

# Health and Social Care Review Group Meeting

## Minutes

4 May 2021 at 6.00 pm

### **Present:**

Councillor Agbley (Chair), Councillors Adrees, Campbell, Donelon, Pedersen, Petts, Roche and Underwood

### **Co-optees Present:**

Stephanie Power (Healthwatch Luton)

### **21. Minutes (Ref 2.1)**

That the minutes of the meeting of the committee held on 3 March 2021 be taken as read, approved as a correct record and signed by the Chair in due course.

### **22. Public Health Grant Annual Allocation (Ref: 7)**

The Director of Public Health presented the report (Ref: 7), informing Members of the annual allocation of the Public Health grant to Luton and the allocation of spend.

She stated that it was the first time that the Public Health grant to Luton and the allocation of spend was going to Executive for approval, hence its passage through HSCRG for scrutiny.

Key point highlighted were as set out in the below paragraphs.

Public health services were funded through a ring-fenced grant provided to local authorities on an annual basis.

The allocation of the fund was on fixed categories of spends, focusing on the Director of Public Health's responsibility to meet certain statutory functions to improve the health and wellbeing on the population.

As the public health grant was ring-fenced for specific purposes, the Director of Public Health had to demonstrate how the fund was spent. Table 1 at page 16 of the report outlined the prescribed functions (column 1) and non-prescribed functions (column 2).

Luton Council received a slight uplift of 1% in its allocation of £15,730,216 for 2021/22, which was a reduction in real terms. This meant that Public Health would need to provide the same level of services with less money. For the previous year, the Public Health funding uplift had matched that of the NHS.

The planned budget for 2021/22 was a roll over from the previous year, although a 10% saving was requested to deliver public health services elsewhere across the council. Members were informed that any more request for saving for wider council services risked Public Health having to reduce services, which would need consultation.

Public Health services needed to show clear output and outcomes, which were controlled by contracts to ensure providers delivered.

Following questions and comments, key points recorded were as set out in the below paragraphs.

In relations to resources to tackle childhood obesity, members were informed that, as previously reported, there had been a move away from the weight management clinic model. Although still available, now there was more proactive work in primary schools targeting whole year group, which captured not just obese children, but also those at risk of becoming obese, which was delivering better outcome. There was better parent engagement by the school.

Mental health support, beyond 'first aid courses' was provided from a different route through Cambridgeshire Community Services.

The list of spends on page 17 of the pack accounted for the whole funding allocation.

The issue of pollution on children aged 0-5 was more a matter for Environmental Health, not Public Health.

In terms of dental health, given more money, spending on fluoridation would help as Luton had a high incidence of children with bad teeth. The Dental Needs Assessment could be reported to a future meeting of HSCRG for consideration, if required. The Chair was keen that it be so, which was agreed.

**Resolved:** (i) That the Public Health grant spend in line with the spend categories identified to meet the grant conditions be noted and supported by HSCRG

(ii) That the Director of Public Health be requested to bring a report to a future meeting of HSCRG on the Luton Dental Needs Assessment for consideration.

### **23. Contain Outbreak Management Fund 2021-22 (Ref: 8)**

The Director of Public Health presented the report (Ref: 8), informing HSCRG how the Council was proposing to use the Contain Outbreak Management Funding to support the ongoing COVID response. She also sought a more detailed response on proposals to provide financial support to community organisations engaged in supporting the Covid response in Luton, particularly focusing on the wellbeing of the community.

Members were informed that the Contain Outbreak Management funding had been a developing picture over the previous year, with Luton receiving varying amounts of money from the government to deal with it. To cover 2020/21 and 2021/22, Luton had been

allocated nearly £8.5m Contain Outbreak Management funding. Spending of the Outbreak Management funding was an iterative process, which needed members' oversight, given the large sums of money at the council's disposal.

Responsibility for the Contain Outbreak Management budget was delegated to the Director of Public Health, in line with an approved financial plan.

Initially Luton Council had received £200K funding for the local level response to the Covid pandemic to support individual who needed to self-isolate and ensure organisations, including Public Health, could run an outbreak response. Luton's response was assessed as robust and the best in the country.

There were key strands of the Council's response to COVID which would need to continue into 2021/22, including, e.g. resources for analysis and interpretation of data, for Covid marshals and for the strong control achieved due to the excellent work of the team.

The report also proposed how the Contain Outbreak Management funding could be used to support recovery work. Some key priority areas had been identified for additional support for people, including physical activity, mental health for people vulnerable to Covid and support services already commissioned to offer wider services. The focus would be on family wellbeing and children and young people.

There was also an opportunity to create a £1.5m Covid Community Recovery Fund to support community organisations engaged in the Covid response in Luton, particularly focusing on the wellbeing of the community, working with Bedfordshire and Luton Community Foundation. This would build on the work to enable recovery within the community, where the response was strong. Allocations in terms of small donations would be in line with agreed criteria, but guidance from national team was awaited if the money could be used in that way. These grants would have a significant impact on the community.

From comments and questions, further information was provided with key points recorded as set out in the below paragraphs.

The Chair wished to put on record the thanks of the committee to the community for all the hard work they had done to deal with Covid.

In terms of how the money would be spent, members were informed that proposals were still in draft and more discussions were underway, but it should not be assumed that there would be no cost to administer the fund, whichever organisations managed the fund. There was no agreement on this issue yet.

The scale of the additional work, including the need for due diligence had yet to be negotiated, but Luton Council or any partners should not be expected to manage the fund without additional support to ensure the money was properly spent.

A member commented that London Luton Airport Ltd (LLAL) already managed community funding allocation and suggested the same process could be used to make it simpler.

The Public Health Director said that due diligence for small organisations should be simple and proportionate to the sum of money involved, but organisations getting larger sums should prove due diligence. She agreed that the LLAL community funding process could be used to make it simple and less arduous for low level grants.

The Chair commented that the distribution should be equitable to ensure small organisations had access to the money and not disadvantaged by large organisations' ability to write bids.

Members were informed that the system would be designed to offer support to people, e.g. through Covid Champions, to complete bids, which would be very simple for small amounts. It was hoped that the funding would be available over more than one year to help people be confident and step forward for help to get established.

There was already a list of organisations offering Covid support, which would be a starting point for those putting themselves forward for donations. Support from members, Covid champions and community leaders would help identify small priority community groups for funding, not just large organisations.

The Chair commended the approach to members and requested that they get involved.

The Director of Public Health said that the Executive would have the final say how the fund would be allocated.

The Chair requested that HSCRG be informed how the fund would be allocated when approved.

A member said he supported the Chair's request and commented that he had confidence in the Covid champions.

The Public Health Director said that the participation of members and Covid champions were greatly valued.

The Chair thanked Lucy Hubber, the Director of Public, for her hard work and support to HSCRG and wished her well, as this was her last meeting before moving on from the Council.

In the absence of further comments and questions, the Chair then moved that the recommendations in the report be approved, which was agreed.

**Resolved:** (i) That the allocations of the Contain Outbreak Management funding set out in Table 1 of the report (Ref: 8) in supporting the Council's response to COVID-19 be supported

(ii) That the proposal to commission additional services from key providers to work on specific public health related concerns caused by the pandemic for COVID recovery and for response funds to deal with any emerging issues be supported

(iii) That the specific proposal to create a Community Services COVID recovery fund be supported

(iv) That the pandemic might change during the year and that the use of the Contain Outbreak Management funding might need to change to reflect this be recognised

(v) That the thanks for her hard work and good wishes of HSCRG to Lucy Hubber, the Director of Public, as she moved on from the Council be recorded.

**(Note: The meeting ended at 6.43 pm)**