

**Report of Chief Officer/Consultant in Public Health, Adults and Health**

**Report to Director of Adults and Health**

**Date:** 15<sup>th</sup> May 2019

**Subject:** Request to award a grant to continue and expand the Supporting Wellbeing in Frailty (SWIFt) service to enable further testing, development and evaluation of the model

Are specific electoral wards affected?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, name(s) of ward(s):	
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for call-in?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If relevant, access to information procedure rule number:	
Appendix number:	

**Summary of main issues**

1. The Supporting Wellbeing in Frailty (SWIFt) projects have been running for 2 years as part of the Time to Shine programme, managed by Leeds Older People's Forum (LOPF) and funded by Big Lottery, Leeds CCG and improved Better Care Fund (iBCF).
2. Funding for the SWIFt project from Time to Shine has now ceased and from April 2019 Leeds City Council (LCC), using iBCF funding, will assume responsibility for commissioning the SWIFt service. Initial funding secured through iBCF will enable the service to continue for a further 6 months, until September 2019.
3. The recommendations for the new SWIFt model contained within this report have come from a workshop with providers and other key stakeholders which helped to develop a business case to continue and expand the service with the aim to further test, evaluate and learn from the existing model. This model has been subsequently agreed at Adults and Health DLT, and was agreed as the first priority for iBCF funding from the Proactive Care and Self-management element of the Leeds Health and Care Plan.
4. The total value of the proposals contained within this report is £840,000. This will be met through the iBCF. This will fund the proposed model for the next two years. Discussions with Leeds CCG regarding additional funding continue, however at the time of writing this report confirmation had not been received.

## **Recommendations**

The Director of Adults and Health is recommended to note the future plans for the SWIFt service and approve the following:

- To continue to deliver the service with the existing delivery partners, Age UK Leeds, Crossgates Good Neighbours, Older People's Action in the Locality (OPAL), Bramley Elderly Action and Health for All, to enable the ongoing development, testing and evaluating of the service.
- Expand the service into six new Local Care Partnership (LCP) areas with the greatest need in terms of levels of moderate and severe frailty and deprivation by undertaking a competitive grant process.
- Provide advice and guidance across the LCP areas in relation to best practice approaches for supporting older people from BME communities that are living with frailty.
- Deliver a citywide service to provide support to older people living with frailty that have more complex (physical and mental) health needs. In addition, the citywide service will provide support and opportunities to share best practice amongst local SWIFt workers in each area, including best practice around the needs of people living with frailty within some of the specific target audiences. A competitive grants process will also be utilised for the award of this funding.

## **1. Purpose of this report**

- 1.1 This report describes the future intentions for the Supporting Wellbeing in Frailty (SWIFt) service and plans to further test, develop and evaluate the model.
- 1.2 To seek approval to proceed with the proposals as outlined in the recommendations of this report.

## **2. Background information**

- 2.1 The SWIFt projects have been running for 2 years as part of Time to Shine, managed by LOPF and funded by Big Lottery, Leeds CCG and iBCF.
- 2.2 SWIFt was established in 2016 to focus on providing one to one support for older people that are socially isolated and/or lonely and living with frailty to improve their wellbeing and independence. The current SWIFt service has been delivered by a partnership of five different delivery partners across Leeds; Age UK Leeds, Crossgates Good Neighbours, Opal, Bramley Elderly Action and Health for All. A person-centred approach is used to encourage and support the older person to increase their levels of confidence, emotional wellbeing and resilience. This in turn aims to reduce their vulnerability to frailty.
- 2.3 The five projects have developed slightly differently but have significant commonalities. All projects work with health and social care professionals who refer older people living with frailty into the SWIFt service. They visit the older person in their own home and together consider their needs and more importantly aspirations. They develop an action plan as to how to achieve the goals set. Goals can be to attend an organised group, get out of the home or connect with their local community. The worker will continue to support the older person until a point when there is mutual agreement that the goal has been met, or that they feel they have enough support to enable them to meet it.
- 2.4 Since 2016 the SWIFt projects have worked with a total of 983 clients. Of those that have completed an evaluation questionnaire (296 participants) 71% are female and 27% are male (2% preferred not to say, or had no response). 1 in 2 (49%) are aged 80 and above and 4 in 5 (78%) have a long standing illness or disability. To date 3332 home visits have been made (2541 by staff and 791 by volunteers) and 965 actions plans have been developed for clients.
- 2.5 The service has been extensively evaluated by the national Ageing Better programme; the initial findings show the service has a positive impact on an individual's wellbeing and levels of social isolation, even though the people supported were at a higher level of social isolation at the start. It has been shown to be successful in reaching older people living with frailty and creating a referral pathway from other agencies into the service. The evaluation has also looked at individual's usage of health and care services however the evaluation team recommended a longer term evaluation to review the impacts on services.
- 2.6 Learning has been reviewed in collaboration with providers and cross system support has been gained through the Self-Management and Proactive Care Board of the Leeds Health and Care Plan, the Clinical Frailty Strategy Group and the Time to Shine Partnership to develop, expand and continue to test a future model for the service. The recommended way forward has been agreed by Adults and Health DLT.

### **3. Main issues**

- 3.1 The current SWIFt service was established by the Time to Shine programme and funded through Big Lottery funding, Leeds CCG and iBCF. Funding for the SWIFt service from Time to Shine has now ceased and from April 2019 LCC, using iBCF funding, will assume responsibility for commissioning the service.
- 3.2 The initial iBCF funding enabled the service to continue for a further 6 months, until September 2019. This was approved on the 27<sup>th</sup> February 2019.
- 3.3 Following a workshop with providers and other key stakeholders an additional business case was submitted to secure future funding from iBCF underspend to expand the service further. This was supported through the Self-Management and Proactive care Board of the Leeds Health and Care Plan as their top priority.
- 3.4 The business case proposed that the existing service is continued and expanded with the aim to continue to test, evaluate and learn from the existing model. The elements of the future service include:
  - 3.4.1 Continue delivery in the existing localities by the existing delivery partners to ensure ongoing sharing of learning and longer term evaluation. In addition, these existing delivery partners will also support the expansion of the service into six additional LCP areas.
  - 3.4.2 Expansion of the service into six additional LCP areas with greatest need in terms of levels of moderate and severe frailty and deprivation. These will be delivered by third sector providers with a local presence within the defined LCP areas:
    - Seacroft
    - Chapeltown
    - Burmantofts and Richmond Hill
    - Armley
    - Garforth/Kippax/Rothwell
    - Beeston
  - 3.4.3 One of the existing providers, Health 4 All, who are a dedicated BME SWIFt delivery partner operating in the Beeston/Middleton area, will provide advice and guidance across the LCP areas in relation to best practice approaches for supporting older people from BME communities that are living with frailty. Health for All will receive referrals from the citywide provider where there are specific BME needs that would be best met by a BME delivery partner
  - 3.4.4 Deliver a citywide service that will be provided by a locally based Third Sector organisation that is operating citywide. This delivery partner will provide support for older people living with frailty that have more complex physical and mental health needs (e.g. severe mental health issues). Furthermore they will also provide support and opportunities to share best practice amongst local SWIFt workers in each locality, including best practice around the needs of people living with frailty within some of the specific target audiences.
- 3.5 It is recommended that the plans outlined above are best managed as a grant opportunity. The rationale for this is detailed below:
  - 3.5.1 The service is still in development and part way through the evaluation, a grant will be awarded to the existing delivery partners working within the existing localities.

Furthermore, their involvement is required to help and support the new providers in the six new LCP areas.

- 3.5.2 The expansion of the service into six additional LCP areas would be offered as a grant opportunity to third sector organisations with a local presence in the identified areas and an experience of working with older people in those communities.
- 3.5.3 The revised requirement of the citywide service which falls outside the scope of the original brief means that it would be good practice to obtain grant applications from other suitable organisations. This will be open to locally based third sector organisations that have been operating citywide.
- 3.6 This rationale recognises the:
  - 3.6.1 Importance of having an accessible process that does not alienate a market of small to medium sized charitable organisations.
  - 3.6.2 Flexible, targeted, person centred approach that is required to enable positive change
  - 3.6.3 Need to initiate the new model quickly. It is considered that failure to provide funding support to these organisations would negatively impact on the organisations ability to continue delivery of the service and affect the momentum gathered by the original projects. In addition, it would negatively affect the achievement of outcomes for older people living with frailty currently within the service.
  - 3.6.4 Importance of this model developing as a key part of the city's proactive model for supporting people living with frailty, which is due to roll out to these LCPs from May (apart from Garforth which is already participating).
  - 3.6.5 Requirement for well established relationships within a set locality with a wide range of frontline staff and organisations to ensure streamlined support for the individuals
  - 3.6.6 Need for a detailed understanding of:
    - Local issues experienced by older people living in the LCP area
    - The health and care needs of older people living with frailty within the area
    - Local links and opportunities to enable older people to connect to their community.
- 3.7 An updated project brief is now being developed. Work will be undertaken to agree the monitoring requirements for SWIFt delivery partners which will be implemented from April 2019. A new outcomes tool will be included to capture outcomes performance. In addition, new data sharing agreements will be put in place.
- 3.8 A panel consisting of the Public Health Older Peoples team, Adults & Health Commissioning, Leeds CCG and Leeds Older People's Forum (Time to Shine) will be established to undertake evaluation of grant applications in order to appoint the providers.

## **4. Corporate considerations**

### **4.1 Consultation and engagement**

- 4.1.1 The need for this service was identified through an extensive engagement process with older people, carers, community workers, statutory sector partners and decision makers across Leeds.

- 4.1.2 During the development of the Time to Shine Programme, LOPF conducted a case study exercise with providers of older people's services. Providers were asked to report on successful strategies for identifying and supporting the most socially isolated older people. 16 case study responses were received. A strong theme across the case studies was the need for longer term support to enable older people to access services and activities. As a result of frailty, disability and long term social isolation self-confidence had been lost. Help to regain this lost confidence was key to helping older people meet their needs.
- 4.1.3 As part of the development of the new model a workshop was held in January 2019 with providers and other key stakeholders including representatives from a range of Third Sector organisations, Leeds CCG, LCC Adults and Health Commissioning Team. Following this a business case was written and submitted to secure the future funding from iBCF to expand the service further.
- 4.1.4 Councillor Charlwood has been briefed on the new model and the plans for the grant application process.

## **4.2 Equality and diversity / cohesion and integration**

- 4.2.1 An Equality, Diversity, Cohesion and Integration Impact Assessment has been completed for this project. This tool indicates that a full assessment is not required as the recommendations of the report will not impact negatively on service users, staff or stakeholders. The assessment will be submitted alongside the report for the Delegated Decision Panel.

## **4.3 Council policies and best council plan**

- 4.3.1 The commissioning of this service supports the vision of the Leeds Health and Wellbeing Strategy 2016-2021. It contributes to outcome 2: People will live full, active and independent lives, and outcome 5: People will live in healthy, safe and sustainable communities.
- 4.3.2 This work contributes to the aim of 'Making Leeds the Best City to grow old in' which is overseen by the Age Friendly Board, chaired by Councillor Charlwood
- 4.3.3 Ensuring the continuation of these services by the organisations identified reflects the ambition of the Best Council Plan to keep building a strong economy and working compassionately to tackle poverty and disadvantage. The SWIFt service specifically contributes to the Age Friendly priorities within the Best Council Plan.
- 4.3.4 The services delivered through the SWIFt service supports the delivery of the Leeds Health and Care Plan through the Self-Management and Proactive Care Board and the population health management approach that has been taken for the Frailty Segment. It is embedded within the proactive model designed by the Clinical Frailty Strategy Group, which is being implemented at LCP level.

## **4.4 Resources and value for money**

- 4.4.1 The total value of the proposals contained within this report is £840,000 (£420,000 per annum for the next two years). This will be met through the iBCF funding.

Discussions with Leeds CCG regarding additional funding continue, however at the time of writing this report confirmation had not been received.

- 4.4.2 The funding has been allocated to continue to develop, test and evaluate with a focus on outcomes. £30,000 per annum has been apportioned for each locality based service and £120,000 per annum for the citywide service.
- 4.4.3 Of the total amount of funding available £360,000 will enable the service to expand into the six new LCP areas. £240,000 will fund the citywide service and £240,000 will fund the continuation of the existing locality services.
- 4.4.4 To date the SWIFt service has evidenced a positive impact on participants through quarterly monitoring. This positive impact includes improved wellbeing and levels of isolation. Plans to further test, develop and evaluate the model will enable us to determine whether by working with frail older people to improve health and maintain independence will result in a reduction in their health and social care usage.
- 4.4.5 The SWIFt service effectively reaches vulnerable older people living with frailty in need of support to build confidence, wellbeing and resilience. The targeted, person centred support has enabled positive change and resulted in older people receiving the care and support they need enabling them to participate in community life.
- 4.4.6 This service is a key part of the developing a proactive frailty model in Leeds. This is set within the overall approach that the city has signed up to with Population Health Management. Therefore the future sustainability of the SWIFt service will be agreed by Leeds Providers' Integrated Care Collaborative (LPICC) as the future model is implemented. Presently the majority of the funding for this cohort is in the statutory sector and this service will enable the third sector to become a significant voice in these future provider agreements.

#### **4.5 Legal implications, access to information, and call-in**

- 4.5.1 As the overall value of this decision exceeds £250,000 this decision is a key decision and is subject to call in. There are no grounds for keeping the contents of this report confidential under the Access to Information Rules.
- 4.5.2 By entering into a grant agreement with organisations who wish to provide a SWIFt service the Council will have no contractual control over enforcement of terms. The only sanction available with grant payments is for the Council to claw-back grant monies paid.
- 4.5.3 There is a risk of challenge that a grant payment is not a grant.
- 4.5.4 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). The preamble to EU Procurement Directive 2014/24/EU 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".
- 4.5.5 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”

- 4.5.6 Grants may be in breach of state aid but it is unlikely that the grant payments proposed will fall foul of the state aid rules.
- 4.5.7 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.

## **4.6 Risk management**

- 4.6.1 The competitive grants process covered in this report will be undertaken in a fair, open and transparent way and overseen by the Procurement and Commercial Service. Officers from Public Health Older People’s team, Adults and Health Commissioning, Leeds CCG and LOPF will undertake evaluation of applications in order to ensure that funds are granted appropriately. This will reflect the importance of a strong, local identity, a presence in the LCP area and experience of working with older people in those communities.
- 4.6.2 The proposed grants process aims to minimise the risk of:
  - 4.6.2.1 Losing continuity and valuable learning from the existing providers and enables the evaluation of the service to continue to build a longer term picture of health and social care usage.
  - 4.6.2.2 Alienating small to medium sized charitable organisations by having a simpler, more accessible method of awarding funding.
- 4.6.3 An updated project brief is being developed and work will be undertaken to agree the monitoring requirements for the SWIFt delivery partners. The grant will be monitored by officers in the Adults and Health directorate.

## **5. Conclusions**

- 5.1 The current SWIFt service has shown that it is effective in terms of improving outcomes for older people living with frailty. The findings to date show a positive impact on an individual’s wellbeing and levels of isolation. The service effectively reaches vulnerable frail older people in need of support to build confidence, wellbeing and resilience. The targeted, person centred support has enabled positive change and resulted in older people receiving the care and support they need enabling them to participate in community life.
- 5.2 The continuation and expansion of the SWIFt model will enable the service to further embed practice within the city and enable a longer term evaluation to explore participant’s usage of health and social care services. This also provides an opportunity to build on the momentum developed during the initial phase of the service and embed the learning to date.



## **6. Recommendations**

The Director of Adults and Health is recommended to note the future plans for the SWIFt service and approve the following:

- 6.1 To continue to deliver the service with the existing delivery partners, Age UK Leeds, Crossgates Good Neighbours, Older People's Action in the Locality (OPAL), Bramley Elderly Action and Health for All, to enable the ongoing development, testing and evaluating of the service.
- 6.2 Expand the service into six new Local Care Partnership (LCP) areas with the greatest need in terms of levels of moderate and severe frailty and deprivation by undertaking a competitive grant process
- 6.3 Provide advice and guidance across the LCP areas in relation to best practice approaches for supporting older people from BME communities that are living with frailty.
- 6.4 Deliver a citywide service to provide support to older people living with frailty that have more complex (Physical and Mental) health needs. In addition, the citywide service will provide support and opportunities to share best practice amongst local SWIFt workers in each area, including best practice around the needs of people living with frailty within some of the specific target audiences. A competitive grants process will also be utilised for the award of this funding.

## **7. Background documents<sup>1</sup>**

- 7.1 None

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.