

## Third Sector “Winter At Risk” Grants for people with health worries

Date: 13<sup>th</sup> December 2022

Report of: The Chief Officer – Health Partnerships

Report to: The 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

It is proposed that 11 ‘Winter At Risk’ grants, ranging from £10,000 - £62,000, are made to community organisations across the city, with a total value of £314,660. The grants will be taken from an allocation of funding given to Leeds City Council by Central Government’s Department of Housing, Communities and Local Government during 2021 for “Clinically Extremely Vulnerable (CEV) Support”.

The overall outcome for the Winter At Risk grants is “all people with health worries [approx. 200,000 due to vulnerability to Covid, seasonal flu and infections, and the impact of the cold weather in managing their long term condition] will have high quality information, advice, support and opportunities to protect and look after their social, physical, mental wellbeing”. Community organisations will use the funding to offer a range of tailored support and advice for people who were asked to shield during the pandemic, including benefits advice, keeping warm and 1:2:1 counselling. This funding will go some way to mitigate the ongoing impacts of the pandemic and current cost of living crisis as we head into a difficult winter period.

People who were previously CEV continue to experience the negative impacts of the pandemic. For example, social isolation, social anxiety and fear of crowded spaces in the wider vulnerable group and continued disruption to income and working patterns due to vulnerability to Covid. Most affected are on low incomes, in insecure employment or in high risk roles. It is important to note that these ongoing challenges are in the context of a national cost of living crisis including significant increases in energy prices. By not acting to support this vulnerable group of people, we risk of further exacerbating health inequalities over the long term and increasing demands on our health and social care services in the short term as people’s existing health conditions and mental wellbeing continue to deteriorate. We know that when this group of people are specifically supported to manage their own wellbeing, we can reduce demand on health services, improve self-management of long-term health conditions and prevent further vulnerability from developing.

## Recommendations

The Director of Adults and Health is asked to:-

- a) Note that, in the summer of 2021, the Multi-Agency Bronze Group on Shielding put in place small grant funding for community organisations to support people who were most vulnerable to Covid-19 (CEV) as the advice for people to shield was lifted in July 2021 and as part of this agreement, set aside provision to support people over the winter period of 2021/22 and 2022/23.
- b) Note that the funding for the Winter At Risk grants is taken from an allocation of funding given to Leeds City Council by Central Government's Department of Housing, Communities and Local Government during 2021 for "Clinically Extremely Vulnerable Support".
- c) Approve that grants to a total value of £314,660 can be made to 11 community organisations from the Health Partnerships budget which is holding the DCLG grant on behalf of LCC.

### What is this report about?

- 1.1 This report relates to the agreement made by the Multi-Agency Bronze Group on Shielding to put in place small grant funding for community organisations to support the 55,000 people in Leeds who are Clinically Extremely Vulnerable (CEV) to Covid-19 following the pause in shielding from 1<sup>st</sup> April and step 4 of coming out of lockdown from 19<sup>th</sup> July 2021.
- 1.2 It is proposed that 11 'Winter At Risk' grants, ranging from £10,000 - £62,000, are made to community organisations across the city, with a total value of £314,660. The grants will be taken from an allocation of funding given to Leeds City Council by Central Government's Department of Housing, Communities and Local Government during 2021 for "Clinically Extremely Vulnerable Support". In the summer of 2021, a pot of money was allocated to community organisations to offer support to CEV people as all Covid restrictions were lifted, by agreement of the Multi-Agency Bronze Group on Shielding. As part of this, provision was made to support people over the winter. With the emergence of the Omicron variant in December 2021, emotional and practical support was stepped up and the second round of planned funding was not used. However, this has meant there is still funding available for a grants programme over Winter 2022.
- 1.3. There are around 200,000 people in Leeds who are more at risk this winter, due to vulnerability to Covid, seasonal flu and infections, and the impact of the cold weather in managing their long term condition. There are around 50,000 people who were previously identified as being clinically extremely vulnerable to Covid-19 and have spent significant portions of the pandemic so far, following strict advice to shield at home. Many in this group continue to experience the negative impacts of the pandemic. For example, social isolation, social anxiety and fear of crowded spaces in the wider vulnerable group and continued disruption to income and working patterns due to vulnerability to Covid. Most affected are on low incomes, in insecure employment or in high risk roles. It is important to note that these ongoing challenges are in the context of a national cost of living crisis including significant increases in energy prices.
- 1.4 The Winter At Risk grants programme has been put in place to support people with health worries to have high quality information, advice, support and opportunities to protect and look after their social, physical, mental and financial wellbeing this winter". Community organisations who have worked with this cohort previously and have experience of working with people facing significant health inequalities have applied for funding to provide high quality information, support and advice. Organisations will also be able to refer their clients into other Winter At Risk

grant funded projects based on the needs of the client, to ensure the right support is wrapped round them at the right time.

1.5 To give more context for decision makers, the report briefly summarises the ongoing situation for people who were previously classed as CEV and the evidence we have heard as to why the activities and support the grants will fund are needed. It will also summarise the 11 grants individually, providing details of organisation, activity and value.

### **What impact will this proposal have?**

2.1 The anticipated overall impact of the 11 grants is that “People with health worries will have high quality information, advice, support and opportunities to protect and look after their social, physical, mental and financial wellbeing this winter”.

2.2 The grants will target people who are most at risk this winter – a group of approx. 200,000. This group includes approx. 50,000 people whose wellbeing has been impacted by the pandemic – the majority who were classed as Clinically Extremely Vulnerable and were asked to shield. We are now largely describing this cohort as “people with health worries”. The Winter At Risk grants have been put in place to offer wider, open access support and advice for this group of people. It is important to note that whilst the threat to their health from Covid-19 cannot be overstated, the more significant impact on their ability to prioritise their wellbeing and recover from shielding, is now due to low incomes and the health choices available to them.

2.3 We know that it is crucial this cohort of people are support over this particularly challenging winter period - the first without any Covid restrictions or shielding guidance in place and an ongoing cost of living crisis – to avoid exacerbating health inequalities even further. From listening exercises, healthcare professional observation and national evidence gathering, we know that there is:

- Evidence of continued impact on social isolation, social anxiety and fear of crowded spaces in the wider vulnerable group
- Evidence of continued disruption to income and working patterns due to vulnerability to Covid. Most affected are on low incomes, in insecure employment or in high risk roles.
- Significant evidence of de-conditioning (especially in people with physical limitations) – reported lower levels of confidence to take part in physical activity, and a link between mental stress and lower levels of self-care.
- Lower levels of vaccine offer take up, and significant inequalities across vaccine take up – so specific and targeted action to support take up and answer queries is required to continue.

2.4 Community organisations who have worked with this cohort previously and have experience of working with people facing significant health inequalities applied for funding to provide high quality information, support and advice. Organisations were chosen on a mix of factors: continuity and experience of working with the CEV cohorts throughout the pandemic/ specialist knowledge; provision or reach to priority communities; capacity to deliver on short term agreement at short notice, and ability to collaborate and co-produce activity with people and partners.

2.5 In June 2022 we hosted an open workshop for over 200 NHS, Council and third sector partners who had worked on different aspects of the clinically vulnerable response during the pandemic. This workshop reflected on how needs for the group have changed over the time period of the pandemic; how needs had been met and what were the ongoing needs for this group. (Appendix A Covid Most at Risk – Reflections and Recommendations).

2.6 From this workshop – and subsequent workshop sessions in Sept-November – we identified distinct ongoing needs and a core group of specialist /unique organisations emerged which were eligible to bid for funding because they have insight, experience of support or reach into the priority cohorts:

2.6.1 That fitted with activity and projects that have been commissioned and funded from elsewhere as part of the Leeds Winter response (warm spaces, food action network, fuel poverty, social prescribing, 100% digital, Advice Leeds).

2.6.2 That fitted with specialist activity and successful approaches that had previously been funded through the CEV grants in 2021: Bramley Baths (continuity of bespoke 121 support, adjusted for people with different long term conditions) Chapeltown CAB (continuity of specialist employment and financial advice – specialist employment and benefits advice for people with long term conditions and based in the area of the city where there is the highest number of clinically extremely vulnerable people working in high risk employment); Breath of Fresh Air (specialist knowledge and expertise on getting people with anxiety and health worries safely into the outdoors); Space 2 (specialist reach to support people to re-engage in social activities using creative approaches) UK Counselling Network (capacity for quick referral and waiting list of people from the cohort waiting to access counselling)

2.6.3 That fitted with specialist activity that had previously been funded from the wider Covid Grant: BHI (capacity of reach on cultural food for cohort with health worries and cultural food needs; and ability for quick referral for people on waiting list for culturally sensitive counselling); Feel Good Factor – working with vulnerable children and families to improve nutrition, wellbeing and self care.

2.6.4 That fitted with specialist organisations who already work in Leeds and offer unique reach into priority parts of the overall cohort without alternative provision: Recovery Runners – using peer-support and physical activity to improve the health of people living with addition and mental health needs who are clinically vulnerable; Solace – combining therapeutic approaches with practical advice for people from refugee backgrounds with mental health problems who are experiencing higher levels of vulnerability and ability to self care; Flourishing Families – working with families with health worries to improve nutrition and self-care through schools in disadvantage areas. A network of smaller providers working under the umbrella of Leeds Older People’s Forum who have reach into older people with health worries to maximise benefits and promote self care and self management of health over the winter.

2.7 As well as the above criteria, organisations were also selected on their willingness and capability to work in partnership with the project steering group to develop as a network to offer warm referrals and a “no wrong front door” policy when it comes to making sure people most at risk can access the services they need.

2.8 The grant amount for each part of the overall project reflects the combination of:

2.8.1 Volume of capacity (e.g. we anticipate larger numbers of people to require specialist advice and counselling and have prioritised access to these)

2.8.2 Cost of provision (e.g. where a bespoke post is required vs where provision is peer-led or an extension of existing support)

2.8.3 Cost of materials (e.g. outlay for cooking materials and venues, vs lower cost of outdoor activities)

2.9 Taking all the above into account, the schedule of grants proposed is as per the below:

#	Organisation	Activity	Value
1	Citizens Advice Bureau	Dedicated advice worker for people with health worries, case work and open access Mon-Fri 9-5pm	£42,150
2	Bramley Baths	50 people with health worries given 121 bespoke physical activity training and advice, open access to gym and swim - health improvement for people with long term conditions	£25,200
3	The Conservation Volunteers (TCV)	Guided access to outdoor spaces 1 day per week for people with health worries - individually or in small groups	£20,800
4	UK Counselling Network	250 people, 6-8 sessions of counselling and support	£30,000
5	Feel Good Factor	16 weeks of wellbeing in warm spaces and tea-time club for children and families	£10,800
6	Black Health Initiative	5 months of cultural food provision and culturally sensitive counselling sessions for up to 50 people	£31,460
7	Recovery Runners	Bi-weekly peer support sessions using outdoor physical activity - including running and cycling for people with health worries including addition and recovery	£10,000
8	Flourishing Families	2 6-week courses hosted in schools - to tutor families in healthy and affordable cooking - targeted to families with health concerns	£30,000
9	Space 2	Outreach and one to one support to attend social group activities - including walking/ writing/ photography	£25,000
10	Solace	Physical and mental wellbeing and support for people with mental health problems from a refugee or vulnerable migrant background	£27,250
11	Leeds Older People's Forum	Small grants for older people's organisations to do outreach with older people with health worries to ensure they have their income maximised and know how to stay warm and well this winter	£62,000

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

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 3 The anticipated outcome of this proposal is that “People with health worries will have high quality information, advice, support and opportunities to protect and look after their social, physical, mental and financial wellbeing this winter”. Targeting support and activities to people who are most at risk of health inequalities this winter supports the ambition of the Leeds Health and Wellbeing Strategy: to improve the health of the poorest, the fastest. It also has potential to contribute to keeping people well at home and reduce demand on health and care services over the winter period.

### What consultation and engagement has taken place?

Wards affected: Citywide

Have ward members been consulted?

Yes

No

- 4.1 Throughout the pandemic and in the months that have followed since all measures were lifted, there has been a significant amount of consultation and engagement with the 50,000 people who were classed CEV. In successive surveys and listening exercises, CEVs told us how the advice to shield at home impacted on their physical and mental wellbeing, their finances, their familial relationships, their confidence and their happiness. This is in addition to ongoing anxiety about becoming ill with Covid itself, despite the majority of clinically extremely vulnerable people now being better protected by vaccination.
- 4.2 Further, as part of the evaluation of the CEV Transition Support Grants made in August 2021, we have worked closely with community organisations supporting people with health worries to understand the ongoing impact of the pandemic. We have also taken into account insight gathered via engagement and listening organisations such as Leeds Involving People and HealthWatch, shared at health and care partnership boards and groups. For example, at a recent Mental Health Partnership Board, we heard about vulnerable people's concerns regarding attending groups and clubs indoors and using 'warm spaces' such as libraries as they perceived an increased risk of Covid.
- 4.3 Accordingly, there still remains the need to work with people with health worries that have been exacerbated by the pandemic. In order to try and limit stigma and anxiety in this larger group, and in consultation with people from the group, we now largely describe this as "people with health worries". For this group of people – whilst the threat to their health from Covid-19 cannot be overstated, what we are hearing from them directly (and from the community organisations who support them) is that the more significant impact on their ability to prioritise their wellbeing and recovering from shielding, is low incomes and the health choices available to them. As such, through this grants programme, we are aiming to provide wider, open access interventions for people at raised risk from Covid-19 or living with increased anxiety from the impact of the pandemic.
- 4.4 The grants programme has been designed in collaboration with health, care and third sector partners through the 'Support for people most at risk from Covid-19' project group.
- 4.5 Community organisations have worked closely with their members and the wider local community to propose activities and support for better wellbeing over the winter, based on relevant needs and interests.
- 4.6 Local Care Partnerships and GP surgeries have fed into the consultation that their experience of this group of people is that they are experiencing higher levels of anxiety and that particularly those on low incomes are showing increasing signs of not being able to manage their long term conditions as easily as pre-pandemic – including managing diets, exercising and socialising to decrease anxiety and loneliness.
- 4.7 Additionally, GP surgeries are reporting that those people at highest risk due to immunosuppression – who would usually work in high risk environments – are consequently having to take extended periods of sick leave/ unpaid leave, which is reducing their incomes significantly. Access to employment and benefits maximisation for this group of people is ranked a high priority for signposting from NHS services.

4.8 Evidence from the previous work done by UK Counselling Network (fig. 1), shows a long tail impact of the initial shielding advice, as well as complications of living with a long term condition whilst the risk of covid remains, and heightened during the winter period.

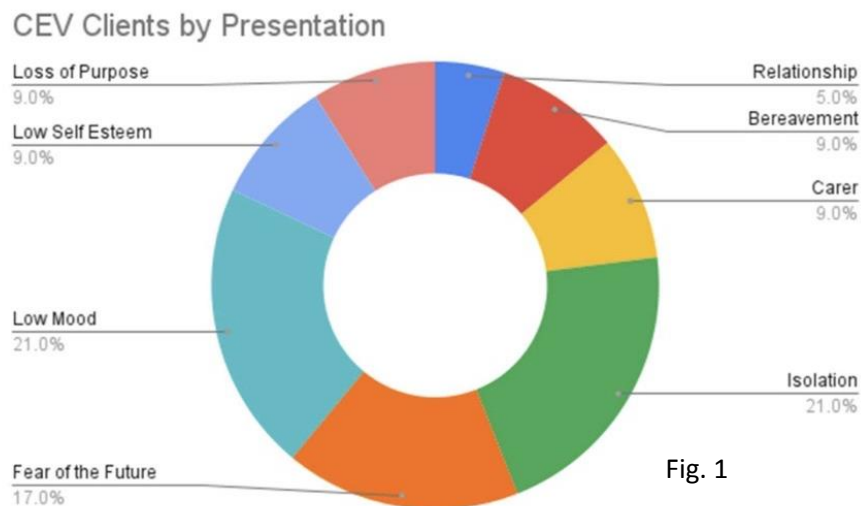


Fig. 1

### What are the resource implications?

- 5.1 Between November 2020 and March 2021, Leeds City Council received a number of grants from Central Government's Department of Housing, Communities and Local Government to cover costs associated with "Clinically Extremely Vulnerable Support".
- 5.2 Whilst the majority of this funding was allocated towards Health Partnerships Team staffing cost recovery, Community Hubs and printing and postage costs associated with direct mailing to people on the CEV list, an allocation of c. £650,000 was also made for grants to third sector organisations who directly work with people most at risk from Covid-19 and associated issues from the impact on the pandemic. A first round of grants were awarded to 18 community organisations to support the 55,000 people in Leeds who were Clinically Extremely Vulnerable as the UK came out of lockdown in the summer of 2021 with a total value of £300,551 (D54930), with provision being set aside for likely support needs in winter 2022.
- 5.3 The 11 Winter At Risk grants totally £314,660 will be a second and final round of grants funded through the indicative allocation from 2021 for grants to third sector organisations working with the [former] CEV cohort and other people with health worries as a result of the pandemic. As such, the Winter at Risk grants are funded through a ring-fenced external source and will not increase pressure on LCC's current budgetary pressures.

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

- 6.1 RISKS: a) Low awareness and take-up of advice and support resulting in people with health worries not meeting the desired outcome and b) potentially worsening impact of Covid-19 coupled with financial pressures over the winter
- 6.2 MITIGATIONS: We will work with the 11 organisations who will be awarded grants to make sure the offer is publicised as far and as wide as possible. Additionally, it is anticipated that the organisations will operate collaboratively to get the best possible outcomes for the people they support. This will include taking a "no wrong front door" approach; referring between partners; working with individuals to identify the right combination of support for them; communicating

regularly, and looking out for any emergent or unmet needs. In the case of a spike in Covid rates, the organisations will flex to working with people in the safest way possible.

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

- 7.1 As the overall value of this decision does not exceed £500,000 this is a Significant Operational Decision and is not subject to call in. There are no grounds for keeping the contents of this report confidential under the Access to Information Rules.
- 7.2 We will work with Procurement and Commercial Services to formalise Grants Agreements for the 11 grant organisations. These can be signed off by Chief Officer, Health Partnerships, through the Delegated Decision schedule as the 11 individual grants are all under £100k.
- 7.3 As the Council would be entering into grant arrangements with the 11 organisations listed in the table in section 2.3 to deliver Winter At Risk support in Leeds, 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.
- 7.4 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 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".
- 7.5 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".
- 7.6 Grants may be in breach of subsidy control, but it is unlikely that the grant payments proposed will fall foul of the subsidy control rules.
- 7.7 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.
- 7.8 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.



7.9 There is no overriding legal obstacle preventing the award of the grants and the contents of this report should be noted.

7.10 In making their final decision, the Director of Adults and Health should be satisfied that the approved course of action represents best value for the council

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

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

8.1 In August 2021, the Health Partnerships Team, on behalf of the Bronze Multi-Agency Group of Shielding, set aside funding received from DCLG to make grants to community organisations to support CEV people through the transition to “normal” life as the shielding programme ended. Provision was also made at this time for a further round of grants to support CEV people over the winter period. The CEV transition grants evaluated well, by reaching the people who needed support the most. As such, it made sense to run a similar programme around Winter At Risk and no other options were needed to be considered.

8.2 A key learning point from the CEV Transition Grants was that people needed to access a range of support across their mental, physical, social and financial wellbeing and community organisations could work collaboratively to enable this. As part of the Winter At Risk grants programme, organisations will be supported to share referrals and signpost clients to other funded projects to ensure vulnerable people have the right support wrapped round them.

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

9.1 The ‘Support for people most at risk from Covid-19’ project group chaired by the Head of Regional Health Partnerships has drafted a Theory of Change (appendix B) to bring together the activities, outcomes and overall impact of the individual Winter At Risk grants.

9.2 Grant funded organisations will collect both quantitative and qualitative feedback on Winter Wellbeing advice and support for people with health worries in a way that is relevant to their project. For example, organisations will record numbers of people signing up to sessions, number of people accessing 1:1 advice, self-reported wellbeing as well as case studies, photos, quotes from people taking part in activities. This information will then be mapped against the outcomes set out in the logic model mentioned in 10.1 to inform the evaluation of the grants programme in totality.

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

10. Activities will begin in December 2022, running until the end of March 2023. Procurement colleagues will work with Lisa Gibson in the Health Partnerships Team to set up the grant agreements. Rachael Loftus, Head of Regional Health Partnerships will oversee the process and also work with the 11 organisations to ensure their delivery is effective, coordinated and reaching the people most at risk of ill health this winter.

## **Appendices**

- Equalities Screening Assessment
- Appendix A: Covid – Most at Risk – Reflections and Recommendations Session Feedback
- Appendix B: Theory of Change

## **Background papers**