

PCT Grant Making Powers to Commission Long Term Conditions Self Care Support from Third Sector Organisations

Gateway Ref: 12947

Introduction

The purpose of this paper is to highlight the role that grants can play in developing and supporting low level community activity. The use of grants is particularly pertinent to commissioning self care support for people with long term conditions.

There is a common misunderstanding that in the move towards ensuring service provision is properly purchased through procurement processes and contracting, there is no longer a role for grant funding. This is not the case. The guidance for the standard community contract around the use of grants (pg 6) states that:

Commissioners should consider the use of grants as an alternative funding arrangement where appropriate for third sector organisations. Contracts should not inappropriately replace grant funding. The National Audit Office decision support tool (www.nao.org.uk/guidance/better_funding/index.htm) should be used to determine the basis of funding. It should be noted that grant funded arrangements may well incorporate monitoring requirements.

The Department of Health is carrying out a number of actions to provide clarification to PCTs around the use of grants:

- Working with the NAO to develop the Decision Support Tool so it's aimed more directly at PCT/LA commissioners rather than Government Departments;
- A procurement 'roadmap' is in production that will highlight the grant route;
- Developing a 'model' grant agreement for PCTs to use alongside the standard contract.

Commissioning Self Care Support

Following the publication of 'Your health, your way – a guide to long term conditions and self care' it is anticipated that there is likely to be an increase in demand for self care support for people with long term conditions. This expected increase in demand means that commissioners will need to work in partnership with other local organisations to make sure that self care support for people with long term conditions is commissioned to meet access and responsiveness requirements.

Procuring and contracting self care support services can be challenging because of the depth of involvement needed by the individual. It is difficult to commission self care support from a provider in the way that we would for

'conventional' types of care. New modes of delivery, contracting routes, new types of provider – means that the challenge is even greater.

Information for Third Sector Organisations

Third Sector organisations will have an increasingly important role to play in meeting some of the expected increase in demand for self care support. Although the funding route a PCT chooses to use, either a procurement or grant process, will be based on the objectives they are seeking to achieve, grant funding fits the purpose of working in partnership to achieve shared objectives and has a good fit with commissioning for outcomes.

It is an ongoing reality that public services have to adapt to meet a variety of difficult changes, such as meeting the increasing complex needs of service users and communities, and balancing competing priorities with limited resources. Given these difficulties, commissioners need to demonstrate a more flexible approach to the way they commission services.

The following case study highlights the approach Bradford Adult Social Services and PCT adopted around the use of grants.

Case study – a grant-funded programme for older people's well-being

Reasons for selecting grant-funding

Prior to a major commissioning process for the 3-year grant funding in 2007-8, procurement and legal colleagues were

involved in discussing the differences between grants & contracts and deciding which would be offered in the commissioning process. The benefits from opting for grant-funding are:

- Voluntary and community groups have the flexibility to design activities to achieve outcomes; they are not tied to a service specification. It is a very good fit with commissioning for outcomes.
- The concept of a 'conditional grant' links the funding to the specific activity, but without small, unincorporated, local groups taking on the risks associated with delivering services under contract.
- Capacity building: During the process, we helped more than 40 small groups to meet the Council's criteria for funding (eg. around governance, administration) and adult safeguarding (eg. CRB checks, signing up to local procedures); a contracting process would have had far less flexibility to work on capacity building during the process itself.

Grant funding is an ideal framework for putting council funding alongside other resources (eg. use of buildings, other income, and goodwill of volunteers); i.e. it releases 'social capital' and achieves good value for money.

Background

Bradford Metropolitan District Council invests c. £2m annually in commissioning voluntary and community sector (VCS) groups to run services and activities for older people. The people benefitting from the activities are independent with self care, but have

difficulties getting out and about and are at risk of social isolation. They may be known to GPs and have long-term conditions, and / or be isolated through bereavement, and / or lacking in confidence, e.g. feel unsafe going out independently. They may well not be eligible for formal provision such as home care; indeed such services might not be what they want.

What is being grant-funded?

The £2m is invested via three funding strands as follows:

- £1.7m committed 3 years at a time, currently funding 62 older people's groups to run 73 activities – eg. day centres, befriending, transport, exercise, crafts.
- £100K for a network of “well-being cafés”, which meet monthly and offer social activity, information and support for people with dementia and carers; both when people are newly-diagnosed and longer-term.
- £200K “well-being activity fund” – short-term grants to encourage new activities and innovation, with a focus on promoting good mental health.

The approximate costs are £7 per attendance at an activity for the 3-year funding programme, and £4 for the well-being activities and cafés. Therefore, the programme represents very good value for money. This is because all the groups make good use of volunteers, other income, and their own resources (eg. church buildings).

Outcomes

All the three strands above are commissioned against outcomes, with

voluntary and community groups having the freedom to design and innovate, and respond to the wishes of local people.

For the 3-year grant funding, the outcomes are very broad, aligned to strategic health & social care priorities:

- Improved ‘well-being’ and quality of life for older people;
- Promoting independence and involvement in local communities for older people;
- Promoting positive attitudes and challenging negative attitudes to older age, and to the diversity of the local community;
- Reduction of health inequalities and the promotion of informed choices for improving health;
- The relevant Strategic Health Improvement Partnership priorities for promoting healthier communities: Obesity & malnutrition; Smoking & substance abuse (including alcohol); Mental health & well-being; Sexual health.

For the well-being activity fund, there is a little more detail but still considerable flexibility as to what the activity could be:

The well-being cafés are a more specific service model, but providers still have flexibility around how it is set up and operated.

Evidence for outcomes:

Providing support for older people with mild/moderate mental health needs:

- Providing opportunities for older people with mental health needs to stay physically active;
- Providing opportunities for older people with mental health needs to make new/retrain friendship and social contacts;
- Supporting older people with mental health to maintain hobbies, interest or occupational pursuits, including volunteering;
- Supporting carers of older people with health needs, or older carers who's own wellbeing is affected by their caring role.

Mrs A is an 87 year old widow. She has severe osteoporosis and had experienced six falls in a 12 month period resulting in hospital admission. The Community Matron referred her to her local social day centre. After attending for 18 months, she has benefited from the mental and social stimulation but most of all from the exercise sessions during her attendance. This has increased her confidence and general well being. She has had one fall since attending but this did not entail admission to hospital.

This area is still in development with the funded groups, but we already have both qualitative and quantitative evidence. The well-being cafes and well-being activities were part of the University of Bradford's evaluation of Bradford's "Health in Mind" programme (funded by the Dept of Health's Partnerships for Older People's Projects initiative). The evaluation found that participants reported increased social contacts and questionnaire responses showed reduced depression scores at follow-up.

People living with a health condition, or who just want to learn how to look after their self better, can ask their healthcare professional for information on the advice and support available or visit [Hwww.nhs.uk/yourhealthH](http://www.nhs.uk/yourhealthH).

Examples of individual 'stories' from the 3-year grant funding programme:

A concerned neighbour referred Mrs B after she was widowed. Very happily married for 50 years but no other family members. Her well-being declined drastically, she lost 2 stone in weight. She was persuaded to attend her local social day centre by the co-ordinator. After attending for 9 months she has regained her weight, her low mood has lifted, she has made new friends and actively participates in all activities.