



**Author/Lead Officer of Report:**  
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**Report of:** *John Macilwraith (Executive Director, People Services)*

**Report to:** *Cabinet*

**Date of Decision:** *19 February 2020*

**Subject:** **People Keeping Well – Next Steps (2020-2023)**

Is this a Key Decision? If Yes, reason Key Decision:- - Expenditure and/or savings over £500,000 - Affects 2 or more Wards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Which Cabinet Member Portfolio does this relate to? Health and Social Care				
Which Scrutiny and Policy Development Committee does this relate to? Healthier Communities and Adult Social Care Scrutiny				
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? (642)				
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:-  “The ( <b>report/appendix</b> ) is not for publication because it contains exempt information under Paragraph ( <b>insert relevant paragraph number</b> ) of Schedule 12A of the Local Government Act 1972 (as amended).”				

## Purpose of Report:

The purpose of this report is to describe the plans for the next three years for People Keeping Well (April 2020 to March 2023)

The aim is to:

- help stabilise the voluntary community sector
- provide a platform for Primary Care Networks to fund social prescribing

People Keeping Well is Sheffield's community based approach to improving people's health and wellbeing and is delivered by voluntary, community and faith organisations (sometimes references as social prescribing).



## Recommendations:

1. Note and acknowledge the contents of the report
2. Authorise grant funding of the lead partners as detailed and set out in this report in order to deliver the People Keeping Well Programme (April 2020 to March 2023).
3. Where no authority exists under the Leaders Scheme of Delegation, delegate such authority to the Director of Commissioning Inclusion and Learning in consultation with the Cabinet Member for Health and Social Care and the Director of Finance and Commercial Services to award grant funding and thereafter to enter into funding agreements in line with this report and to take such other steps where no authority exists, to meet the aims and objectives of this report, for period April 2020 to March 2023.

**Background Papers:***(Insert details of any background papers used in the compilation of the report.)*

1. Briefing note provides more detail of People Keeping Well model, partners and impact

<http://www.sheffielddirectory.org.uk/pkw>

2. Background to the Better Care Fund

<http://democracy.sheffield.gov.uk/documents/s21931/Update%20on%20the%20Better%20Care%20Fund%202.pdf>

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>Ann Hardy / Paul Jeffries</i>
		Legal: <i>Henry Watmough-Cownie</i>
		Equalities: <i>Ed Sexton</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	<b>EMT member who approved submission:</b>	<i>John Macilwraith</i>
3	<b>Cabinet Member consulted:</b>	<i>Cllr George Lindars Hammond</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 Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> <i>Emma Dickinson</i>	<b>Job Title:</b> <i>Commissioning Manager</i>
	<b>Date:</b> <i>22 Nov 2019</i>	

## 1. PROPOSAL

- 1.1 People Keeping Well (PKW) is part of the Better Care Fund and is Sheffield's community based approach to supporting health and wellbeing.

In other areas, PKW would be described as social prescribing. In Sheffield, we shy away from this unhelpful term because we believe what we have is a more effective and embedded approach than just a 'signposting service for primary care'. See the attached briefing note for more information.

Health care is clearly very important to maintain health but socio-economic, health behaviours and the external environment make up 80% of what impacts a person.

By ensuring people are connected to and feel part of their local community we can help them stay independent and well for longer and increase their quality of life. By resolving social issues and connecting people to 'what matters to me', through PKW, we hope to empower people and develop skills.

PKW builds on the legacy of long term public health funding for these interventions in our VCF sector.

PKW is an enabler to delivering the City's strategies; Health and Wellbeing and Shaping Sheffield as it is a building block of the neighbourhood development and addressing health inequalities.

### 1.2 PKW as part of the Joint Commissioning Programme

The diagram below is from the Joint Commissioning Committee describing the whole system changes required in Sheffield.



PKW is an integral part of this system change, specifically in the following two areas:

- a. **Resilient Communities**, as described in the JCC paper is: *Building resilient communities enables individuals and communities to harness local resources and expertise to help themselves. It enables them to take collective action to increase their own resilience as well as that of others. This gives a greater sense of community and reduces the impact of social, financial and health pressures.*

Indicators of *resilient communities* are people volunteering and many vibrant informal activities, groups and events (eg Sunday football, Scouts, lunch clubs, coffee mornings, neighbourhood watch, Friends of Groups, Volunteer libraries, community allotments etc etc etc)

PKW role in building *resilient communities*: PKW Leads and partner organisations (local VCF) are best situated to reach into communities and 'activate' people to volunteer, start activities, capacity build existing activities, apply for and distribute small grants (more detail below)

- b. **Locally accessible integrated services in communities** as set out in the JCC paper: *enables all sectors to work together to provide the support needed at the earliest opportunity. This multidisciplinary approach should prevent the escalation of need and demand on more acute services.*

PKW role: Social Prescribing and connecting people to social interventions are as common place as Primary Care within Communities.

The role of the Community Wellbeing funding provides 1 to 1 workers who target people at risk of declining health and wellbeing (social prescribing) alongside specific group activities and peer support e.g. health trainers, cook and eat sessions, health champions

### 1.3 Background

In 2015, a commercial procurement Pseudo Framework for People Keeping Well was issued and organisations were invited to form partnerships covering populations of 20-30,000 to deliver against the outcomes framework that had been developed.

17 partnerships were identified; each led by a VCF organisation (15 led by community anchors and 2 by city wide providers). The procurement framework is due to end March 2020.

Over this period of time, SCC has established a way of working with the VCF organisations. Instead of a service provision model only, we have been moving toward PKW Leads taking local leadership. This has meant a greater sense of partnership working and devolving of monies to much smaller grassroots and community organisations that the Council has rarely funded previously.

PKW have developed stronger working relationships with Primary Care Networks. This has provided a basis for PCNs to fund services and community development roles. These relationships have also been pivotal in ensuring the PKW model has been utilised as part of the social prescribing funding from the NHS, a key objective of the NHS long term plan.

#### 1.4 **Proposal**

Based on the learning from the last 4 years, we wish to continue to provide funding that can contribute to stabilising community organisations and the partnerships. To do this, for April 2020 to March 2023 we are proposing to:

- 1.5 Continue with the existing PKW Leads for the 17 partnerships, rather than destabilising the last 4 years work and opening the opportunity to other organisations (1 change of South Yorkshire Housing Association to Stocksbridge 4 Leisure due to SYHA no longer wishing to be the lead organisation in that area)
- 1.6 Continue with the existing funding model of:
  - a. 425k for '**resilient communities**' (25k each partnership), see section 1.9 for details
  - b. £921,700 for '**community wellbeing**' (social prescribing - variable amounts across the partnerships based on deprivation), see section 1.15
- 1.7 Continue, along with Sheffield CCG, to jointly fund Voluntary Action Sheffield (the local infrastructure organisation) to provide capacity building and partnership development for the PKW partnerships (22k each per year)
- 1.8 Change from a procurement and contract process to a grant agreement. (Other Local Authorities in Y&H either use a grant or are returning to a grant process)
  - a. Procurement drives competition and PKW is about partnership working and integration.
  - b. With a grant process, the devolvement of monies to smaller grassroots organisations will not incur VAT as it does now

## 1.9 PKW Resilient Communities

Each partnership area (there are 17 PKW partnerships) receives funding of 25k per year each to build *Resilient Communities* in their area.

The conditions for the funding are:

1. Leading, facilitating and supporting asset based community development in your PKW partnership area:
2. Facilitating and enabling volunteering:

The needs of all communities and neighbourhoods are very different but it may look like: (list not exhaustive):

### **Capacity building:**

- a) Hosting and facilitating partnership, community forums, working with the Primary Care Network
- b) Community Grants
- c) Seed funding to pilot grass roots community provision
- d) Training and development and developing new ways of working across a community
- e) People voice and democratic engagement

### **Volunteering (every form of volunteers from activities through to peer support):**

- a) Sharing of volunteering approaches and processes across local areas
- b) Joint staffing, resource and infrastructure across the partnership
- c) Facilitating of best practice and supporting organisations to achieve the local volunteering standard

The table below outlines the funding and population for each partnership area:

- The average funding per person for the 425k is £0.73 per person
- The range is:
  - £1.79 in Arbourthorne to
  - £0.31 in the South West of the City

Examples of activities and delivery are:

- a. Community grants to grassroots organisations and activities eg mens groups, running groups, equipment for activities
- b. Funding for smaller community organisations to deliver local activities eg dementia café, social café
- c. Joint training and coaching to foster multi agency approaches
- d. Volunteering projects – joint recruitment process , sharing volunteers, co-ordinating together across neighbouring partnerships

Partnership	Population	Money	££ per Person
Arbourthorne	13957	25,000	1.79
Burngreave	27178	25,000	0.92
Chapel Green	31247	25,000	0.80
Darnall and Tinsely	33111	25,000	0.76
Firth Park	31654	25,000	0.79
Gleadless Valley & Heeley	23747	25,000	1.05
Hillsborough	37210	25,000	0.67
Manor Castle	28958	25,000	0.86
Sharrow, Broomhill & City Centre	39574	25,000	0.63
Sheaf Valley	17787	25,000	1.41
Lowedges, Batemoor, Jordanthorpe, Greenhill & Beauchief	31125	25,000	0.80
South East (two partnerships that joined – Birley, Mosborough, Woodhouse and Beighton)	73440	50,000	0.68
South West	80367	25,000	0.31
Southey	41107	25,000	0.61
Upper Don	19602	25,000	1.28
Upperthorpe & Netherthorpe	52442	25,000	0.48
<b>Total</b>	<b>582506</b>	<b>425K</b>	<b>0.73</b>

### 1.10 Better Care Fund additional monies

We have been allocated 200K per year for the next 3 years to build on the learning and transformation as described above.

#### ***Evidence based approach to the allocation of monies***

It is clear from the Marmot review and other national evidence that deprivation causes health inequalities and is the greatest impact on people's health and wellbeing.

The first two key message of the Marmot Review said:

*Reducing health inequalities is a matter of fairness and social justice. In England, the many people who are currently dying prematurely each year as a result of health inequalities would otherwise have enjoyed, in total, between 1.3 and 2.5 million extra years of life.*

*There is a social gradient in health – the lower a person's social position, the worse his or her health. Action should focus on reducing the gradient in health.*

But evidence also describe loneliness and isolation, caring for family members and conditions that affect older groups of people (eg dementia) can be equally detrimental on health and wellbeing. Sheffield's older communities and greater numbers of carers are in the South East, South



West and North of the city.

The fourth key message of Marmot said:

*Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently.*

*To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.*

**Locally also** PKW is part of Better Care Fund and the Joint Commissioning Committee. Our approach also takes into account supporting the whole health and social care system. The PKW funding has stabilised wellbeing provision within the VCF and has enabled PKW to be best placed to receive NHS link worker funding and Primary Care transformation funding. If PKW couldn't be truly citywide it could put this NHS funding at risk of being routed elsewhere.

- 1.11 In line with the evidence above and the outcome of the consultation we are proposing the follow for April 2020 to March 2023:
- 1.12 Make PKW citywide and pump prime three existing partnerships to increase their reach to cover the remaining gaps (10K each, total, 30K). We believe this will provide a strong position for the VCF sector to receive additional funding, e.g. NHS long term plan commitments (for two years only, Apr 2020 to March 2022). The allocation of this 30K in 2022-2023 will be decided with the Cabinet Member for Health and Social Care.
- 1.13 Support two partnerships who are undergoing significant transition which will enable them to work more closely with their local PCN (10K each, total, 20K) (for two years only, Apr 2020 to March 2022). The allocation of this 20K in 2022-2023 will be decided with the Cabinet Member for Health and Social Care.
- 1.14 Change the existing funding allocation for Community Wellbeing to realign to current deprivation measures.
  - a. The current allocations are based on historical legacy of over 12 years
  - b. The methodology to allocate the CWP funding used the weighted Indices of Multiple Deprivation score for each of the 100 neighbourhoods
  - c. If we did this within the existing budget envelop:
    - i. 9 organisations receive more money
    - ii. 4 organisations will be adversely affected
  - d. See the attached table for the allocation for each organisation (which is an aggregation of the neighbourhoods in each of their area)
    - i. The most deprived neighbourhood is allocated

£21,354.95

- ii. The least deprived neighbourhood is allocated £807.33

**We will use the additional monies to ‘top up’ four PKW partnerships so they will be ‘no worse’ off from the reallocation (£149K per year for three years, Apr 2020 to Mar 2023)**

- The average ££ per person for the revised allocation is £1.84
- The range of allocations per organisations is:
  - £3.07 in the North East of the City to
  - £0.46 in the South West

1.15 The iBCF extra funding (200k) has only been allocated for 3 years. If this funding is not continued, CWP funding will revert to the current allocation (subject to the budget continuing)

Lead partner	Area	CWP Current	CWP Revised	Additional top up payment	Revised Total	££ / person
4SLC	Upper Don	-	28,668.73		28,668.73	1.46
Age UK	Dore and Totley	-	36,903.42		36,903.42	0.46
Darnall Wellbeing	Darnall and Tinsley	96,100	61,535.34	34,564.66	96,100.00	2.90
Heeley City Farm	Gleadless and Heeley	49,000	51,349.63		51,349.63	2.16
Heeley Trust	Sheaf Valley	32,000	13,844.69	18,155.31	32,000.00	1.80
MCDT	Arbourthorne Manor	131,900	107,467.96	24,432.04	131,900.00	3.07
Reach SS	LBJ & GB	50,000	53,436.01		53,436.01	1.72
Shipshape	Sharrow & City Centre	98,900	26,483.49	72,416.51	98,900.00	2.50
SOAR	Burngreave, Chapelgreen, Firth Park & Southey	310,000	328,578.71		328,578.71	2.50
WCDF	South East	58,000	114,926.30		114,926.30	1.56
ZEST	Hillsborough Uppertorpe & Netherthorpe	95,800	98,505.73		98,505.73	1.10
<b>TOTAL</b>		<b>921,700</b>	<b>921,700.00</b>	<b>149,568.52</b>	<b>1,071,268.53</b>	

1.16 In confirming funding for the next three years, it gives PKW stability and the confidence to plan and work with partners.

It has been recognised across health and social care that PKW is central to supporting people’s health and wellbeing and as such we need to seek to further funding to further PKWs reach and impact.

The Council will continue to learn and work with local people, communities, Scrutiny, local Councillors and health partners to ensure a long term joint system approach to funding which keeps people independent, safe and well

## **2. HOW DOES THIS DECISION CONTRIBUTE?**

2.1 This proposal contributes to the live of Sheffield's people – specifically the following ambitions of the Corporate Plan; better health and wellbeing and will contribute to thriving neighbourhoods and communities and tackling inequalities

2.2 As highlighted by the annual Director of Public Health Reports, healthy life expectancy years for people in deprived areas is not getting any better.

International, national and local evidence shows that people who are lonely, isolated, lack friends or connections, don't have a purpose or unemployed, live in poor housing, poor diet, are not physically active etc etc have poor health and wellbeing outcomes.

We know from our own services, that people with these characteristics start to utilise formal services earlier and for longer.

## **3. HAS THERE BEEN ANY CONSULTATION?**

3.1 Consultation has taken place with the PKW lead organisations and others, which identified the following key areas for development:

- The need to ensure the partnerships provide a city wide coverage which is currently not the case.
- The need to ensure that the community wellbeing funding allocated to the partnerships reflected the current deprivation within the city – the current allocation of this is against historical deprivation data
- Partners requested that SCC consider the stability of the sector and provide longer term funding

## **4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

### **4.1 Equality of Opportunity Implications**

4.1.1 The following paragraphs are taken from Sheffield's Health and Wellbeing Strategy:

4.1.2 *We know that people in poorer parts of Sheffield live shorter lives and have worse health than those in more affluent areas. We also see similar disparities affecting groups with specific shared characteristics, such as people from BAME backgrounds, or people with learning disabilities. These differences and disparities are the health inequalities that exist in our city, and that we see as unacceptable.*

*It is not right that some people can expect to live a less healthy life because of who they are or where they live. Equally, vibrant and healthy communities produce skilled, happy and productive*

*people, leading to a stronger economy, which benefits everyone.*

4.1.3 PKW is purposely partnerships of organisations including small, grassroots and communities of interest organisations in order to reach people who experience poor health and wellbeing outcomes

4.1.4 Social interventions and People Keeping Well is key to tackling the causes of poor health and wellbeing because we aim to:

- Build friendships and connections
- Enable communities to develop the skills and tools to support each other
- Give people the knowledge to know how to deal with future crises or where to get help before the problem becomes a crisis

#### 4.2 Financial and Commercial Implications

4.2.1 The proposal as set out in 1.5 to 1.9

- Grant fund the existing PKW Leads
- Continue to fund the Leads through the two funding pots (Resilient Communities and Community Wellbeing)
- Continue to fund Voluntary Action Sheffield

Income Stream	Amount	Expenditure	Amount
Council funding	£1,175,000	Resilient Communities	£425,000
		Community Wellbeing	£921,700
		VAS Capacity Building	£22,000
Sheffield CCG	£200,000		
<b>Total</b>	<b>£1,375,000.00</b>	<b>Total</b>	<b>£1,368,700.00</b>

4.2.2 The proposal set out in 1.10 to 1.15 – extra monies (200K) per year for 3 years from iBCF

Expenditure		Amount	Comment
Pump prime funding to go city wide (Apr 2020 to March 2022)	Darnall Wellbeing	£10,000	This allocation of this funding for Apr 2022 to March 2023 will be decided in conjunction with Cabinet Member for Health and Social Care
	Zest	£10,000	
	Age UK	£10,000	
Supporting emerging and changing partnerships	Stocksbridge 4 Leisure	£10,000	
	Heeley Trust	£10,000	
'Top up' of partnerships that are adversely affected by reallocating community wellbeing funding		£149,000	
<b>Total</b>		<b>£199,000.00</b>	

### 4.3 Legal Implications

4.3.1 The PKW scheme had previously been delivered following a compliant procurement exercise via an agreed service contract; such terms and conditions set out an agreed standard, for an agreed price. The proposal is to grant fund the existing providers. Any grant agreement will include clawback provisions within the terms if there is failure by the service provider to meet required objectives. Grant funding is not subject to EU rules on procurement.

The legal power for the Council to establish, administer and make awards from the various grant funds as described in this report is provided by the general power of competence contained in Section 1 of the Localism Act 2011. Subject to certain statutory restrictions, none of which apply in this case, Section 1 gives the Council “power to do anything that individuals generally may do”.

In considering this report Cabinet must be mindful of the requirements imposed by the public sector equality duty enacted in Section 149 of the Equality Act 2010. Some of the proposals in this report involve the taking of action to assist persons sharing ‘protected characteristics’ within the meaning of the 2010 Act to overcome or minimise disadvantage or otherwise meet their needs. This is permitted by Section 158 of the 2010 Act.

## 5. ALTERNATIVE OPTIONS CONSIDERED

5.1 The following alternative options were considered and discounted

Option	Pros	Cons	Comment
Refresh and review the current PKW Leads	<ul style="list-style-type: none"> <li>• Transparent process</li> <li>• Another organisation may wish to be a lead</li> </ul>	<ul style="list-style-type: none"> <li>• Destabilise the current partnership</li> <li>• Interrupt and put at risk the implementation of social prescribing link workers – funding coming from NHS into PKW</li> <li>• Partnership working is hard and time consuming and it would counteract the last 4 years</li> </ul>	<ul style="list-style-type: none"> <li>• Through the last 4 years, a number of PKW Leads have change but this has been a ‘bottom up approach’ where the process has been agreed by partners of the partnership</li> <li>• Through ongoing dialogue there are some existing organisations who are not currently involved in PKW and we will support them to join partnerships</li> </ul>
Decommission and deliver in-house	Greater consistency and control	<ul style="list-style-type: none"> <li>• It is recognised that Council Services do not reach all communities and groups</li> <li>• A council service</li> </ul>	A council approach to community development it not as successful as communities and VCF

		would struggle to be flexible and responsive and deliver a personalised approach unlike a group of community organisations	
Decommission and end PKW	Save money immediately	<ul style="list-style-type: none"> <li>Lack of support and provision for the 2,000 people who interact with PKW a quarter</li> </ul>	Community based approaches about building resilience and enabling people to remain independent and away from formal services for as long as possible

## 6. REASONS FOR RECOMMENDATIONS

6.1 This report recommends:

Recommendation From April 2020 to March 2022	Funding implication	Reason
a) Continuing with the existing PKW Leads for the next 2 years (with the one change)	Within existing budget streams: <ul style="list-style-type: none"> <li>425K</li> <li>£921,700</li> <li>22k</li> </ul>	<ul style="list-style-type: none"> <li>To continue stability with the PKW partnerships</li> <li>To allow the implementation of the NHS link worker funding into PKW</li> <li>To build on the last 4 years partnership working</li> </ul>
b) Move to grant approach	(per year)	<ul style="list-style-type: none"> <li>In discussion with Officers in Commercial Services and Legal is was agreed a grant agreement was the appropriate process</li> <li>Benchmarking with other local authorities, this is the approach they are either using or returning to after trying a procurement process</li> </ul>
c) Fund Voluntary Action Sheffield (the local infrastructure organisation)		To provide capacity building and partnership development for the PKW partnerships (22k each per year)
d) Use the extra iBCF monies to	New monies from iBCF 200K	The recommendations for the iBCF funding have come from a stocktake of PKW undertaken with leads and wider partners to improve the current programme
I. Pump prime funding to allow citywide coverage of PKW	dII) per year for Apr 2020 to March 2023	
II. To offset the impact of reallocating the monies against current indices of multiple deprivation scores	dI&III) per year for Apr 2020 to March 2022	
III. To pump prime transition of 2 partnerships		