



**Author/Lead Officer of Report:**  
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<b>Report of:</b>	<i>Director of Public Health</i>					
<b>Report to:</b>	<i>Executive Member for Sustainable Neighbourhoods, Wellbeing, Parks and Leisure</i>					
<b>Date of Decision:</b>	<i>21 Feb 2022</i>					
<b>Subject:</b>	<i>Reducing inequalities and supporting communities post covid</i>					
Is this a Key Decision? If Yes, reason Key Decision:						
				Yes	x	No
- Expenditure and/or savings over £500,000						
- Affects 2 or more Wards					x	
Which Executive Co-operative Member Portfolio does this relate to? <i>Sustainable Neighbourhoods, Wellbeing, Parks and Leisure</i>						
Which Scrutiny and Policy Development Committee does this relate to? <i>Healthier Communities and Adult Social Care Scrutiny Committee</i>						
Has an Equality Impact Assessment (EIA) been undertaken?						
				Yes	x	No
If YES, what EIA reference number has it been given? <i>1053</i>						
Does the report contain confidential or exempt information?						
				Yes		No
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-  <i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>						
<b>Purpose of Report:</b>						
The purpose of the report is to note and approve the use of non recurrent public health monies to invest in a number of organisations to reduce inequalities and support communities post covid						
<b>Recommendations:</b>						
That the Individual Co-operative Executive Member:						

1. Approves the approach and projects
2. Approves the grant funding of the organisations listed in the paper

**Background Papers:**

This is part of a broader programme of non re current funding, please see attached the Public Health Underspend paper for background and context



Public Health  
Underspend Proposal

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: Helen Damon		
	Legal: David Cutting		
	Equalities: Adele Robinson		
<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> Greg Fell		
3	<b>Cabinet Member consulted:</b> Alison Teal		
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.		
	<table border="1"> <tr> <td><b>Lead Officer Name:</b> <i>Eleanor Rutter</i></td> <td><b>Job Title:</b> <i>Public Health Consultant</i></td> </tr> </table>	<b>Lead Officer Name:</b> <i>Eleanor Rutter</i>	<b>Job Title:</b> <i>Public Health Consultant</i>
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<b>Date:</b> 16/12/2021			

<b>1.</b>	<b>BACKGROUND</b>
1.1	The projects will contribute towards supporting communities in their recovery from Covid and will complement the work of Local Area Committees by involving citizens in the decisions that affect them. By targeting investment in communities with the poorest health outcomes, the additional funding will contribute to the Health and Wellbeing Strategy's aims to reduce the gap in healthy life expectancy between the richest and poorest in our city.
1.2	There is a wealth of national and international evidence that shows that people who lack social networks; communal capabilities; and resilience lead to poor outcomes for them in terms of employment, housing, wellbeing and physical health. Loneliness and lack of voice / influence also contributes towards an increase in people accessing formal services earlier and for longer.
1.3	The National Institute of Clinical Excellence (NICE) describes 'community' as an umbrella term, to cover groups of people sharing a common characteristic or affinity, such as living in a neighbourhood, or being in a specific population group, or sharing a common faith or set of experiences
<b>2</b>	<b>PROPOSAL</b>
2.1	<p>The 5 proposals to be funded are:</p> <ul style="list-style-type: none"> <li>a. Compassionate Communities</li> <li>b. Resilient Communities: Test for Change Business Case</li> <li>c. Pre-anaesthetic behavioural change programme for people waiting for operations</li> <li>d. Bereavement Counselling Service</li> <li>e. Peer support approaches for people with long term conditions</li> </ul>
2.2	<p><b>Compassionate Communities</b> (see appendix for background information)</p> <p>Compassionate communities support people and their carers approaching the end of life, thereby improving experiences of death, dying and bereavement. The outcomes of the project will be:</p> <ul style="list-style-type: none"> <li>• improve connections between people and local community assets</li> <li>• develop messaging tools in order to improve people's emotional literacy.</li> </ul>
2.3	<p><b>Resilient Communities: Test for Change Business Case</b></p> <p>This proposal is to test the Public Health England Strengthen</p>

	<p>Communities Framework in a neighbourhood. This is not a 'service' but an investment in the community to develop people assets, voice and activation. The monies will be used for a development programme for workers and volunteers, supporting community development activities and a grant Pot</p> <p>Success would be determined locally, by people in the community but the following is what a Resilient Community might say:</p> <ul style="list-style-type: none"> <li>✓ know my neighbours, say hello on the street to people</li> <li>✓ I have made new friends at the groups I go to</li> <li>✓ I have confidence to go to new groups, join in, connect with people</li> <li>✓ My group could apply for some funding to do another session</li> <li>✓ I started helping in the volunteer library</li> </ul>
2.4	<p><b>Brief Interventions in Pre-operative Services pilot</b></p> <p>A high proportion of people undergoing assessment prior to elective surgery have health behaviours or preventable risk factors that may negatively impact on their recovery or increase the likelihood of illness in the future. High BMI, smoking and physical inactivity are examples of such risk factors. This funding would be used to employ health advisors within the pre-op team at Sheffield Teaching Hospitals (STH). Health advisors will deliver brief intervention plus onward referral using person-centred motivational approaches to all those attending for assessment that are identified as having certain modifiable risk factors.</p> <p>This pilot will be evaluated and STH will consider it's wider and longer term application dependant on the outcomes. Key measures will include</p> <ul style="list-style-type: none"> <li>• Acceptance of and response to brief intervention</li> <li>• Uptake of services such as weight management, smoking cessation and broader community support</li> <li>• Patient intention to make positive changes</li> </ul>
2.5	<p><b>Bereavement Counselling Service</b></p> <p>Bereavement during the Covid-19 pandemic is associated with negative impacts on the physical and mental health of bereaved relatives and loved ones . It is predicted that the incidence of prolonged grief disorder (PGD) will rise. Reasons for this include (but are not exclusive to) limited contact with and opportunities to say goodbye to loved ones, sudden or traumatic deaths, limited end of life discussions with healthcare professionals, social isolation and loss of usual social support networks, financial insecurity and job losses. In Sheffield providers of care have informally reported seeing bereaved people "moving up the ladder of need" as their usual coping mechanisms are not available to them.</p> <p>Bereavement care is not consistently available or accessible across Sheffield. For example, St Luke's Hospice is the only provider of a specialist bereavement counselling service but, until a recent time-limited pilot with primary care, this has only been available to relatives of patients</p>

	<p>who have been under their care. Much of the provision of bereavement care comes from the voluntary and charitable sector (VCS), with many smaller community organisations doing invaluable, unseen work.</p> <p>The aim of the Service is to establish a freely accessible specialist bereavement counselling service across the city offering six sessions of counselling for people experiencing complex bereavement reactions and signposting of less severe cases into alternative, voluntary sector services</p>
2.6	<p><b>Peer Support Projects</b></p> <p>The aim of these projects is to develop peer engagement work that will address the health inequalities existing in some of our poorest areas of the city. Based on models that have successfully taken place in Sheffield, we will work with voluntary sector partners who can recruit and support volunteers to take on these roles.</p> <p><b>Cancer Champions</b></p> <p>A programme designed to address the inequalities that persist about the take up of cancer screening services, the reporting of signs and symptoms and attending treatment. During the pandemic fewer people have accessed screening services and subsequent treatment leading to late diagnosis and poorer outcomes.</p> <p>The programme would develop roles for Champions and Ambassadors. The role of the Ambassador will be to undertake training around better understanding signs and symptoms, the screening process, and the barriers that people may face. The Ambassadors will then contact local people in their area (Cancer Champions) who are prepared to listen and then share this message with their friends and families. This is built on a previous successful intervention which uses a social model and an understanding of the social context and wider determinants of health.</p> <p><b>Community Mental Health Peer Support</b></p> <p>We know that low level mental health issues are emerging because of the pandemic. The voluntary sector is already stretched in trying to pick these up.</p> <p>The aim of this work will be to develop and support a network of champions, ideally with lived experience, who can offer to support at this lower-level mental health need. We would like to combine this with the offer of Psychological First Aid training (or similar) so that a city-wide offer (but targeting those areas with greatest inequalities) can be developed.</p>
3.	<b>HOW DOES THIS DECISION CONTRIBUTE?</b>

3.1	<a href="#">Sheffield's one year plan</a> is designed to help Sheffield rebuild from COVID-19, empower communities and deliver for the city and its amazing people		
3.2	One of the four areas is: Communities and Neighbourhoods which is focusing on the ambition for all communities to love and be proud of where they live, to have great facilities, to feel safe, live without discrimination and be healthier and happier		
3.3	In developing these projects, whether that is in a neighbourhood or around compassion, we are connecting people together, building networks and friendships which are protective of people's health and wellbeing		
4.	<b>HAS THERE BEEN ANY CONSULTATION?</b>		
4.1	<p>There hasn't been any formal consultation in relation to these two projects but they have been developed with officers and partners using evidence based principles.</p> <p>We know through the pandemic we have seen communities pull together and support each other and this approach will build on informal approaches started</p> <p><a href="#">The Big City Conversation</a> from 2019 told us that people of Sheffield want to be involved in the decisions in their neighbourhood</p>		
5.	<b>RISK ANALYSIS AND IMPLICATIONS OF THE DECISION</b>		
5.1	<u>Equality of Opportunity Implications</u>		
5.1.1	<p>AN EIA has been developed alongside this paper.</p> <p>ABCD approaches is about recognising the strengths in all and empowering everyone to be part of a community. It is an evidenced based approach recognised at reducing inequalities</p>		
5.2	<u>Financial and Commercial Implications</u>		
5.2.1	The total investment outlined in this proposal is £180,000 from the ring-fenced public health budget		
	<b>Project</b>	<b>Organisation</b>	<b>Investment</b>
	<b>Compassionate Sheffield</b>	St Luke's Hospice	120,000
	<b>Resilient Communities: Test</b>	a. Follow the council's 3 quotes	60,000

	<b>for Change Business Case</b>	process to identify an organisation to deliver development programme b. Grassroot(s) community organisation		
	<b>Brief Interventions in Pre-operative Services pilot</b>	Sheffield Teaching Hospitals		60,000
	<b>Bereavement Counselling Service</b>	To be procured by Sheffield Clinical Commissioning Group (2 year contract)		150,000
	<b>Peer support projects</b>	To be procured by SCC to be delivered through neighbourhood voluntary sector organisations	Cancer Champions	57,000
			Mental Health Peer support project	72,000
	<b>Total</b>			<b>519,000</b>
5.3	<u>Legal Implications</u>			
5.3.1	The Council has a general power under Section 1 of the Localism Act 2011 to do anything that an individual may generally do provided it is not prohibited by other legislation and the power is exercised in accordance with the limitations specified in the Act, this gives the Council the ability to provide the grant funding.			
5.3.2	The proposed grant payments to both recipient organisations will be by way of the Council's standard Grant Agreements, providing both the Council and the Recipient with a clear basis and purpose for the grant funding.			
5.3.3	The Council must comply with their Public Sector Equality Duty under the Equality Act 2010 and with all applicable legislation and regulations including but not limited to the Public Contracts Regulations 2015, Subsidy Control and the Council's Contracts Standing Orders .			
5.4	<u>Other Implications</u>			
5.4.1	No other implications are relevant.			
6.	<b>ALTERNATIVE OPTIONS CONSIDERED</b>			



6.1	Do Nothing	Underutilisation of the public health ring fenced grant
	Deliver in house	N/A – non recurrent monies which is investment to kick start to attract other funds
7.	REASONS FOR RECOMMENDATIONS	
7.1	<p>The recent <a href="#">report</a> (Dec 2021) by the Northern Health Science Alliance has described how the pandemic has disproportionately affected the North of England. It is clear that mental and financial well-being was hardest hit in the North, and there were greater increases in loneliness. In summary, the report found that individuals living in the North:</p> <ul style="list-style-type: none"><li>• Experienced a large drop in mental wellbeing (particularly the North East and Yorkshire and the Humber).</li><li>• Self-reported mental health fell by, on average, 4.4% in the North (compared to a reduction of 3.9%).</li><li>• There was a 55% increase in the presence of minor psychiatric disorders in the North (an increase from 19.2% in 2018/19 to 29.7% in 2020) compared to a 50% increase in the rest of England (an increase from 16.2% in 2018/19 to 24.2% in 2020).</li><li>• Experienced more loneliness, particularly in the North East.</li><li>• A greater number of antidepressant prescribed over the past three years and this remained the case during the COVID-19 pandemic</li></ul>	

## **Background to Compassionate Sheffield**

We all experience hard things, like death, mental health issues or loneliness. It's often the small acts of kindness that make the biggest difference to help us through. Connecting and supporting people, communities and organisations to harness the power of compassion, will contribute to creating a happier and healthier Sheffield.

In December of 2018 Sheffield's Health and Wellbeing Board signed up to nine ambitions in its revised strategy. One of those ambitions was to ensure that everyone in Sheffield could live the end of their life with dignity in the place of their choice. The Health and Wellbeing received a [paper](#) outlining approach to end of life and developing a Compassionate Sheffield.

The paper focuses particularly on the concept of the 'end of life' (as opposed to 'end of life care'), includes the importance of that not just to the dying person, but to all of those involved and left behind, and describes how we might develop and use high-quality intelligence to transform Sheffield into a place where everyone involved in a death has the best possible experience.

The Compassionate Sheffield approach is not about anyone one service or organisation and but is a 'social movement'. As such, no single organisation owns the work. A partnership of Sheffield City Council, Sheffield Clinical Commissioning Group and St Luke's Hospice have brought together monies which has enabled the project to recruit a programme manager.

The post is hosted by St Luke's Hospice (since summer 2021) and has achieved increased awareness of Compassionate Sheffield and identified small pots of community funding to start working with other key partners across the city.