



Report to Policy Committee

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Report of: *Greg Fell Director of Public Health*

Report to: *Economic Strategy and Skills committee*

Date of Decision: *20th June 2022*

Subject: *Decision to continue to commission Work and Health Service*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 1196				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				

Purpose of Report:

This report is to seek a decision to re-commission a Work and Health Service. If there is a decision to continue to commission this work it will go out to procurement.

Work is a key determinant of good health. Good work contributes income, self esteem and opportunities to individuals and their families and is good for health. A healthy workforce is also a key asset for the economy.

The current Work and Health service supports approx. 1250 people per year with health conditions to stay in work or return to work after being off sick. The service supports job retention in the city and receives referrals from GPs and other health colleagues as well as voluntary sector organisations who support groups such as

carers.

This is an existing service funded by the ring fenced Public Health Grant and already has budget allocated to it. This is not new spend and does not negatively affect the overall Council budget position.

Recommendations:

That the committee

1. Decide to commission the Work and Health service in line with this report. This will then allow a procurement process to start so that this service can continue to be delivered for the people of Sheffield.

Background Papers:

An Equality Impact Assessment has been developed and has been used to develop the specification for the work and health service. This is to ensure the service best meets the needs of people in Sheffield with protected characteristics.

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Helen Damon</i>
		Legal: <i>Patrick Chisholm</i>
		Equalities & Consultation: <i>Bashir Khan</i>
		Climate: <i>Jessica Rick</i>
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	SLB member who approved submission:	<i>Greg Fell Director of Public Health</i>
3	Committee Chair consulted:	<i>Cllr Martin Smith</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	

Lead Officer Name: <i>Ruth Granger</i>	Job Title: <i>Consultant in Public Health</i>
<i>Date: 7th June 2022</i>	

1. BACKGROUND

- 1.1** Work is a critical determinant of good health and wellbeing. Employment provides a range of benefits for health including a sense of purpose, paid income and networks with others. The working environment itself can also be a major influence on well-being.

Health conditions can make it harder to get a job and stay in work and there is a 10% gap in employment rate between those with and without a long-term health condition in Sheffield. For people who need support from secondary mental health services, the gap in employment is 65%.

- 1.2** As well as good health and wellbeing being a vital asset for the employment of an individual, a healthy workforce is a crucial asset for the economy.

- 1.3** Aside from higher education, long-term illness is the primary reason for economic inactivity in Sheffield (27.1%). Ensuring supportive working and living conditions has benefits for both our health and our productivity.

- 1.4** A workplace health service has been provided in Sheffield for over 40 years to support people with health conditions to retain their job (job retention). The existing service was originally commissioned by the NHS as responsibility for such services previously lay with that agency. The current service is provided by a voluntary sector organisation, Sheffield Occupational Health Advisory Service (SOHAS) under contract with the Council.

2 PROPOSAL

- 2.1** The proposal is to continue to commission a Work and Health service funded by the Public Health Grant.

The Public Health Grant must be spent on services which improve the health of the population with a focus on reducing health inequalities. Health inequalities are the gap between life expectancy and healthy life expectancy between different groups in Sheffield, this can be between people who live in different parts of the city or between groups with protected characteristics under The Equality Act such as between those who are disabled and those who are not disabled.

- 2.2** It is not a statutory requirement to provide this specific service. However, employment contributes significantly to health and wellbeing and the gaps in employment levels between different groups reflects the health gap between people living in different geographical areas and with different characteristics. Supporting people with health conditions to retain employment is therefore an important part of addressing health inequalities. This service directly contributes to supporting people to retain their job and keep working.

2.3 The aim of the service is to provide occupational health support to people in Sheffield who don't otherwise have this support. The specification includes that 60-70% of the service users will be from small and medium sized employers. The aim is for the service to provide support to 1000 new service users each year.

The provider will give advice and support to enable individuals to continue in paid employment while managing a health condition.

2.3 The main objective of this Service is to provide support and advice for patients whose health is affected by their work or where their work is being affected by their health, thereby improving their health, and helping to support them to keep their job.

2.4 Other objectives of the support that the service providers include making return to work easier, improving health conditions at work, raising awareness of potential work-related health problems, and improving communication with managers. This will be achieved through providing advice on employment and health matters such as preventative advice, return to work advice and benefits advice.

2.5 Ongoing support is also available for existing service users (250 per year). This is included because individual's health conditions and employers can change and they may need further advice months or years after having first received support.

2.6 A key aspect of the success of this service is local relationships both with professionals and organisations who can refer individuals and with organisations who can provide further specialist support with individuals health concerns. If a decision is made to commission this service then a key aspect of the specification will relate to having strong local relationships and providing face to face services in Sheffield.

2.7 The work and health service contract in Sheffield would be a value of 98,000 per year for the next 5 years. The total value is £490,000.

3. HOW DOES THIS DECISION CONTRIBUTE?

3.1 This work is directly related to the third objective in the one year plan which is

3. Climate change, economy and development

We want Sheffield to be a flourishing, sustainable and inclusive city economy which creates opportunity, good jobs and better jobs for Sheffielders

- 3.2** Public Health funding needs to compliment other work commissioned by the Council and partner organisations to get maximum gain from public funds.

Opportunity Sheffield within Sheffield City Council receive funding to deliver initiatives to increase the number of people who are able to get a job but there is little ongoing funding to support people with health conditions to keep their jobs.

The request for a decision to commission this work has been considered in consultation with Opportunity Sheffield to ensure that there is no overlap with other services that Sheffield City Council commission to support employment.

Other employment services provided in Sheffield (such as the Working Win Project commissioned by the Mayoral Combined Authority and delivered by South Yorkshire Housing Association) are short term funded.

- 3.3** National funding for employment related work tends to focus on getting people into work (including those with health conditions). There is limited funding for helping people to keep the jobs they have (job retention) particularly those with health conditions. The Work and Health service therefore fills an important area where there would otherwise be a gap.

- 3.4** Making a decision to commission a work and health service allows for the provision of services for people with health conditions to support them to stay in work which is good for the economy and their health.

4. HAS THERE BEEN ANY CONSULTATION?

- 4.1** There has not been any formal consultation in relation to this commissioning decision.

The current service provider undertakes regular consultation both with colleagues who refer people to the service (such as GPs) and with those who use the service.

From this consultation we know that the service is valued by referrers and individuals who are struggling with work and health issues.

A high proportion of individuals supported by the current service say they would have lost their job without the support (65% based on service user surveys by the current provider).

Collecting ongoing service user feedback is a requirement outlined in the service specification.

5.1 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

5.1.1 Risk of not agreeing to commission the work and health service

If there is a decision not to commission this work the service would not continue. This would mean that there would be no ongoing job retention

service in Sheffield to support people to keep their jobs if they have a health condition and are struggling at work.

If a decision was made not to commission this service the funding could not be used for other non public health functions because the funding is from the ring fenced public health grant and must be used to fund public health activity. It could however be used for other public health activity.

- 5.1.2** The focus of government funding is mainly on getting people into work rather than job retention. It is therefore highly unlikely that alternative sources of funding would be available for this work.

5.2 Equality of Opportunity Implications

- 5.2.1** An Equality Impact Assessment (EIA) has been developed alongside this paper. The learning from the EIA has been used to inform the development of what would be commissioned to be part of the service.

- 5.2.2** This commission is focused on tackling inequalities and levelling up employment between groups who have protected characteristics under the Equalities Act and those who do not, particularly those with health conditions and disabilities. The specification includes monitoring to ensure that the service is reaching those groups who most need to be supported.

5.3 Financial and Commercial Implications

- 5.3.1** There is funding allocated within the ring fenced Public Health Grant to pay for this service. This is not new spend.

The Public Health Grant is allocated directly to Local Authorities from national government and is ring fenced which means it must be spent on public health activities and functions.

- 5.3.2** The value of this services is £98,000 a year for 5 years. Total value is £490,000

5.4 LEGAL IMPLICATIONS

- 5.4.1** The Health and Social Care Act 2012 confers a duty on Local Authorities to improve public health and to take such steps as they consider appropriate for improving the health of the people in their areas. There is no specific requirement to deliver these services, but they do fall under the overarching duty.

- 5.4.2** The report explains why the continuation of the service would help support the health of the people of the area.

5.5 CLIMATE IMPLICATIONS

5.5.1 The provision of the service will result in small scale office based impacts such as energy and water use, use of products and equipment and staff travel.

5.5.2 The specification for the service includes that the service must develop an environmental policy.

6. ALTERNATIVE OPTIONS CONSIDERED

6.1 *Stop funding this service and use the funding for other public health related activities* - The Public Health Grant does not fund any other employment and health related work. This aspect of the Grant funding is the most directly related to employment.

Stop funding this service and use the funding for other employment and health related public health work – the Work and Health Service fills a key gap in the city which is supporting people with health conditions to stay in work (job retention). Other potential areas for funding relate to getting people into work where there are existing funding already being provided to a range of partners in the city.

Deliver in house - Sheffield City Council do not have the skills or networks to be able to deliver occupational health support to people with health conditions.

7. REASONS FOR RECOMMENDATIONS

7.1 To commission a Work and Health Service so that this service can continue to be provided in Sheffield to support individuals in Sheffield with health conditions to stay in employment.