

New Commissioning Arrangements for Womens Health Matters to continue to deliver a Health Promotion and Literacy Project.

Date: 31 August 2022

Report of: Consultant in Public Health / Head of Commissioning

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

Brief summary

- Womens Health Matters have provided health promotion and wellbeing services to women across Leeds for more than 30 years. It is proposed that Leeds City Council continues to fund Womens Health Matters through a sustained grant agreement to continue to deliver focused health promotion and literacy to support two identified vulnerable groups; women seeking asylum and women with learning disabilities.

Recommendations

- a) The Director of Public Health is recommended to award a grant agreement to Womens Health Matters with effect from 1st April 2023 until 31st March 2026 with an option to extend for up to a further 12 months. The value of this decision is £172,800 for the initial 3 years, with a 1-year extension value of £57,600 should this be subsequently requested.

What is this report about?

- 1 The current grant agreement between Womens Health Matters and Leeds City Council is due to expire on 31st March 2023, with no further options to renew. Since becoming a grant funded project in 2018, Womens Health Matters has supported over 300 women and delivered 242 tailored support group sessions through this health promotion and literacy project.
- 2 This project is focused on target populations that require a specialist and female only approach to health awareness and promotion to address a range of factors including physical and learning disabilities, cultural and religious sensitivities. Two asset-based community development initiatives are delivered to support both identified target populations. They are:

- a) Rainbow Hearts, which provides a peer-to-peer network of support for women seeking asylum where women form respected and trusting friendships from a diverse range of countries. The group provides a platform for service user led learning such as English Language, hate crime, child exploitation and general crime reporting, abuse, neglect and domestic violence awareness and how to recognise both. Women are listened to, and, on request of further activities, additional wellbeing sessions were introduced which include physical activity exercise classes, healthy recipes, First Aid, Living Life to the Full (NHS endorsed) and outdoor sessions with The Conservation Volunteers. They also enjoy art and music therapy classes and attend performances through the Arts Together Programme.
 - b) Feel Good, which are groups attended by women with learning disabilities and their carers and has a focus on delivering health-based learning sessions which are heavily directed by the specific need of those attending the groups. Topics have included self-care, cancer awareness, sexual health and relationships which are delivered in partnership with People in Action and other specialists; all of which have been brought to the group based on service user specific circumstances. Health messages are also presented, such as the importance of cervical screening and breast health which has shown to improve access to screening services.
- 3 The Migration in Leeds Strategy 2021–2025 acknowledges key areas of need within migrant communities, such as safety, belonging and support networks, and recognises the barriers faced when meeting needs for those living with restricted permissions. Key deliverables include improving access to services through better communication and supportive signposting and providing accurate and reliable information and resources to enable informed choices. Rainbow Hearts supports both deliverables by building and supporting an active and resilient migrant community, helping Leeds to be a City of Sanctuary. As highlighted in the “State of Women’s Health Report in Leeds”, asylum seeking women have a higher rate of common mental health disorders, are at greater risk of social exclusion or isolation and are less likely to access health treatment. Their difficulty in navigating the UK healthcare system can form a barrier to accessing screening, vaccinations and maternity care, worsened by previous trauma, stress associated with the asylum process and “limited access to culturally appropriate mental health services” (Woodward et al. 2016).
 - 4 The Leeds Learning Disabilities Partnership Board Strategy 2018 – 2021 states that people with learning disabilities should be supported to have good health, to access the right services and have information about staying healthy. The strategy is committed to making sure all people with learning disabilities are supported to develop relationships, including sexual ones and to make sure they are involved in, and educated on decisions that affect their lives. The “State of Women’s Health Report in Leeds” has shown that contraceptive decision making is often made by others and recommends that more information is provided to women on contraception and safer sex. The report also states that women with learning disabilities are more likely to be overweight than women without learning disabilities with a greater risk of a poorly balanced diet and are underrepresented in screening uptake for cervical, breast and bowel cancer. The Feel Good groups directly respond to these key areas by providing a suite of targeted learning resources including education sessions and information on sexual health, contraceptives and consent, advice on healthy eating and promote the importance of health screening. They have also co-produced an advice leaflet designed for carers to enable them to appropriately support people with learning disabilities with the topic of intimate relationships.
 - 5 There is a clear and demonstrable need for this type of provision to continue, particularly in reference to comments made in the “State of Women’s Health Report in Leeds” that “services need to be more focused onto specific groups to help facilitate engagement as it is seen as personal and meaningful”. Both groups provide women only peer to peer group support networks to provide a safe, social and learning space to include a rolling programme of health and wellbeing activities. The flexibility of this grant funded project enables these activities to remain co-produced and developed by the women attending the groups and target factors including physical, learning, cultural and religious sensitivities, and female specific health needs.

- 6 Womens Health Matters is a recognised and respected women only organisation and have been delivering health promotion services in conjunction with Leeds City Council for over 11 years. They have developed a successful, specialist and targeted approach to delivering appropriate health messages to both groups. The women in these groups require appropriate support to make informed choices, appropriate guidance to access health services and a reliable and accurate source of health messages tailored to their specific need. Therefore, it is appropriate and functional that these groups are dual funded given that the organisation can be resourceful when addressing such common needs, for example they have presented an adapted version of the 'Live Life to the Full' course to members of the Feel Good group to address a mutual need, benefitting both populations and providing value for money. There are, to date, no other organisations in the city that can offer an equivalent value of service provision by addressing comparable needs in this way, with the wealth of knowledge and stability that they have developed.

What impact will this proposal have?

- 7 Women attending these groups state that being informed with key health messages has removed the uncertainty of health checks and provided an open, safe and comfortable space to discuss targeted women's health topics. Many women have gained independence and are more aware of community safety and how to access a variety of other services. Women feel empowered and confident when making decision that affect their own lives.
- 8 The impact of covid-19 highlighted the social isolation experienced by vulnerable women. Through this project women state they feel less socially isolated and have built strong and resilient communities with people who intrinsically support each other with shared experiences, friendship and sisterhood.
- 9 Womens Health Matters actively seeks supplementary funding to support the work they deliver through this health literacy project (e.g., £74,000 from Lloyds Foundation over 3 years for 121 intensive support for women who access this project). Funding this service through a grant improves their opportunity to obtain valuable additional funds, making the Leeds pound go further.
- 10 Both health literacy groups are supported by volunteers or paid workers with lived experience, in some cases by women who entered the service originally as service users. All group members are encouraged and supported to participate in valuable training which improves their skills, knowledge and confidence to seek further education opportunities.
- 11 An Equality, Diversity, Cohesion and Integration (EDCI) Screening has been completed. This has determined that EDCI has been considered throughout the project, as it has the aim of reducing health inequalities.

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

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 12 The proposal in this report directly contributes to the Best Council Plan's overarching vision of tackling poverty and reducing inequalities. It addresses the Best Council Plan's priorities of reducing health inequalities and improving the health of the poorest the fastest; supporting healthy, physical active lifestyles; keeping people safe from harm, protecting the most vulnerable; being responsive to local needs, building thriving, resilient communities; promoting community respect and resilience; supporting families to give children the best start in life.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?

Yes

No

13 A service review was undertaken, including detailed consultation regarding the current provision and future needs with the provider, service users and public health colleagues. The information collected during this process has clearly demonstrated the importance of this service and the positive impact it has to the women attending the groups.

14 Procurement and Commercial Services including Legal have been consulted as part of this report and their comments have been considered and incorporated.

What are the resource implications?

15 The value of this decision is £172,800 for the initial 3 years and should the extension be taken, the overall value would become £230,400. This sum is available from the Public Health budget.

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

16 Should the approval not be granted there would be a significant service gap once the current grant agreement ends on 31st March 2023. There is an evidenced need for this provision, and should it not continue to be delivered through grant funding, it would significantly affect the Council's aims of reducing health inequalities, being a City of Sanctuary for migrant communities and to support all people with learning disabilities to have good health.

17 The grant agreement will be managed by officers in the Adults and Health Integrated Commissioning Team. This will include regular reviewing of performance and quality information and quarterly contract management meetings with the providers, at which any service delivery issues will be discussed.

What are the legal implications?

18 This is a Significant Operational Decision as the overall value of this decision is less than £500,000 and as such it is not subject to call in. There are no grounds for keeping the contents of this report confidential under the Access to Information Rules.

19 As the Council would be entering into a grant agreement with Womens Health Matters, 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 or spent on matters for which the grant wasn't provided.

20 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 due 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 (PCR 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”.

- 21 As such, unconditional grants are unlikely to meet the definition of a contract set out in the 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 as set out in the PCR 2015. 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”.
- 22 It is unlikely that the grant agreement proposed will fall foul of the subsidy control rules as it would be exempt under the minimal financial assistance exemption.
- 23 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 Adults and Health “grant” block. If it is not, it can normally be moved from other blocks in the Council budget into the grant block.
- 24 Awarding directly 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.
- 25 As this is a grant it is not subject to the council’s Contracts Procedure Rules or within the PCR 2015, but good practice and transparency will be observed throughout.
- 26 There is no overriding legal obstacle preventing the award of the grants and 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.

Options, timescales and measuring success

What other options were considered?

- 27 The alternative option would be to undertake a competitive procurement exercise to enter a contract with specified requirements and outputs, which would remove the potential for creativity that Womens Health Matters has demonstrated over many years of user led service delivery. Health messages will be less reactive to the direct needs of the women, replacing the current person-centred ethos with a prescribed and heavily benchmarked service.
- 28 The low funding envelope means a competitive procurement exercise would not be attractive to other potential bidders. Based on similar procurement exercises recently undertaken by the council, the procurement would receive limited interest from the market. In addition, the recent review did not identify any other potentially suitable providers for the project.
- 29 Entering into a continued grant agreement is the preferred option as it promotes equality, cohesion and integration by shaping activities to meet direct need, it contributes to the growth of the Leeds economy by supporting the Leeds pound and will enable an already successful service to continue supporting two key target populations.

How will success be measured?

- 30 Monitoring processes and reporting will be agreed between Leeds City Council and the provider to ensure value for money, delivery of the intended outcomes and project development.
- 31 Joint meetings will be held between Leeds City Council and Womens Health Matters on a quarterly basis, or more frequently if required. They will cover topics such as project delivery and development, performance, finance, safeguarding, contract issues, and compliments and complaints.
- 32 Any additional funding obtained in relation to this project will be discussed to demonstrate contribution to the growth of the Leeds pound.

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

- 33 The grant agreement will be implemented from 1st April 2023, with an initial end date of 31st March 2026.
- 34 The responsibility for implementation of this decision is with Public Health and the Adults and Health Integrated Commissioning Team.

Appendices

- Equality Assessment.

Background papers

- In reference to the [“State of Women’s Health Report in Leeds”](#), as per section 3, please see page 108.