

# Modification of the Grant Agreement End Dates for the Supporting Wellbeing in Frailty (SWIFt) Service

Date: 19 January 2022

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

Report to: Director of Public Health

Will the decision be open for call in? ☐ Yes ☒ No

Does the report contain confidential or exempt information? ☐ Yes ☒ No

## What is this report about?

### Including how it contributes to the city's and council's ambitions

- This report requests the approval to modify the grant agreement end dates for the delivery of the Supporting Wellbeing and Independence in Frailty (SWIFt) Service from 31<sup>st</sup> March 2022 (DN414454, DN446673 and DN484312) to 31<sup>st</sup> August 2022.
- The SWIFt service is delivered by 11 lead provider organisations in the third sector which provide person centred support for people living with frailty and complex issues who are often socially isolated.
- The service is meeting its aims and annual targets and an evaluation has demonstrated positive and statistically significant outcomes for service users around health and wellbeing, loneliness and independence despite the challenges COVID has presented this cohort.
- The Leeds Frailty Population Board have demonstrated a commitment to SWIFt and provided funding through a section 256 agreement between NHS Leeds Clinical Commissioning Group (CCG) and Leeds City Council (LCC) to continue the service as it is currently delivered for an additional three months at a cost of £112,500.
- An additional £75,000 has been identified by Public Health from previous, recurrent CCG funding to deliver the SWIFt service.
- The total value available for grant agreement end date modification is therefore £187,500 this will provide an additional 5 months of delivery meaning the grants agreements will end on August 31<sup>st</sup> 2022. The grant agreement end date modifications cost is met wholly by CCG funding.
- This extension will provide time for the Frailty Population Board working in partnership with LCC Public Health to consider future funding options and delivery models. A review group will be established that reports to the Frailty Population Board on options for SWIFT for the future.
- The SWIFt 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.
- 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 2020 - 2025.

## Recommendations

- a) The Director of Public Health is recommended to approve to modify the grant agreement end dates for the delivery of the Supporting Wellbeing and Independence in Frailty (SWIFt) Service from 31<sup>st</sup> March 2022 (DN414454, DN446673 and DN484312) to 31<sup>st</sup> August 2022. These organisations are listed under point 5.

## Why is the proposal being put forward?

1. In April 2019, the LCC Public Health Team assumed responsibility for commissioning SWIFt (previously funded by Time to Shine through Leeds Older peoples Forum) and received iBCF funding and a contribution of £60,000 annually from the Leeds CCG for delivery. This allowed for the service to be extended into areas experiencing high levels of health inequalities and/or had high proportions of people living with frailty (referred to below as phase two). The grant agreements funded through this are due to end on 31<sup>st</sup> March 2022 (DN414454, DN446673 and DN484312).
2. The Leeds Frailty Population Board have committed to funding SWIFt until 30<sup>th</sup> June 2022. The section 256 agreement in place between LCC and Leeds CCG has a total value of £112,500. This combined with the £75,000 identified by Public Health (previous recurrent CCG funding) totals £187,500 which will allow for the end date modifications of all swift providers until 31<sup>st</sup> August 2022 (DN414454, DN446673 and DN484312).
3. The request to extend this grant agreement is due to the present context in relation to national changes in the NHS. The funding for this contract has most recently come from the West Yorkshire ICS and the Leeds CCG. In April 2022 the Leeds CCG will cease to exist and there will be a Leeds Place Based Board (LPBB) as a subcommittee of the ICS Board in its place. The future of SWIFT is as an integral part of the Leeds Frailty model for proactive and anticipatory care. Future funding of this will be agreed by the Frailty Population Board; reporting to the LPBB. To provide some stability for the Third Sector who provide SWIFT during this time, it is therefore recommended that an extension of five months is agreed to the grant to allow future options to be agreed.
4. SWIFt is currently delivered by eleven lead voluntary, community and social enterprise (VCSE) organisation partners (following a competitive grants process) experienced in working with and supporting people living with frailty and who understand the needs of their population. SWIFt provides;
  - A holistic assessment of what matters to the person living with frailty, including identifying the individual's strengths and resilience factors.
  - A person-centred approach which involves working with the individual to identify ways to address what matters to them and build on their strengths. This will result in developing an agreed plan and support to implement it.
  - Practical support to enable the individual to engage with opportunities to improve their health and wellbeing.
  - Solutions that aim to build on strengths and assets and improve their confidence, self-esteem and resilience.
  - Support to ensure that individuals are accessing the support services they require.
5. A citywide offer focusing on culturally diverse communities and those experiencing additional mental health support needs are also commissioned as part of the service. The table below shows the area, lead provider and cost to amend the grant agreement end dates until 31<sup>st</sup> August 2022. The grant agreement values have been £30,000 per locality provider and £120,000 for the citywide provider (Age UK Leeds) per annum. This has been based on learning from delivery to date, through co-produced performance targets and is based on the number of expected service users.

<b>LCP/Area</b>	<b>Organisation</b>	<b>Value Amount (£)</b>
Beeston	Health for All (Leeds) Ltd	12,500
Crossgates	Cross Gates & District Good Neighbours' Scheme CIO	12,500
Adel	Older People's Action in the Locality (OPAL)	12,500
Bramley	Bramley Elderly Action	12,500
Armley	Armley helping hands	12,500
Chapelton/HATCH	Feel Good Factor	12,500
Seacroft	Seacroft Friends & Neighbours	12,500
Garforth, Kippax and Rothwell	Methodist Homes (MHA)	12,500
Citywide and additional support for those with more complex mental health problems	Age UK Leeds	50,000
Burmantofts and Richmond Hill	Richmond Hill Elderly Action	12,500
Middleton (with additional support for those from culturally diverse communities)	Health for All (Leeds) Ltd	12,500
York Road	Halton Moor and Osmondthorpe Project for Elders	12,500

6. The SWIFt service provides targeted support to older people (50+) living with frailty. The service aims to tackle inequalities by targeting areas with a high prevalence of people living with frailty and deprivation. Through attendance at multi-disciplinary team meetings within Local Care Partnerships/Primary Care Networks the SWIFt service develops integrated solutions to proactively improve outcomes taking a person centred, holistic approach.
7. The service has been previously evaluated and a third round of evaluation of the SWIFt service by the Health and Care Evaluation Service based at the Leeds CCG was undertaken between January and March 2021. The overarching aim of this round of evaluation was to provide an up-to-date assessment of the delivery and outcomes of the SWIFt service.
8. The evaluation found positive evidence that SWIFt delivery partners are working well to attract people to the service that are most in need of support and in some cases, SWIFt is supporting proportionately more people with certain characteristics than the Leeds population. Importantly, it is people from these groups (ethnic minorities and deprived communities in particular) where there is clear evidence within the literature that they are more likely to suffer from loneliness and social isolation and be more likely to need support to maintain their independence and wellbeing.
9. Quantitative aspects of the evaluation with some service users demonstrated 57% felt their quality of life had improved (with statistical significance); 49% felt their mental wellbeing had improved; and 49% felt less lonely (with statistical significance). Research has shown the substantial negative effects that the pandemic has had on older people's quality of life and so it is very possible that improvements identified in the quantitative evaluation are a substantial achievement for the SWIFt service during the pandemic.

Qualitative aspects of the evaluation showed;

- Service users were supported to access health and care services by providing advice, guidance and encouragement, helping them remain mobile and active, and making positive choices to support their health and wellbeing.
- Service users were supported to move to more suitable accommodation and preventing the need for more intensive support, including residential care.
- Service users were provided with personalised and tailored support that enabled them to have control and choice over the goals they set.
- Positive examples of SWIFt improving people's financial and housing situations and supporting the reduction of health inequalities through the delivery of holistic, person-centred packages of care.

### What impact will this proposal have?

#### Wards Affected:

Have ward members been consulted? ☐ Yes ☒ No

The modification of the end dates will ensure the delivery of SWIFt will be able to continue until 31<sup>st</sup> August 2022 allowing the target for an additional 290 older and vulnerable people living with frailty to be reached. This additional capacity will be especially important as we come out of lockdown restrictions and the need and demand for this service is expected to increase.

Extending the end date will allow Frailty Population Board working in partnership with Leeds Public Health to explore future funding options and delivery models. The modification will also allow time for the new Placed Based Partnerships to come into place that Frailty Population Board shall report into.

It is anticipated that the outcomes as identified in the evaluation will continue to be achieved with older people continuing to be supported around the wider determinants of health, social isolation, independence and frailty. The modification of the end dates will also continue to support the recovery phase of the pandemic where older people have been disproportionately affected and have seen negative impacts on their confidence, financial security, mental and physical health and wellbeing and deconditioning.

The modification will continue to provide capacity within the third sector to engage older people living with frailty around the wider determinants of health and ensure local providers continue to play a key role within the Local Care Partnerships (LCP). Providers have demonstrated their ability to respond to the changing restrictions, guidance and advice and are therefore in a strong position to adapt again and work flexibly as we prepare for Winter and the additional challenges COVID-19 may bring.

In addition, the modification will allow time to consider a service delivery options appraisal and a review of recommendations from the evaluation and monitoring data if future funding can be secured. If funding cannot be secured, the modification will allow for legacy planning and other sustainability options to be considered and implemented.

### What consultation and engagement has taken place?

In developing the initial business case, 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. A competitive grants process was then undertaken to ensure a fair, open and transparent process. This was overseen by Procurement and Commercial Service. Officers

from Public Health Older People's team, Adults and Health Commissioning, Leeds CCG and LOPF undertook evaluation of applications in order to ensure that funds were granted appropriately. This reflected the importance of a strong, local identity, a presence in the LCP area and experience of working with older people in those communities.

To determine recommendations to improve the delivery of the service and to confirm the service is meeting its aims, the third-round SWIFt evaluation used data and self-reported measurement tools from service users. It also included; five focus groups attended by 18 people representing 10 of the 11 main delivery partners; two one-to-one qualitative interviews with commissioners at Leeds City Council (LCC); and the Analysis of 12 service user case studies provided by SWIFt delivery partners.

Consultation has taken place with the Executive Member for Public Health and Active Lifestyles, the Director of Public Health, Public Health Programme Board and Procurement and Commercial Services (PACS).

### **What are the resource implications?**

The cost of the modification of the grant agreement end dates (delivery cost of the service) is met wholly by the section 256 agreement and previous recurrent funding, between NHS Leeds CCG and Leeds City Council and therefore does not create additional budget pressures.

The third sector providers have proved good value for money through their strong, local identity, their presence in the LCP area and experience of working with older people living complex issues to make a difference to their lives. They continue to deliver higher levels of activity and demonstratable impact than we could otherwise achieve within the funding envelope.

The service will continue to be monitored through a robust contract management process allowing for the on-going monitoring of quality, performance, and value for money. This monitoring information, along with findings from the service evaluation will be used by the Review Group to consider and develop the future model going forwards.

### **What are the legal implications?**

The value of the decision is £187,500 and as such is a Significant Operational Decision and is not subject to Call In.

There are no grounds for treating the contents of this report as confidential within the Council's Access to Information Rules.

Although there is no overriding legal obstacle preventing the modification of the grant agreement end date the contents of this report should be noted. In making their final decision, the Director of Public Health should be satisfied that the course of action chosen represents best value for the Council.

As the Council would be entering into grant arrangements with the recipient listed in this report, the Council will have no contractual control over enforcement of the terms. The only sanction available with grant payments is for the Council to claw-back grant monies unspent.

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 UK's 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".

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"

Grants may be in breach of subsidy control rules but it is unlikely that the grant payments proposed will fall foul of the subsidy control rules.

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 Public Health "grant" block. If it is not, it can normally be moved from other blocks in the Council budget into the grant block.

Awarding the grants to the named organisation in this way could leave the Council open to a potential claim from other providers, to whom this grant could be of interest, that it has not been wholly transparent. However the risk of this would appear to be low.

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.

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

The approval of the modification of the grant agreement end dates will enable continuity of service provision and increased security for the providers. This will help to retain staff and enable continued innovation.

Appropriate governance arrangements are in place to identify and mitigate identified risks including regular monitoring meetings, overview of contract risk and reporting to the Public Health Programme Board where appropriate.

The grant end date modification will allow the service to be delivered until 31<sup>st</sup> August 2022.

The grant end date modification will allow time to consider future models for delivery and funding options under the Frailty Population Board. A review group will be established that reports to the Frailty Population Board on options for SWIFT for the future.

The organisational changes within the city, the financial pressures across the system and the impact of COVID all present a challenge as we move forwards to consider future commissioning arrangements. If

additional funding is not secured, then capacity within the third sector to provide this service which is a key part of the developing a proactive frailty model in Leeds will be reduced impacting on those people living with frailty with the greatest needs.

## **Does this proposal support the council's 3 Key Pillars?**

☒ Inclusive Growth

☒ Health and Wellbeing

☒ Climate Emergency

The modification to the grant agreement supports the Inclusive Growth strategy's (2018 – 2023) priority that Leeds is the best City for health and wellbeing by enabling more people to manage their health in the community and workplace, working with people to promote prevention and self-management. It will also ensure the continuation of jobs within the third sector directly delivering the service.

This provision addresses the health and wellbeing priorities of "Reducing health inequalities and improving the health of the poorest the fastest" and "Supporting healthy, physically active lifestyles".

Officers from Public Health will continue to work with the providers through the established contract management process to ensure the service is proactively seeking to minimise its carbon footprint and thereby support the Council in achieving its ambition to be carbon neutral by 2030. The services operate in local communities to ensure appropriate use of local support for service users, and therefore minimising the need to travel. This helps to reduce carbon emissions and environmental pollution which contributes to city actions to better manage air quality. Through preventing ill health, the service aims to maintain independence ensuring we better manage our use of resource intensive (and high footprint) health and care services.

## **Options, timescales and measuring success**

### **What other options were considered?**

A competitive grants process was undertaken in a fair, open and transparent way for the initial grant agreement awards in 2019, this was overseen by the Procurement and Commercial Service. Officers from Public Health Older People's team, Adults and Health Commissioning, Leeds CCG and LOPF undertook evaluation of applications in order to ensure that funds were granted appropriately. This has reflected the importance of a strong, local identity, a presence in the LCP area and experience of working with older people in those communities.

To ensure continued value for money, the Frailty Population Board working in partnership with LCC Public Health to consider future funding options and delivery models. A review group will be established that reports to the Frailty Population Board on options for SWIFT for the future.

### **How will success be measured?**

SWIFT providers will be required to submit quarterly monitoring which includes participant demographic data, pre and post intervention self-reported health data and information on the number of home visits (or COVID safe alternatives). They will also be required to submit qualitative information on interventions and support delivered as well as four case studies per year. Monitoring meetings will also provide time to discuss service delivery in more detail to understand challenges, complex cases, interventions delivered, personalised action plans completed, and other issues identified.

### **What is the timetable for implementation?**

The existing grant agreement end date for providers DN414454, DN446673 and DN484312 is 30<sup>th</sup> June 2021. This modification will ensure all grant agreements end on 31<sup>st</sup> August 2022.

## **Appendices**

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

## **Background papers**

None