Enhance Programme

Project Specification

1. Background and Context

Leeds as a city has a proud history of working in partnership across statutory and third sectors, creating huge benefits for both parties and improved support for citizens. There is recognition across the city that we are stronger together and by working closely together better care and support can be enjoyed.

In 2020 Leeds Community Healthcare (LCH) published its first Third Sector strategy which was co-produced with Forum Central. With the aim of delivering outstanding care and improving health outcomes the strategy places partnership working at the heart of creating a sustainable model for health and care provision. The strategy highlights that by developing productive and effective partnerships with the third sector which maximise value and expertise, health outcomes will improve.

Key priorities of the strategy include:

- Developing integrated working and co-delivery between LCH and the third sector that recognises the collective role in achieving the ambition of left shift
- Utilising the third sector expertise in understanding and tackling health inequalities to help improve the health of the poorest the fastest
- Developing shared agendas and risks between LCH and the third sector to maximise effort and impact on improving health outcomes
- Developing an LCH offer that helps develop a thriving and successful third sector
- Championing a 'one health and care system' where infrastructure is aligned to enable all partners, including the third sector, to contribute successfully

2. Statement from Leeds Community Healthcare Trust

Leeds Community Healthcare NHS Trust has a strong history of partnership working with the third sector, to better meet people's healthcare needs and reduce health inequalities. We are committed to further developing this. We recognise the vital contribution the third sector can make in enabling people to leave hospital when they are ready to do so, staying well at home and avoiding unnecessary admission to hospital. We are proud of existing partnerships such as those with Age UK Leeds and Active Leeds that are achieving this every day and reducing demands on our services. The Enhance programme will fund additional capacity in the third sector, and by working together we will provide a better user experience and reduce the demands on the NHS. Third sector colleagues/providers will be critical to supporting people to stay well at home in many ways: supporting them to manage their long term conditions & wellbeing, keeping them safe and active, developing independence and addressing social isolation. We look forward to working together to achieve our shared commitment of enabling people to stay well at home or in the community and reduce time spent in hospital.

We see the opportunity described in this specification as an excellent example of ways in which the third sector and health and care partners can work better together. Building on the strengths of both partners and trialling new ways to work in a system rather than in isolation.

By adopting a test and learn approach this project aims to develop new ways of working which places the care and support of the individual at its heart.

It is no surprise that the health and social care system is under extreme pressure. The level of need and demand for support is high and the repercussions of this can be seen across the third sector. Although this situation creates many challenges it can provide opportunities for improved communication and partnership working which ensures appropriate and timely support to the individual.

3. Need

This funding opportunity has arisen out of a need to work more efficiently and effectively but also with a determination to work to the strengths of different partners, develop opportunities to learn from each other and bring about long-term system-wide change. The health and social care sector is facing a tremendous amount of pressure and there are concerns that this could impact the ability of

the NHS and social care providers to deliver services. Although the level of challenge shouldn't be underplayed this also provides a unique opportunity for cross-sector working.

Leeds's ambition is to be a place where people age well: where older people are valued, feel respected and appreciated, and are seen as the assets they are. As of 2020, around 254,000 people out of a population of almost 800,000 in Leeds were aged 50 and older, 161,000 were aged 60 and over, and just over 34,100 were 80 and over. The city will need to think how it continues to respond to this demographic change and enable larger numbers of people to live independently for as long as possible. The fastest growing population group in Leeds is people aged 80 and over and this group is set to grow by half (from just over 34,500 to just over 51,000) by 2044 (data from The State of Ageing in Leeds report 2021)

The gap in life expectancy between our most deprived and least deprived communities remains stubborn. This emphasizes the need to improve socioeconomic conditions in the most disadvantaged areas. (State of Ageing in Leeds 2021)

Older people are more likely to have a disability or accessibility and mobility requirements, and one in five people aged 65–69 have difficulty with five or more daily activities like washing, dressing or eating. One in eight households in Leeds contains one person aged 65 or over living alone. (State of Ageing in Leeds 2021)

According to NHS Right Care around 10 per cent of people aged over 65 currently live with frailty, rising to between a quarter and a half of those aged over 85. People living with frailty sometimes find themselves in receipt of poor quality care and experience repeated avoidable admissions to hospitals and delayed discharges – resulting in worse health and wellbeing outcomes, and higher costs to health and care services. *(Delivering better outcomes for people living with frailty A vision for Leeds - 2019)* In a Time to Shine learning report about the SWIfT project, the important need to develop stronger working relationships with health and social care professionals was highlighted. In addition to this the need for flexible support for older people with increased frailty and those restricted to their own home was highlighted as a priority. Key learning from that project tells us that the person-centred approach worked well, enabling project workers to go at the pace of the older person and allowing sensitivity to their needs. It also highlighted that projects worked well when a relationship of trust was built between the referral organisation and the project worker - learning that we want to see built upon within the Enhance Programme.

Whilst we understand that the majority of people who will require the services that this programme commissions will be older people, we wish to emphasise that this fund is open to organisations who

support people of **all ages**. The need to support safe and sustainable discharge from hospital and to prevent hospital admission will be prevalent across all communities.

4. Meeting the Need

This funding is open to new ideas and hopes to provide an opportunity for new models of care and support across Leeds.

There are 4 key things we will be looking for to ensure a standardised approach:-

A. Third sector providing additional person-centred support when people are discharged from LCH Neighbourhood Teams. (A way of thinking of this could be what a person needs in the first 3 days, 3 weeks and 3 months post-discharge).
B. Working closely with Neighbourhood teams, perhaps making a joint visit, making a safe handover with the needs of the individual at the heart.
C. Complementing the regular visits being made by the Neighbourhood Teams
D. Supporting people to stay at home which is where they want to be and not in hospital
E. Links into Local Care Partnership teamworking

We are looking for fresh approaches and interventions, based on effective partnership working. We already know that the third sector has a wide and varied approach and we are looking to harness the strength of the sector in developing a new approach to cross-sector working.

5. Test and Learn

Through Time to Shine, Leeds Older People's Forum (LOPF) has developed a test and learn approach which encompasses research and intervention.

Test and learn also allows a level of flexibility in how projects meet their targets and outcomes but potential applicants should be aware that the output and outcome targets negotiated at the outset won't change once the project delivery has started. All delivery partners are encouraged to share their learning on what has and has not worked as this helps to understand the complexities involved and test out assumptions.

6. Programme outcomes

Enhance programme

This programme's main aims will be to support safe and sustainable discharge from hospital and neighbourhood teams into a secure home environment and to link Neighbourhood Teams with third sector organisations to enhance capacity in both sectors and avoid both delayed discharges and readmissions. Links with Local Care Partnerships will be important for the success of this programme too.

It is expected that this project will largely involve older people but it is acknowledged that the need for support will be present across all sections of the Leeds community. Joined up approaches which include organisations working with working under 50s will be required to make this work effectively. The programme will be a cross-sector partnership with all partners being equal to provide wraparound welfare.

We know from experience that authentic and genuine co-production results in effective projects and that in practice it involves people who use services being consulted, included and working together. Delivery partners will be required to include co-production as part of their project delivery.

Leeds Older People's Forum on behalf of the Forum Central partnership will manage the Enhance programme and commission delivery partners. The role of Leeds Older People's Forum includes working in partnership with LCH to deliver a learning and training programme throughout the programme. This will include mandatory and non-mandatory training.

7. Expected programme outcomes

1. **Empower individuals** to improve their social own connections, health, quality of life and/or wellbeing to prevent admission to, or following discharge from, hospital
2. **Take a person-centred approach** by coproducing flexible, effective and tailored cross-sector support to identify goals and improve outcomes for individuals
3. **Enhance the NHS** by investing in third sector services to complement clinical service provision and reduce delays in hospital discharges
4. **Enhance partnerships** between third sector organisations, health professionals and individuals to improve efficiency, share up-to-date information, resolve challenges and evaluate impact
5. **Use a Test and Learn approach** to build on our understanding of 'what works' in Leeds

8. Requirements for projects commissioned as part of the Enhance Programme

Project Aims

Projects need not be solely focused on older people but we expect a high proportion of people

supported through the projects to be older people (50+).

Each project will look at ways to support people in their own homes and add to the joint working/ partnership approach of the Neighbourhood Teams. Taking a Leeds-wide approach - we are looking at ways in which third sector providers can work with the Neighbourhood Teams and health and social care partners across Local Care Partnerships to improve the quality of experience of the individual.

9. Project Objectives

- To establish ways to work more closely with the multi-disciplinary teams in neighbourhoods.
- To support individuals to retain their independence and improve their confidence after a period of ill-health thereby improving their well-being.
- To support people within their homes to develop coping strategies and self-care management alongside improved social connections to prevent unnecessary admission, or readmission, to hospital.
- To provide person-centred support to people which complements existing services.

10. Projects will specifically focus on:

- People recently discharged from hospital
- People requiring assistance to remain independent at home
- Seeking and receiving referrals from a variety of sources, which could include (but are not limited to):
    - Neighbourhood Teams
    - Self-referrals
    - Carers support services
    - Family and friends
    - Housing providers
    - Third sector organisations
    - GPs and Social Prescribing schemes
    - Hospital transport schemes (e.g Yorkshire Ambulance Service)
    - West Yorkshire Fire Service

11. Projects will offer:

- A person-centred approach to project development with the views and wishes of the person at the heart of any plans.
- Solutions that aim to develop the individual person's social networks, supporting them to become better connected to their community and to be more resilient.
- Opportunities for people to be involved in the co-production of the project.

12. Project requirements:

- We expect that successful bidders will have a proven track record of working with individuals and groups in an empowering way.
- A demonstrable understanding of holistic support and how this could have an impact on the people the project aims to reach.
- Successful bidders should be able to demonstrate solid knowledge and experience of cross-sector partnership working, including integrated Neighbourhood Teams.
- Cross-Sector applications may be submitted, however the lead partner must be a third sector organisation.

13. Staff and resource requirements:

- A staff and volunteer structure that enables safe, timely and responsive support to the person with clearly defined roles.
- Projects will be delivered by staff working in a person centred/community centred way, linking with Neighbourhood Teams and other health and social care services across the Local Care Partnership.
- Staff will be expected to work within their own competence and will be supported to seek training if planning to work outside their existing skill set; this includes mandatory training.
- Approximately 10% of staff time must be allocated to the monitoring and evaluation of the project to reflect the importance the Enhance Programme places on monitoring, evaluation and learning.
- Each project will undertake DBS checks for all staff/volunteers working with vulnerable groups and individuals.
- You may want to develop volunteer opportunities as part of the Project for example, befriending/shopping/dog walking etc
- Activity will be supported by trained staff and volunteers and will take place during flexible operating hours. This may require working towards the development of service provision to include evenings and weekends.
- The project must consider transport needs as part of their planning and development.
- Staff and volunteers will be expected to take part in training provided by the NHS and LOPF.

14. Key Performance Indicators

We expect the project to work towards specific targets as agreed as part of the contract negotiations and in advance of the project commencing. However, it is anticipated that the Key Performance Indicators are likely to include:

- Demographic data for people taking part in each project- i.e age, ethnicity, disability, sexualilty

- Quantitative data including, for example, the number of people supported, referrals received, multi-disciplinary meetings attended, volunteers recruited etc
- Qualitative data including, for example, case studies, test and learn case studies, quotes
- Contribution to the test and learn ethos, for example by taking part in shared learning sessions and formal training

15. Geographical Cover

There are 13 Neighbourhood Teams across Leeds:-

- Woodsley
- Chapeltown
- Meanwood
- Middleton
- Seacroft
- Armley
- Pudsey
- Beeston
- Morley
- Holt Park
- Kippax
- Wetherby
- Yeadon

The Enhance Programme aims to have third sector organisations support all 13 teams. Consortium bids are welcome.

16. Monitoring and Evaluation

Monitoring and evaluation are key aspects of the Enhance programme in terms of identifying which approaches make a significant difference to the lives of the people involved. Successful applicants will agree to submit the required project monitoring information and participate in the evaluation of the project and the programme. Sufficient staff time should be allocated to this, approximately 10%.

Quarterly monitoring is a vital part of the programme as it gives context, depth and understanding to the work. It is a mixture of quantitative data (numbers) and qualitative data (stories) and it brings the projects to life. It is expected that robust monitoring and evaluation will help LOPF and LCH to collect evidence of 'what works' and build a sound business case for continued investment in the Enhance programme beyond April 2023.

Monitoring must be submitted by 14th of the month following the end of the quarter i.e. 14th July, 14th October and 14th January. Payments for the next quarter will be released quarterly in advance on receipt of a satisfactory monitoring return. Delivery partners will be supported by the Enhance monitoring and evaluation officer at LOPF and templates will be provided to help make data collection easier.

17. Contract Management and Performance

All projects must:

- Work towards the Enhance Programme outcomes
- Comply with monitoring requirements set out by Leeds Older People's Forum, as outlined in previous sections
- Embrace a test and learn ethos
- Work in a person-centred way
- Commit to partnership-working, collaboration and co-production
- Attend quarterly contract monitoring meetings with the programme manager

18. Contract Value

The total fund available for the Enhance Programme is £800,000
The contract value for this work is variable with projects invited to apply within one of the following:-

- £25,000 to £50,000 - projects working in Neighbourhood Team area/ across one neighbourhood team.
- £50,000 - £100,000 - projects working across more than one Neighbourhood Team area / city wide

The contract duration is one year; April 2022 to March 2023. Funds should be spent by 31 March 2023.

The funding is open to third sector organisations. A partnership bid is welcomed and cross-sector applications are permissible where the lead partner is a third sector organisation.

We hope to make this funding recurrent to allow us to build on learning from the programme's learning in this first year?

19. Timescales

- Applications open: Monday 7th February 2022
- Applications close: 5pm Friday 25th February 2022
- Funding released to successful applicants: 31 March 2022
- Projects start 1st April 2022

If you would like to discuss your application with a member of the LOPF team or you have any questions please contact harriet@opforum.org.uk or 0113 2441697.