

Policy Committee Decision Report

Title of Report:	Grant to Voluntary Action Sheffield to develop and evaluate support systems for frontline voluntary and community sector staff
Date of Decision:	30 th September 2024
Report To:	Communities, Parks and Leisure Policy Committee
Report Of:	Greg Fell, Director of Public Health
Report Author:	Anna Twelves, Health Improvement Principal

Executive Summary: Following a robust process, Sheffield Public Health grant reserves funding was awarded in June 2024 for a Public Mental Health Workforce Development Programme.

One element of this programme is a proposal from Voluntary Action Sheffield (VAS) to undertake work to develop and evaluate culturally appropriate and inclusive support systems for frontline voluntary and community sector (VCS) staff.

Throughout the Covid-19 pandemic, the VCS supported people and communities to deal with unprecedented issues. An increase in case complexity and workload has continued post-pandemic and the frontline VCS workforce in Sheffield is tired and depleted without appropriate support systems.

A decision needs to be made on whether to approve a grant to VAS to undertake the proposed work.



Council Plan outcomes:

This proposal will contribute in particular to outcome 3 of the Council Plan:

[People live in caring, engaged communities that value diversity and support wellbeing](#)

Policy Committee remit:

This report is to be considered by the Communities, Parks and Leisure Policy Committee as its remit includes approving the payment of any grant or loan in excess of £50,000 (including a grant or loan paid wholly or in part by the Council out of Sheffield City Council – Constitution (May 2022)).

Does the report contain confidential or exempt information? No

Recommendations:

The Communities, Parks and Leisure Committee is recommended to:

1. Approve a grant of up to £94,564 to Voluntary Action Sheffield for work to develop and evaluate support systems for frontline voluntary and community sector workers.

Financial Implications: Yes.

Approved by: Anna Beeby, Assistant Finance Manager

Legal Implications: Yes.

Approved by: Gemma Beecroft, Commercial Lawyer

Equality and Inclusion Implications: Yes.

Approved by: Bashir Khan, Equalities Officer

Climate Change Implications: Yes

Eleanor Rutter, Assistant Director of Public Health
on behalf of the Sustainability Team

Background Papers: Public Health Grant Reserves proposal for a Public Mental Health Workforce Development Programme.

Appendices: None.

1. Background to the issue

- 1.1 Local authorities receive an annual ringfenced Public Health Grant from the Department of Health and Social Care. The core condition of this grant is that it should be used only for the purposes of the public health functions of local authorities. Its allocation should also align with the Sheffield Health and Wellbeing Board priorities.
- 1.2 The Public Health Grant is one of the five main responsibilities of the Director of Public Health (DPH). The DPH and Section 151 officer must certify annually that the grant has been spent in line with the terms and conditions. This is checked by the Regional Director of Public Health and the Office of Health Improvement and Disparities. If, at the end of any financial year, there is any underspend of the Public Health Grant, local authorities may carry this over as part of a public health reserve into the next financial year. In using those funds, the next year, local authorities still need to comply with the grant conditions.
- 1.3 The Sheffield Public Health Grant reserves accumulated during the pandemic, as the Council used national COVID-19 grant income to fund Public Health staff providing mutual aid to UK Health Security Agency. In order to allocate the reserves in line with Grant conditions, a robust process was agreed by Senior Leadership Board (SLB) on 22nd January 2024 and discussed at Leaders' Briefing on 29th January 2024. Directorates were invited to submit proposals for the allocation of non-recurrent funding from the Public Health Grant reserves by 19th March 2024. Following screening and scoring, the outcome of the process was discussed at SLB on 30th April and at Leaders' Briefing on 24th May. Officers that had submitted proposals were then informed whether or not their proposal had been successful.
- 1.4 As a result of this process, Sheffield Public Health Grant Reserves were awarded to Public Health for a Public Mental Health Workforce Development Programme.
- 1.5 One element of this programme is a proposal from Voluntary Action Sheffield (VAS) for work to understand, deliver and evaluate culturally appropriate and inclusive support systems for frontline voluntary and community sector (VCS) workers. The rest of the funding is for training for frontline staff and purchasing advice is being sought from Procurement and Supply Chain.
- 1.6 Throughout the COVID-19 pandemic, the VCS workforce supported people and communities to deal with unprecedented issues. National research published by the People's Health Trust in 2022 reported that almost all VCS organisations surveyed identified that mental health support was their number one challenge ahead with most VCS leaders concerned about staff burnout.¹

¹ People's Health Trust, 2022, We were absolutely invisible: The impact of Covid-19 on the mental health and grassroots voluntary and community sector workers.

- 1.7 An increase in case complexity and workload has continued post-pandemic, exacerbated by rises in the cost of living, and the VCS workforce in Sheffield is tired and depleted without appropriate support systems.
- 1.8 More recently, the VCS has played an important role in the city-wide response to acts of racism and discrimination, and affray and potential violent disorder, in Sheffield. The harmful impacts of this, and the criminal and violent disorder in the South Yorkshire and further afield, has created and will continue to create additional pressures on staff employed in the sector.
- 1.9 Unmanaged stress and burnout have negative health impacts and reduce professional efficacy.² As well as impacting individuals, this negatively impacts the VCS workforce as a whole and the continuity, quality and reach of the vital services they provide, many to marginalised communities across the city.

2. Proposal

- 2.1 The Communities, Parks and Leisure Policy Committee is asked to approve a grant to VAS to support their proposal to develop and evaluate support systems for frontline VCS staff.
- 2.2 Earlier this year, Public Health engaged with VAS to understand how best to support the work of the VCS with regard to public mental health, that is activity to improve mental health and wellbeing and prevent mental illness. In response VAS highlighted the pressing mental health and wellbeing needs of the frontline VCS workforce in the city and put forward a proposal for Public Health Grant reserves to undertake work to develop and evaluate culturally appropriate support systems for frontline staff in the sector.
- 2.3 Recent funding from Health Education England (HEE), has enabled VAS to test clinical supervision as a specific approach to improving support for the frontline VCS workforce. Clinical supervision is a formal, reflective form of supervision used in health and social care and effective clinical supervision is associated with lower burnout, greater staff retention and job satisfaction³. However through this HEE funded work, VAS has found that this particular model of support does not work well across the cultural diversity of the VCS in Sheffield.
- 2.4 In particular VAS has learnt that clinical supervision is not always a culturally appropriate approach for global majority organisations. Global majority is a collective term which refers to people and communities from Black, Asian, mixed, and other ethnic groups who make up the majority of the world

² World Health Organisation, ICD-11 for Mortality and Morbidity Statistics

³ Martin P, Lizarondo L, Kumar S, Snowdon D. Impact of clinical supervision on healthcare organisational outcomes: A mixed methods systematic review. PLoS One. 2021 Nov 19;16(11): e0260156. doi: 10.1371/journal.pone.0260156. PMID: 34797897; PMCID: PMC8604366.

population.⁴ To identify global majority organisations in the city to participate in the HEE funded work, VAS drew from the Diversity, Equity and Inclusion Data Standard developed in 2022.⁵ Organisations could self-identify as a global majority organisation if they met at least one of a set of three criteria related to: the proportion of people from global majority backgrounds or heritage that benefit from the organisation or group's work; whether the organisation or group's mission or purpose states that it exists to serve a specific global majority community or its work explicitly does so; and the proportion of the group or organisation's key decision makers and senior staff that have global majority backgrounds or heritage.

- 2.5 With regard to the testing of clinical supervision, barriers cited by global majority organisations in the city included that it is solely based on talking, is delivered one-to-one and is potentially undertaken with someone external to the community.
- 2.6 Through a new 14 month grant agreement at a value of up to £94,564, VAS will be able to continue this important work to improve support systems for frontline VCS staff. However, rather than committing to a particular model of support at the outset, this time VAS will work in partnership with five VCS organisations in Sheffield to elicit and explore options for providing support. Agreed approaches will then be tested and evaluated; the latter using a participatory approach to evaluation with specialist advice and guidance from an external consultant.
- 2.7 Given the findings from VAS's work to test clinical supervision, and that evidence shows that people from some groups within the global majority in the UK are at higher risk of developing mental health problems⁶ and the workforce-related recommendations of the Sheffield Race Equality Commission's final report,⁷ involving global majority organisations in the city in this new work will be a priority.
- 2.8 A final evaluation report will be produced. As well as benefiting the participating organisations, the findings from this work and its evaluation will be shared with both the wider VCS in the city and the wider health and care system across Sheffield and South Yorkshire. It is VAS and Public Health's shared ambition that this work will influence strategic thinking and operational practice on how best to support frontline staff across a range of organisations and sectors, in particular with regard to providing culturally appropriate and inclusive support.

⁴ NVCO. Language and definitions. < [Language and definitions - Time Well Spent 2023: Volunteering among the global majority | News index | NCVO](#)>

⁵ DEI Data Group, (2022), DEI Data Standard V1.1 Approved 22nd November 2022

⁶ Bignall, T, Jeraj, S, Helsby, E and Butt J. (2022) Racial disparities in mental health: Literature and evidence review. VCSE Health and Wellbeing Alliance and Race Equality Foundation.

⁷ Race Equality Commission. (2022). An independent commission into racial disparities in Sheffield.

3. How does this decision contribute to the Council Plan?

3.1 Council Plan outcome

- 3.1.1 This proposal will contribute in particular to outcome 3 of the Council Plan, that is: 'People live in caring, engaged communities that value diversity and support wellbeing.'
- 3.1.2 The VCS in Sheffield encompasses a broad range of organisations and groups. The strengths of the VCS in providing services and support that meets the social and cultural needs of different and diverse communities has long been acknowledged and many of the communities the VCS reaches are marginalised and experience significant inequalities.¹ It is also recognised that the VCS can mobilise local people and resources in a way that councils, for example, cannot.⁸
- 3.1.3 The Council Plan notes the need to support and value the unique role of the VCS in the city. In order for the sector's frontline workforce to continue to work with and empower local people and communities effectively, focused work on how best to provide culturally appropriate support systems for its frontline staff is essential.

3.2 People – Prosperity – Planet

- 3.2.1 In terms of the Council's triple-lock policy drivers of People-Prosperity-Planet, with regard to 'People' in delivering this proposal, VAS will actively listen to and involve members of the frontline VCS workforce in the city in order to support them to live healthy lives at work.
- 3.2.2 With regard to 'Prosperity' it will support the VCS to continue to contribute productively to the city's economy by addressing unmet support needs of frontline staff, and with regard to 'Planet,' VAS recognises the need to reduce its carbon footprint and is currently formalising its commitments to addressing climate change; this will include practical actions which will extend to this proposal.

4. What community or partner engagement has been undertaken and how has it informed the proposal?

- 4.1 As noted the proposal to use Public Health grant reserves for this work was put forward by VAS. It draws on both VAS's insights into the pressing support needs of frontline VCS staff and the findings from their recent work to test clinical supervision as one way to address this.
- 4.2 The proposed work will directly benefit frontline VCS workers who will be actively involved in intervention design, testing and evaluation.

⁸ Local Government Association, 2022, The state of strategic relationships between councils and their local voluntary and community sector.

5. What alternative options did we consider?

5.1 Alternative option 1: Do nothing

- 5.1.1 Due to the time constraints for submitting proposals for Public Health Grant Reserves funding, it was not felt possible to consider other options for taking forward work of this nature. The alternative would therefore have been to not submit a proposal for Public Health Grant Reserves and do nothing.
- 5.1.2 However, given the pressing need to improve support systems for frontline VCS staff in the city, and the risks of not taking action for their mental health and wellbeing, and the wellbeing of the workforce as a whole, the option of doing nothing was rejected.

6. How has equality, diversity and inclusion been actively considered?

- 6.1 A full Equality Impact Assessment (EIA number 2748) has been carried out and is attached to this report. The potential negative impacts of the work are limited.
- 6.2 In summary, the EIA identified likely positive impacts with regard to health, race, partners, the Voluntary, Community and Faith Sectors and possibly sex (women).

7. Financial and Commercial Implications

- 7.1 This new proposed grant to Voluntary Action Sheffield will be funded by the Sheffield Public Health Grant Reserves and is non-recurrent.
- 7.2 The Sheffield Public Health Grant Reserves (underspend) accumulated during the pandemic as the Council used national COVID-19 grant income to fund Public Health staff providing mutual aid to the UK Health Security Agency.
- 7.3 A panel of officers from Public Health assessed proposals from across the Council for Sheffield Public Health Grant Reserves. In awarding funding to this particular proposal, the panel has confirmed that it meets the conditions of the Public Health Grant.
- 7.4 This proposal has no commercial implications.

8. Legal Implications

- 8.1 This report seeks approval to award up to £94,564 of grant funding to Voluntary Action Sheffield.
- 8.2 Section 2B of the National Health Service Act 2006 requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area.
- 8.3 Section 111 of the Local Government Act 1972 allows the Council to do anything which facilitates the discharge of, is conducive to or incidental to the Council's obligations in relation to its functions. The Council may use this power to award the grant funding detailed in this report that relates to the Council's obligations under Section 2B of the National Health Service Act 2006. If there is part of the grant award that is wider than the scope of this power, the Council may rely on its general power set out in Section 1 of the Localism Act 2011.
- 8.4 If approval is given to provide the grant funding, a grant agreement will be put in place with Voluntary Action Sheffield. The grant agreement is not yet finalised; however, it will be on the Council's standard grant agreement. The key terms of the grant agreement are:
- Clawback provisions will apply in specific circumstances including but not limited to if the funding is incorrectly spent, delivery of the funded activity does not start within an agreed amount of time and satisfactory progress has not been made.
 - The grant must only be spent on the funded activity, to achieve the purpose outlined in the grant agreement.
 - The Council can terminate the grant agreement giving a specified amount of notice.
 - Payment terms will be agreed between the parties, but evidence of spend will be required.
 - The grant must be spent by the end of the grant period.
 - Monitoring obligations must be complied with, this will include in areas such as impact reports, monitoring data being provided and financial monitoring.
- 8.5 The grant to Voluntary Action Sheffield is not a subsidy.
- 8.6 The Council must comply with all applicable legislation and regulations including but not limited to UK GDPR, the Data Protection Act 2018, the Equality Act 2010, the Subsidy Control Act 2022 as well as the terms of the Public Health Grant.

9. Climate and Environmental Implications

- 9.1 VAS recognises the need to reduce its carbon footprint and is currently formalising its commitments to addressing climate change.
- 9.2 The impact of this proposal on the climate will be minimal. In delivering this proposal, VAS will make use of online discussions where appropriate, host face to face activity in settings that minimise the need for participants to travel across the city and create electronic resources where appropriate, including gathering feedback and evaluation through online tools.

10. Other implications

- 10.1 None noted.

11. Reasons for decision

- 11.1 VAS has strong relationships with a wide range of VCS organisations and groups across the city and has provided leadership and support for the sector in Sheffield for over 90 years.
- 11.2 Given VAS's role and relationships, the pressing need to improve support systems for frontline VCS staff and the learning from their work to date in testing clinical supervision, VAS is best placed to take forward this proposal.
- 11.3 As well as benefiting the participating organisations, the findings from this work and its evaluation will be shared with both the wider VCS in the city and the wider health and care system across Sheffield and South Yorkshire. This will seek to influence thinking and practice on how best to support frontline staff across a range of organisations and sectors, in particular with regard to providing culturally appropriate and inclusive support.