impact of their project. 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.
- 2.8 A number of options have been considered for the awarding and administration of the scheme, all of which would include, for the awarding of grant: a simple application form; set of criteria and outcomes to be met; and the establishment of an Award Panel comprising of representatives from RCC at both officer and Member level, and if possible community representation. Details of the assessment criteria for scoring and eligibility criteria are attached as Appendix 1.
- 2.9 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.
- 2.10 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.
- 2.11 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 CONSULTATION

- 3.1 This proposal is made following consultation with the portfolio holder and tabled at the Adults and Health Scrutiny Panel in April 2018 for discussion. Scrutiny members requested that further detail be provided in respect of the award criteria and scoring process for grant applications. Informal engagement with RAP has also been undertaken to ensure that they would be able to fulfil the requirements of managing the scheme.

4 ALTERNATIVE OPTIONS

- 4.1 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.

- 4.2 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.
- 4.3 The above two options were discounted due to the complexity of ensuring the adherence to grant conditions if the grant 'pot' were devolved in such a way. Additionally, not all Parish Councils have the general power of competence.
- 4.4 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. This was discounted due to the higher cost of officer time compared with RAP in administration. Additionally, 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.

5 FINANCIAL IMPLICATIONS

- 5.1 The Public Health Grant has been managed within a reducing envelope with proactive work undertaken to reduce recurrent costs, and consequently a level of ring fenced reserves has been built up. 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. This is part of wider planned spend of the reserves.
- 5.2 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.
- 5.3 The proposed allocation for this scheme is £100,000, including the costs of a fixed-term post (approximately £9000) to support the scheme.

6 LEGAL AND GOVERNANCE CONSIDERATIONS

- 6.1 The Department of Health's presumption is that the public health grant will be spent in-year. If at the end of the financial year there is any underspend local authorities may carry these over, as part of a public health reserve, into the next financial year. In using those funds the next year, local authorities will still need to comply with the grant conditions. However, the Department may consider reducing future grant amounts to local authorities that report significant and repeated underspends.
- 6.2 The grant must be used only for meeting eligible expenditure incurred, or to be incurred, by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006 ("the 2006 Act").
- 6.3 The Section 151 Officer and the Director of Public Health must sign an assurance letter that the grant has been spent in accordance with the conditions of the grant, at the end of the financial year.

7 EQUALITY IMPACT ASSESSMENT

- 7.1 Projects should target people who have low levels of activity (sedentary) and/or who are at risk of social isolation and will support people to sustain their mental and/or physical health and wellbeing.
- 7.2 The scheme will have a positive impact on the health of the population.

8 COMMUNITY SAFETY IMPLICATIONS

- 8.1 None

9 HEALTH AND WELLBEING IMPLICATIONS

- 9.1 The central aim of the Healthy Rutland Grant Scheme is to improve health and wellbeing for the people of Rutland by enabling them to have a healthy life; schemes will enable people to be more active, to improve diet and nutrition and be a healthy weight, have good mental wellbeing and offer opportunities for social connection, with a view to both improving wellbeing and preventing or postponing ill health.
- 9.2 Potential beneficiaries of the grant scheme will be sedentary people living inactive lifestyles, families with pre-school children in a given village, people diagnosed with a given condition, older people, particularly those who are frail and or socially isolated, people with long-term conditions or at risk of developing those conditions, carers and or people with caring responsibilities, older men, and people with disabilities or those who are disadvantaged or experiencing hardship.

10 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 10.1 The Public Health Grant must be spent improving the health of the population, in line with the conditions set out in the Public Health Grant Agreement. Any underspend may be 'clawed back' by Public Health England. By establishing a time limited grant scheme, the Council will ensure that the full amount of grant due to Rutland is used to improve the health and well-being of the population.
- 10.2 The use of RAP will provide a cost effective way of administering the scheme.

11 BACKGROUND PAPERS

There are no additional background papers to the report.

12 APPENDICES

Appendix A- Eligibility Criteria

Appendix B- Proposed Criteria for Scoring

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