



City of Westminster

Cabinet Member Report

Meeting or Decision Maker:	Cllr Tim Mitchell, Cabinet Member for Adult Social Care and Public Health
Date:	17 March 2022
Classification:	General Release
Title:	Public Health investment 2022: Addressing the impacts of Covid-19 on residents
Wards Affected:	All Wards
City for All/Policy Context:	This report supports the City for All aspiration that we must design and deliver services with diversity and inclusion in mind. The initiatives proposed are aligned with the four pillars of City for All including a specific focus on employment, communities, improving air quality and healthier living environments.
Key Decision:	Yes
Financial Summary:	A proposal for non-recurrent investment of £3,748,124 across council directorates.
Report of:	Bernie Flaherty, Executive Director of Adult Social Care and Health.

1. Executive Summary

- 1.1 The 2021 Director of Public Health's Annual Report focused on the disproportionate impact Covid-19 has had on our communities. The annual report made the commitment to invest from public health reserves in cross council initiatives which address the impact of Covid-19.
- 1.2 This report outlines the proposal for non-recurrent investment of £3,748,124 across council directorates in programmes which will address the impact of Covid-19 on residents and demonstrate alignment with City for All Priorities.

2. Recommendations

- 2.1 Agreement to investment in 23 projects costing £3,748,124:
 - Inspection and wraparound support for food premises
 - Greening initiatives
 - Physical activity infrastructure in local estates
 - Shisha transformation
 - Home Improvement Agency support
 - Increased capacity for energy services
 - Specialist hoarding / self-neglect
 - First time introduction of Santander Cycle Hire to North West Westminster
 - Cycle Training Programme
 - Pedestrian and cycle behaviour and options change
 - Cargo E-bikes rental trial programme
 - Westminster Wheels
 - Enhanced Cycle Roadshows
 - Quick-win short cycle route and permeability fixes
 - Communities Priorities programme
 - Targeted prevention and intervention work
 - Extra Nurse Homelessness Health Team
 - Financial capacity project
 - IPS – Employment Support
 - Employment for people with LD or PD
 - Teachers' emotional wellbeing training
 - Mental health Youth Workers
 - Mental health and wellbeing promotion.
- 2.2 A full breakdown of the initiatives is provided in Appendix A.

3 Reasons for Decision

- 3.1 The Annual Report made the commitment to invest from public health reserves in cross-council initiatives which address the impact of Covid-19.
- 3.2 The Office for Health Improvement and Disparities oversees local authority Public Health grant investment and has recently indicated that excess reserves may be withdrawn from local use and redistributed.

4 Background, including Policy Context

- 4.1 Cross council workshops were held to engage key stakeholders in a conversation about health inequalities and the impact of the pandemic. Given the recommendations in the Annual Report, the themes of the workshops were:
 - building a healthy environment (Vibrant Communities)
 - mitigating poor air quality and climate change (Greener and Cleaner)
 - improving housing conditions (Vibrant Communities)
 - preventing homelessness and improving health and wellbeing of those who are homeless (Vibrant Communities)
 - supporting those most affected by economic downturn into employment and considering the role of health conditions as a barrier to entry/sustaining work. (Thriving Economy)
- 4.2 Mental health is a cross cutting theme which is underpinned by good jobs, homes and neighbourhoods as these enable healthy choices. Independently there is good evidence that physical activity improves mental health. Three initiatives have been identified to improve the mental health of children as part of this proposal.
- 4.3 A long list of 33 ideas were identified through the workshops which could deliver impact on health inequalities, were aligned with City for All aspirations, were sustainable without recurrent funding, had capacity within the organisation to deliver within a short-medium timescale and would have senior stakeholder buy-in.
- 4.4 Further information was requested about each idea and these were further prioritised based on the investment aspirations. All Executive Directors were then re-engaged to assist with the shortlisting process and in this process, further proposals connected to mental health were proposed by Executive Director of Children's Services. Investment in the Community Priorities programme is a part of ongoing cross council working programme.
- 4.5 The outcome of this process was a proposal to invest in 23 projects costing £3,748,124 (Appendix A). Following consultation with Cabinet Members, the projects are now being further scoped and costed with different corporate leads. This means that the final funding figure may reduce as detailed financial plans are drawn up but it will not increase. The Director of Public Health will approve the detail of these projects in consultation with the Lead Member for Adult Social Care and Public Health and the Lead Member for the relevant service.
- 4.6 To streamline reporting, whilst ensuring conditions of the ring-fenced grant are delivered, governance will lean on existing reporting arrangements. Public Health will work with colleagues in Innovation and Change to support evaluations to inform transformation, drive long term sustainability and maximise health impact.
- 4.7 There is a recognition of risk of non-recurrent investment in services creating a cost pressure in future years; exit plans for this non recurrent investment were part of the shortlisting criteria and the individual project plans will include details of how the initiatives will be closed or are sustainable without recurrent funding.
- 4.8 The aspiration is that this programme will strengthen integrated working across Westminster City Council, recognising that everyone has a role to play in promoting health and wellbeing. All interactions the council has with our residents, every policy and strategy, should provide an opportunity to promote health and wellbeing. This programme will provide further opportunities for collaboration, evaluation and partnership working to get the best use of combined skills and assets to address health inequalities.

5 Financial Implications

- 5.1 The total cost of the 23 projects is £3.748m. The funding will be made available on a non-recurrent basis and will come from the accumulated public health reserve. The reserve balance is forecast to be £6.7m by March 2022. However, in financial year 2022-23, this balance is expected to increase by circa £2m partly due to the planned transfer to reserve, £1.2m, as presented to the Budget Task Group in January and an uplift to the public health grant that was announced recently.
- 5.2 Funding the projects will reduce the reserve, however, the balance will still be higher than the optimal level of circa £1.5m, which will always be needed to fund contingencies and offset any adverse impact from a reduction in funding, if in the future the Department for Health and Social Care were to make such an announcement.
- 5.3 The delivery of the 23 individual projects will be spread across two financial years, therefore the planned funding draw down from the reserve in 2022/23 is £1.982m and 2023/24 is £1.766m. A project's actual expenditure profile could vary from plan however, all projects are expected to finish by March 2024. Any underspends will be retained within the public health reserve and no project can overspend unless authorisation is obtained following the correct governance process.
- 5.4 All expenditure will initially be incurred within the directorate and at year end the funding will be transferred to match actual expenditure.

6 Legal Implications

- 6.1 The Health and Social Care Act 2012, sets out a requirement for all Directors of Public Health to produce an annual independent report on the health of their local population and for their local authority to publish it. These annual reports also highlight areas of specific concern and make recommendations for change. The projects cover a wide area. The Council has various powers including the general power of General Competence, section 1 Localism Act 2011. Legal advice can be obtained in relation to setting up the various projects as and when needed.

7 Carbon Impact

- 7.1 The 23 programmes will have no negative carbon impact. Many of the proposals are intended to increase active travel within Westminster and creating healthier living environments which may contribute to improved air quality and climate impact.

8 Consultation

- 8.1 The 2021 Director of Public Health's Annual Report, focused on the disproportionate impact Covid-19 has had on our communities, was informed by a Health Impact Assessment. This needs-led assessment, included resident voices.
- 8.2 The proposal was shared with Cabinet Members in January 2022.
- 8.3 Whilst certain initiatives focus on certain wards, the overall proposal seeks to address the impact of Covid-19 for the borough as a whole.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact:

Anna Raleigh, Director of Public Health

araleigh@westminster.gov.yk

APPENDICES

Appendix A – Details of Investment

Appendix B – Financial breakdown

BACKGROUND PAPERS



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impact%20of%20Covi

NB: For individual Cabinet Member reports only

For completion by the **Cabinet Member for Adults Social Care and Public Health**

Declaration of Interest

I have no interest to declare in respect of this report

Signed: _____ Date: 16 March 2022

NAME: **ClIr Tim Mitchell**

State nature of interest if any:

(N.B: If you have an interest, you should seek advice as to whether it is appropriate to make a decision in relation to this matter)

For the reasons set out above, I agree the recommendation(s) in the report entitled

Addressing the impacts of Covid-19 on residents. Public Health investment January 2022

and reject any alternative options which are referred to but not recommended.

Signed: _____

Cabinet Member for Adult Social Care and Health

Date: _____

If you have any additional comment which you would want actioned in connection with your decision you should discuss this with the report author and then set out your comment below before the report and this pro-forma is returned to the Secretariat for processing.

Additional comment:

If you do not wish to approve the recommendations, or wish to make an alternative decision, it is important that you consult the report author, the Director of Law, City Treasurer and, if there are resources implications, the Director of People Services

(or their representatives) so that (1) you can be made aware of any further relevant considerations that you should take into account before making the decision and (2) your reasons for the decision can be properly identified and recorded, as required by law.

Note to Cabinet Member: Your decision will now be published and copied to the Members of the relevant Policy & Scrutiny Committee. If the decision falls within the criteria for call-in, it will not be implemented until five working days have elapsed from publication to allow the Policy and Scrutiny Committee to decide whether it wishes to call the matter in.