

The Enhance Programme 2024 2025

Date: 6 March 2024

Report of: Interim Chief Officer of Commissioning

Report to: Director of Adults and Health

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

This report seeks approval to continue the Enhance Programme, a grant funding initiative administrated by Leeds Older People's Forum, for the provision of third sector services to link with the NHS Neighbourhood Teams and support people to regain independence following hospital discharge. The £800,000 grant funding is being provided by Leeds NHS Community Healthcare Trust (LCHT).

Recommendations

The Director of Adults and Health is recommended to note and approve

- a) That Leeds City Council ("the Council") extends the existing Section 256 NHS Act 2006 Agreement dated for 12 months from 1st April 24 to the transfer £800,000 funding from Leeds Community Healthcare Trust to the Council.
- b) That the Council extends the existing grant agreement with Leeds Older People's Forum dated 2nd May 2023 ("the Grant Agreement") to administrate and distribute the funding to third sector organisations who deliver the Enhance Programme. The extension to the Grant Agreement will be from 1st April 2024 for 12 months ("the Extension Period"). This is permitted in the Grant Agreement.
- c) That the grant value under the Grant Agreement will be varied down from £898,000 to £800,000 for the Extension Period.
- d) Officers from Adults & Health Integrated Commissioning Team will work with colleagues from Procurement & Commercial Services to implement this decision.

What is this report about?

- 1 The purpose of this report is to provide the background to the Grant Agreement to Leeds Older People's Forum (LOPF) to continue the Enhance Programme for 12 months from 1st April 2024 using available extension provision. The grant funding will be varied down from £898,000 to £800,000 for the Extension Period.
- 2 The aim of this third sector grant programme is to achieve better health and wellbeing outcomes for people who are being supported by the Leeds Community Healthcare NST Trust (LCHT) Neighbourhood Teams.

What impact will this proposal have?

- 3 The Enhance programme supports safe and sustainable discharge from hospital and neighbourhood teams into a secure home environment and links Neighbourhood Teams with third sector organisations to enhance capacity in both sectors and avoid both delayed discharges and readmissions. LOPF have worked so far with 14 third sector delivery partners to provide the Enhance programme. Enhance is part of a wider project run by Leeds Community Health which aims to optimise the capacity of the health and social care sector by developing productive and strategic partnerships with the third sector. The project has been looking at ways to support people in their own homes by working with third sector providers, Neighbourhood Teams and health and social care partners to improve the quality of care and overall experience for the individual.
- 4 The programme's outcomes include:
 - Take a person-centred approach by coproducing flexible, effective and tailored cross-sector wrap-around welfare support which leads to improved outcomes for individuals.
 - Empower more individuals to manage their own health needs and improve their own social connections, quality of life and/or wellbeing.
 - Reduce pressure (planned and unplanned) on Neighbourhood Teams by investing in third sector services to complement clinical service provision.
 - Develop stronger partnerships between third sector organisations and health and social care professionals in Leeds to support timely discharge from hospital and reduce pressure on the wider health system.
 - Use a Test, Learn, Improve approach to build on our understanding of 'what works' in Leeds to develop partnership working with NTs, improve.
- 5 At the time of writing this report the programme has completed the 3rd quarter of year 2 and has supported 1253 people through the third sector delivery partners. Most of those have been from the 60 - 84 age range but with 29% being from the 85+ age range. The youngest service user was 20 and the oldest was 100.
- 6 According to an interim report produced in September 2023:
 - 46.19% of those supported live in IMD decile 1.
 - 59.33% were in the frailty population cohort
 - 43.5% were living with 3-5 long term conditions.
- 7 New outcomes have been agreed for 2024-25:
 - To provide person centred, holistic support to people referred by LCH services to support recovery and rehabilitation, prevent deterioration and support wider health and wellbeing

- To Enhance capacity for LCH services, save time for clinicians and the wider system
- To link 3rd sector organisation with LCH teams and other agencies to avoid delayed discharges and readmission and support safe and sustainable discharge from LCH teams.
- The key focus of evaluation across year 3 will be to demonstrate time saved for LCH teams and the impact on their staff workloads.
- To support people within their homes to develop coping strategies and self-care management alongside improved social connections to prevent unnecessary admi.

How does this proposal impact the three pillars of the Best City Ambition?

- Health and Wellbeing Inclusive Growth Zero Carbon

8 People's quality of life will be improved by access to quality support services.

What consultation and engagement has taken place?

Wards affected: All wards

Have ward members been consulted? Yes No

9 The Enhance programme has been operating since April 2022, with a steering group in place to provide oversight and discuss proposals for 2024/25. The steering group has representatives from the council, LOPF, LCHT, Leeds ICB and the third sector providers.

What are the resource implications?

- 10 LCHT have identified a non-recurrent £800,000 for the Enhance Programme in 2024-25.
- 11 The Council will extend and vary the Grant Agreement for £800,000 to LOPF, who are administering the grant programme (including the monitoring process).
- 12 100% of the £800,000 passed by the Council to LOPF will be invested in third sector organisations and none of it will be retained by LOPF.

What are the key risks and how are they being managed?

- 13 Risk 1: The programme fund does not continue to deliver high quality innovative third sector projects that achieve the programme outcomes. Mitigation: LOPF will distribute the fund to existing delivery partners based on updated grant requirements, and the delivery partners will provide regular updates on activity, spend and impact to LOPF and the project's steering group.
- 14 Risk 2: Successful third sector projects are delayed due to recruitment delays and causes slippages into 2024/25. Mitigation: LOPH will distribute the fund to existing delivery partners who have fully recruited staff teams.
- 15 Risk 3: The funding is non-recurrent and longer-term funding for successful projects is not identified. Mitigation: work with system partners during 2024/25 to identify new funding sources and whether funding can be continued for 2025/26 onwards. Ensure participating third sector organisations get any support required to identify alternative funding opportunities. Ensure the Enhance programme works with successful third sector organisations on their exit strategies.

What are the legal implications?

16 This is a Significant Operational Decision, as it is a consequence of a previous Key Decision (D56215 Published 30th March 2023) to extend the Grant Agreement and is subject to call-in. There are no grounds for keeping the contents of this report confidential under the Access to Information Rules.

- 17 The transfer of funding from LCHT to the Council is formalised through an extension to the existing Section 256 NHS Act 2006 Agreement that will protect all parties involved.
- 18 It is acknowledged that LOPF under the Grant Agreement will administer the bidding, monitoring and distribution of the Enhance programme grant funding to third party recipients. It should be noted that the Council will have no contractual control over enforcement of the terms with third party recipients. The only sanction available the Council is to claw-back unspent or misappropriated grant funding under the provisions of the Grant Agreement.
- 19 There is a risk of challenge that a grant payment is not a grant. Legally there is some confusion about when a grant can and cannot be used as there is a fine line between a grant (which is not caught by the procurement rules) and a contract for services (which is caught by the procurement rules). Although no longer directly applicable to the UKs departure from the European Union the preamble to EU Procurement Directive 2014/24/EU (from which the Public Contracts Regulations 2015 were transposed into English law) is still persuasive and the directive makes it clear at paragraph (4) that “the mere financing, in particular through grants, of an activity, which is frequently linked to the obligation to reimburse the amounts received where they are not used for the purposes intended, does not usually fall within the scope of the public procurement rules”.
- 20 As such, unconditional grants are unlikely to meet the definition of a contract set out in the Public Contracts Regulations 2015 (PCR 2015). However, where grants are used with strict qualification criteria and an obligation to pay back money if certain targets are not reached, the position is less straightforward and it is possible that an arrangement referred to as a grant could actually meet the definition of a contract set out in the PCR 2015 and, if it does, the PCR 2015 may apply. It is therefore extremely important to ensure that, if providing grants, the process followed does not fall within the definition of a “public contract” as set out in PCR 2015 which states –“contracts for pecuniary interest concluded in writing between one or more economic operators and one or more contracting authorities and having as their object the execution of works, the supply of products or the provision of services”
- 21 It is unlikely that the grant payments proposed will fall foul of the subsidy control rules.
- 22 Funding from which any grant payment is made must be designated as “grant” money. If the Council wish to make a grant, the money must be in the “grant” block. If it is not, it can normally be moved from other blocks in the Council budget into the grant block.
- 23 As this is a grant it is not subject to the Council’s Contracts Procedure Rules or within the Public Contracts Regulations 2015, but good practice and transparency will be observed throughout.
- 24 If approval is granted to proceed with the request, the Head of Commissioning will work with Procurement and Commercial Services to formulate an extension and variation to the Grant Agreement that will protect all parties involved.

Options, timescales and measuring success

What other options were considered?

- 25 The only other option is not to invest £800,000 funding from LCHT into the Leeds third sector, meaning people being discharged from hospital or the NHS Neighbourhood teams are without appropriate support.

How will success be measured?

26 The specification for the Enhance Programme sets out the success measures for each delivery partner to achieve. This includes establishing how well each delivery partner works with the NHS Neighbourhood teams to achieve the outcomes identified by patients/service users.

27 LOPH have established a steering group, which provides oversight of the Enhance Programme.

What is the timetable and who will be responsible for implementation?

28 The Enhance Programme will be administered by LOPF for a further 12 months from 1st April 2024.

Appendices

- Equality Assessment

Background papers

- None