

## Governing Body (Public) Meeting

DATE: 30<sup>th</sup> May 2013

Title	<b>Update on review into Partnership &amp; Prevention funds</b>
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p><b>NOTE</b> the actions taken since September 2012;</p> <p><b>APPROVE</b> the extension of the Partnership Funds allocated specifically for children to October 2014, totalling £42,039, to ensure alignment to the London Borough of Bexley's (LBB) Safeguarding Children Transformation Programme;</p> <p><b>APPROVE</b> the recommendation that Bexley Voluntary Services Council (BVSC) and Citizen's Advice Bureau (CAB) be separated from the Health and Adult Social Care re-commissioning process and joined with LBB's Corporate Commissioning.</p> <p><b>NOTE</b> the recommendation and <b>APPROVE</b> the continuation of the re-commissioning process, with the award of grants, in line with the update below.</p> <p><b>NOTE</b> the request for a GP colleague to take part in the evaluation process.</p>
Executive Summary	<p>In September 2012 the Clinical Cabinet of Bexley Care Trust approved a recommendation to extend the existing Partnership &amp; Prevention Funds to September 2013 to enable a re-commissioning process to take place in partnership with the London Borough of Bexley and within the context of the development of the Joint Commissioning Unit. This paper summarises the developments which have taken place since that time.</p> <p>The Integrated Commissioning Unit (ICU) commenced in January 2013. The re-commissioning of the Partnerships and Prevention Funds has been led through the ICU with significant Project Management support from the Local Authority. There has been careful engagement of voluntary sector partners, both existing and prospective as the re-commissioning process has developed, through stakeholder workshops and opportunities to comment on all documentation. Partners have now been asked to bid to offer services to meet Health and Social Care Outcomes:</p> <ul style="list-style-type: none"> <li>• Ensuring people have a positive experience of care;</li> </ul>

- Delaying and reducing the need for care, support and admission to hospital;
- Enhancing quality of life for people with long term conditions;
- Helping people recover from adverse events, illness and injury;
- Enhancing quality of life for people with care and support needs.

Each of these is underpinned by more detailed and specific outcomes e.g.:

- People are helped to care for themselves at home;
- People are helped to support each other to manage their long term condition.

The patient/client groups covered are:

- Older people – including those with dementia;
- Adults with mental health problems;
- Adults with learning disabilities;
- Adults with physical disabilities or long term conditions;
- Adults with substance misuse or addiction;
- Carers;
- People requiring end of life care.

(See attached Commissioning Prospectus Appendix 1)

Since the inception of the process it has emerged that it makes sense to treat some grants differently. Therefore it has been agreed that the relatively small proportion of Partnership Funds allocated specifically for children (£42,039), be separated and aligned with London Borough of Bexley's (LBB) children's prevention commissioning process, meaning that these grants will remain in place until 30 September 2014.

It has further been recommended that the commissioning of BVSC (Bexley Voluntary Services Council) and CAB (Citizens Advice Bureau) be separated from the Health and Adult Social Care re-commissioning process and joined with LBB's Corporate Commissioning. This is because a) they do not directly meet health and social care outcomes and b) in relation to BVSC they perform an overarching function which supports other voluntary organisations (including advising them on their bids as part of this process) and therefore it is inappropriate for them to be in competition with other bodies. (See attached LBB Report Appendix 2).

It has been recommended that services should be commissioned through the award of grants to successful applicants. This is to encourage innovative approaches to meet the specified outcomes, rather than limit services to narrow service specifications, and to enable negotiation with providers after the submission of bids. It is also influenced by the fact that some current providers are using

	<p>council properties, with various rental arrangements in place and this approach allows time for a phased approach to addressing this in an equitable manner.</p> <p>The CCG is asked to identify a GP colleague to take part in the evaluation process which will be taking place in June/July 2013. The intention is to award grants for three years with the potential to extend for a further two, subject to continued resources being available.</p>	
Which objective does this paper support?	<b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	<b>People:</b> Empower our staff to make BCCG the most successful CCG in (south) London	
	<b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	<b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	<b>Key Risks</b> (corporate and/or clinical)	<p>There are risks in relation to tight timescales, the amount of support required by voluntary organisations to take part in the process, and property issues, specifically, in relation to the possibility of CAB vacating Erith Health Centre which could result in additional costs to the CCG. This risk is associated with but not caused by the proposal to jointly commission with LBB Corporate.</p>
	Equality and Diversity	<p>The project provides the opportunity to seek innovative ways to deliver services for diverse groups of service users.</p>
	Patient impact	<p>Some service users may experience a change of provider or change in model delivery.</p>
	Financial	<p>The re-provision will be provided within existing envelopes.</p>
	Legal Issues	<p>No legal implications are anticipated for Bexley CCG.</p>
	NHS constitution	<p>The project supports the principles of the NHS Constitution in particular:          'The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population.          and</p>

		'The NHS is committed to provide the best value for taxpayers money and most effective fair and sustainable use of finite resources'
<b>Consultation</b> (Public, member or other)	A comprehensive consultation with current third sector providers has been undertaken. Providers were provided with letters to give their clients explaining the process and who to contact with any concerns.	
<b>Audit</b> (Considered / Approved by Other Committees / Groups)	Clinical Cabinet September 2013. A paper was considered by the May Executive management Committee.	
Communications Plan	A communications plan was agreed with the Communications Departments of London Borough of Bexley and Bexley CCG	
Author	Alison Rogers Assistant Director for Integrated Commissioning	
	Clinical Lead  TBC	Executive Sponsor  Theresa Osborne
Date	15 <sup>th</sup> May 2013	

Education and Social Care Senior Management Team 21 May 2013

Customer and Corporate Services Senior Management Team 21 May 2013

**TRANSFER OF ALL BEXLEY VOLUNTARY SERVICE COUNCIL (BVSC) AND CITIZENS ADVICE BUREUX (CAB) COMMISSIONING TO CORPORATE SERVICES**

**Summary**

This paper proposes that :

1. the commissioning of universal advice services (Citizen's Advice Bureau) and voluntary sector infrastructure support (BVSC) is transferred from Adult Social Care to Policy and Communications; and that a revised contracting and monitoring regime is introduced.
2. that the role and functions of CAB are reviewed to determine efficiency, effectiveness and value for money of the service.
3. that the property currently occupied by BVSC and CAB at Brampton Road is reviewed with the aim of moving both organisations to more suitable interim premises prior to occupation of the Tesco community unit. .

**ESC and CCS SMT are asked to consider and comment on the proposals.**

**1. Introduction**

- 1.1 Funding for two generic services in Bexley (CAB and BVSC) currently comes out of the ASC Prevention Fund and the CCG Partnership Fund. Recent changes to the commissioning arrangements for these two funds, including the establishment of a joint commissioning unit between LBB and the local CCG, means that it is appropriate for us to review the commissioning arrangements for the generic services.

The proposal is for commissioning responsibility for universal advice (currently CAB) and voluntary sector support (BVSC) to transfer from ESC/CCG to Corporate Services, with associated budget and contract monitoring responsibilities.

This paper sets out the rationale for the new arrangements, and identifies some of the wider implications, including the need for a fundamental review of CAB services, and work required to ensure that both CAB and BVSC have suitable interim accommodation prior to their move to the Tesco Community Unit.

**2. New Commissioning Arrangements for Prevention and Early Intervention Services**

- 2.1 The recently established Integrated Commissioning Unit (ICU) has aligned the LB Bexley Adult Social Care Prevention Fund and Bexley Clinical Commissioning

Group's (CCG) Partnership Fund to more efficiently meet the preventative needs of Bexley residents.

- 2.2 Providers are currently being asked to bid into a set of revised 'commissioning outcomes' which better reflect the health and social care needs of local people. Given the very specific focus of the combined funds, it is more appropriate for generic support services such as CAB/BVSC staff support and to be commissioned separately from the newly integrated health and social care fund.
- 2.3 There is a continued need for the generic services, but
- they do not meet the criteria for the integrated fund,
  - continuing the current arrangements effectively puts the voluntary infrastructure service in competition with its 'clients' in the voluntary sector
  - there is undoubtedly a need for a citizen's advice service in Bexley, but the organisation's objectives are not exclusively health and social care directed.
- 2.4 For these reasons it is preferable for the generic contracts to be commissioned centrally, specifically by the Health Policy team in Policy and Communications.

The proposed transfer of commissioning responsibilities has the advantage of consolidating the commissioning of voluntary sector infrastructure support in the borough into one place, and increases opportunities for better value for money and accountability over the contract. This also brings Bexley's model for these services into line with the majority of other London Boroughs, where both advice and voluntary sector infrastructure services are corporately commissioned

### **3. Voluntary Infrastructure Projects delivered by BVSC**

- 3.1 The Partnership Fund (CCG) currently allocates funding to BVSC to provide voluntary infrastructure support through three projects at a value of circa £115,000pa.
- 3.2 Independently, LB Bexley (through the Health Policy team) manages and monitors BVSC's core contract to deliver on a number of different outputs and outcomes at a value of £166,500pa.
- 3.3 This split arrangement is neither the most efficient way for local partners to execute their commissioning commitments, nor straightforward for the provider.
- 3.4 In order to avoid both the CCG and LB Bexley from having to manage and monitor separate elements of voluntary sector infrastructure delivery, it is proposed that LB Bexley Health Policy team acts as the lead commissioner for BVSC and the CCG and ASC act as 'associate commissioners'. This means that the contract with BVSC would sit with LBB (Health Policy) as would responsibility for payments to BVSC, but that LBB (Health Policy and ASC) and the CCG would jointly monitor performance and delivery of outcomes. The Health Policy team would lead

performance reviews (as the lead commissioners) but colleagues from ASC and the CCG would attend meetings to review delivery to ensure multi agency oversight.

- 3.5 A {6%} efficiency saving will be placed on £115,000 of this contract before it is passed over to Corporate Policy and Communications to commission (we need to give a rationale for this figure). Savings of £6,900 secured will be reinvested into Adults Prevention and Early Intervention Services through the current re-commissioning cycle.
- 3.6 This approach has been agreed by Bexley CCG, as well as ASC and Health Policy

#### **4. Universal Advice Service delivered by CAB**

- 4.1 The Prevention Fund (LBB ASC) currently allocates annual funding of £191k to CAB to provide universal advice services in Bexley. A 6% efficiency saving is proposed for this contract before it is passed over to Health Policy to commission. Savings of £11,460 secured will be reinvested into Adults Prevention and Early Intervention Services through the current re-commissioning cycle (again we need a rationale for the 6%)
- 4.2 Removing universal advice services from the Partnership and Prevention Fund allows the Integrated Commissioning Unit to focus on Health and Social Care Preventative Services and its programme will be more consistent in its objectives and outcomes. Top slicing the funding will contribute to efficiencies and permit an increase in funds available to meet demand for Prevention and Early Intervention services.

#### **5. CAB Review**

On transfer of commissioning responsibility to Health Policy, the team will undertake of review of the existing CAB contract, performance measures and how these have changed over time, evidence of changes in demand, evidence of outcomes, customer feedback etc to reach a view on efficiency, effectiveness and value for money.

#### **6. Property Issues**

The council is looking at property solutions for both CAB and BVSC in line with its existing property programme. BVSC currently occupies Council Premises at Brampton road, and CAB has two premises – one in Brampton road and a second in Erith Heath Centre (CCG owned) . Brampton road is no longer fit for purpose and Erith Health Centre is high cost. Property rationalisation may allow savings to be made in future. There is no formal lease with the CCG for occupation of Erith Health Centre so in theory CAB could leave with little notice.

Future plans are to:

- move both organisations out of Brampton Rd
- move CAB out of Erith Health Centre,
- co-locate both CAB services, propose they work to a hub and spoke model.
- ideally move CAB and BVSC to an interim location such as Crayford Manor House before the final move to Tesco's community unit

Options are still being worked through. In terms of this transfer, Corporate Services will require a reasonable rental budget to support CAB's occupancy of Erith beyond September 2013 until we are able to move them. This is estimated at circa £20,000, and will need to be transferred from CAB's existing property budget (who holds this?)

In previous financial years, the CCG has invoiced LB Bexley for the property costs for CAB at Erith Health Centre. From 01/04/2013, Erith Health Centre has transferred to NHS Property Services. If this organisation can no longer bill LB Bexley for accommodation, then as each property must not make a loss, it is likely that the CCG will be asked by NHS Property to make up the shortfall. This could be around £50k. The implications of this need to be considered by all parties when making a decision as clearly one organisation in the partnership will be detrimentally affected.

## 7. Summary of Financial Implications

- 7.1 The proposed changes should help to ensure value for money in the commissioning of infrastructure and advice services. The proposed efficiencies on the current contract costs will also free up resources of £18,360 to enable additional investment in the new prevention and early intervention fund through the current re-commissioning cycle.

The Prevention and Early Intervention re-commissioning process will be awarding funding agreements for an initial 3 years, with options to extend by a further two years.

- 7.2 However, potential bidders have been informed that at any point in time, either the council or the CCG may make a decision to review and adjust the level of contributions. This will be made explicit in the grant funding process.
- 7.3 For the Universal Advice Service, relevant adjustments will be required to Adult Social Care and Policy and Communications Budgets to reflect the transfer of commissioning responsibility.

## 8. Summary of Legal Implications

- 8.1 No Legal Implications.

<b>Contact Officers:</b>	Ginny Hyland, Policy and Partnerships Officer, Health Policy Team, Corporate Policy and Communications.	EXT: 4743
	June Knowles, Adult Social Care Project Manager	EXT: 4164
<b>Reporting to:</b>	Dave Holman, Head of Health Policy, Corporate	EXT: 3609

	Policy and Communications. Fola Ikpehai, Head of Strategy 2014 Review Team	EXT:3553
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London Borough of Bexley and Bexley Clinical  
Commissioning Group

# Outcomes Prospectus for Prevention and Early Intervention



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# Purpose of the Outcomes Prospectus for Prevention and Early Intervention

The Outcomes Prospectus for Prevention and Early Intervention offers opportunities for existing and new voluntary and community providers to work in partnership with the Council and Clinical Commissioning Group (CCG), hereon in referred to as the Commissioners, to improve outcomes for Bexley residents.

We are pleased to be able to continue our commitment to invest in services that strengthen communities and support our most vulnerable residents.

This year we have been able to continue to bring together investment from Adult Social Care and the local NHS to improve the health and wellbeing of local people, specifically in relation to Prevention and Early Intervention.

The prospectus sets out how the Commissioners plan to commission preventative services that are focused on improving the health and wellbeing of communities. We want to develop the creativity and enthusiasm of local communities to maintain resident's independence and prevent, delay or reduce reliance on support from statutory social and health services. By doing so the outcomes will improve lives for individual residents as well as underpinning our Commissioning strategic vision and goals.

The outcomes included in the 2013 Prospectus are drawn from our local joint commissioning plans which have been developed with the involvement of clients, carers and local people, as well as a range of other stakeholders including voluntary providers and other providers of services.

We are facing an unprecedented financial challenge locally, and it is all the more important to make sure that we are investing in efficient and effective services that can support families and adults to lead healthy and fulfilling lives, and live independently in the community. Prevention and Early Intervention is key to preventing situations from declining and ultimately helping to manage demand for more expensive services.

We will continue to learn from our experience of developing the Prospectus this year, and trust that this is a simple and transparent reflection of future prevention and early intervention needs. As always we welcome your feedback so that we can make further improvements.

# What are the outcomes the services have to deliver?

The Outcomes Prospectus for Prevention and Early Intervention is the way we will commission services that strengthen local communities and improve the health and wellbeing of residents. It seeks to make investment from a number of different funders available annually, in one place, targeting organisations that are best placed to deliver preventative services. Grants are offered, in most cases on a three year basis, subject to funding availability and the demonstration of good outcomes being delivered.

In Bexley, commissioning is informed by national policy, the Joint Strategic Needs Assessment, Joint and Integrated Commissioning Intentions, Health and Wellbeing Strategy and consultation with stakeholders (including service users, patients and carers), and performance data.

All of our priorities link to the:

- Council's Corporate Plan which can be found [here](#)
- Joint Strategic Needs Assessment which can be found [here](#)
- Draft Health and Wellbeing Strategy [here](#)
- Bexley Clinical Commissioning Group Plan

We want to ensure people in Bexley benefit from services that have added social value – through the building of social capital. We think of social capital as the connections among people and their social networks, a willingness to do things for each other and a sense of trust coming from this.

In communities, these connections give rise to a feeling of 'belonging' and wellbeing, sometimes developed through collective action (community participation) or voluntary action.

It is distinct from 'the state' and 'the private sector'. Voluntary and community organisations provide structures and opportunities for people to be more engaged and active in their community. Engaged communities form bonds and networks between diverse people, and organisations with shared goals or interests.

We want to use the Prospectus to ensure that Bexley continues to have a thriving voluntary sector which can help people to help each other, and where there's a social return on investment.

We want to commission outcomes that can change people's lives for the better, through the building of trust rooted in strong communities.

We can support this by making the most of local:

- knowledge and experience
- community engagement
- service user / patient and/or carer-accountable structures (for example, user-led organisations)
- networks
- volunteers
- access points or bases

The Prospectus tests each organisation's ability to deliver outcomes for local people through a transparent and competitive process that works within the Bexley Compact. The timetable for the 2013 Prospectus can be found at the end of this document.

## **Overview of the commissioning outcomes and objectives**

The outcomes being commissioned for Prevention and Early Intervention are as follows:

- Ensuring people have a positive experience of care
- Delaying and reducing the need for care, support and admission to hospital
- Enhancing quality of life for people with long term conditions
- Helping people recover from adverse events, illness and injury
- Enhancing quality of life for people with care and support needs

To include the following client groups:

		Older People (including with dementia)	Adults with MH Problems	Adults with LD	Adults with PD or LTC	Adults with Substance Misuse & Addiction	Carers	People requiring end of life care
<b>HIGH LEVEL OUTCOME</b>	<b>SPECIFIC OUTCOME</b>							
<b>Ensuring people have a positive experience of care</b>	People are supported and signposted to access services which can help them							
	People are supported to complain when services fall short of the standard expected							
	People are supported to get what they need from statutory services							
	People are enabled to access high quality support at the end of life							
<b>Delaying and reducing the need for care, support and</b>	People are helped to care for themselves at home							
	People are helped to care for their relatives at home							
<b>Enhancing quality of life for people with longterm conditions</b>	People are helped to understand their illness or disability and to take responsibility for managing it themselves							
	People are helped to support eachother to manage their long term condition							
	People are helped to access employment, leisure and educational opportunities							
<b>Helping people recover from adverse events, illness and injury</b>	People are helped to recover from and adjust to life after a life changing illness or injury							
	People are supported to minimise the effects of adverse financial events							
	People are helped to return to the workplace or education after lifechanging illness or injury							
<b>Enhancing quality of life for people with care and support needs</b>	People are helped to remain as independent as possible							
	The emotional health and well-being of people living on their own is maintained							
	Carers are supported to have a break from caring							
	Carers are supported to maintain their own health							
	People are supported to access appropriate resources to maintain financial independence							
	People are enabled to have choice of help and support							

To reflect the importance of valuing quality, social capital and cost in equal measure we have divided our criteria for assessing proposals equally against these three standards. In describing how a commissioning objective will be met, all proposals will need to demonstrate how they cover the following core elements:

Quality Objectives	<ul style="list-style-type: none"> <li>• Working in partnership to make the best use of resources available to you</li> <li>• Active involvement of local service users and carers in the planning and delivery of support</li> <li>• An active 'equal opportunities plan' which targets those most in need, and ensures access for all, to meet the diverse needs of local communities</li> <li>• Marketing the support you will offer to the local community using networks, promotional material and other methods</li> <li>• Targeting your support to those most in need</li> <li>• Promoting mental wellbeing and dignity in all that you do</li> <li>• A clear plan for monitoring quality and evaluating your effectiveness.</li> </ul>
Building social capital objectives	<ul style="list-style-type: none"> <li>• To provide and manage information and advice to support local people in a timely way, increasing independence, making the best use of local knowledge and networks</li> <li>• Engaging with local communities and commissioners in a way that improves your effectiveness</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensuring staff (and volunteers, where appropriate) have the right skills to support beneficiaries to achieve the outcomes they need</li> <li>• Using structures to provide opportunities for local people to become engaged in their communities</li> <li>• Service users are employed or volunteer within the service, or are involved on Management Boards etc , where possible</li> <li>• Using a cost-effective local access point or base to build locally-accountable social capital</li> </ul>
<p>Cost objectives</p>	<ul style="list-style-type: none"> <li>• Clear setting out of your proposed costs to meet outcomes and objectives.</li> <li>• A clear account of any other funding which is being drawn into the borough and how this might be linked to delivering the outcomes we commission from you.</li> </ul>

# Outcomes

## Outcome 1: Ensuring people have a positive experience of care

### Objectives:

The essential components of this outcome should include:

- Enabling people to be supported and signposted to services which can help them,
- Enabling people to be supported to complain when services fall short of the standard expected
- Enabling people to be supported to access the statutory services that they need

And could include

- Support tailored to the varying needs of individuals, regardless of their conditions (including those with physical or learning disabilities, or sensory impairment, those who are fit and able and those who are frail and vulnerable)
- People are supported to maintain their independence, promotion of physical health and mental well-being and rebuilding of confidence
- People feel they have more choice and control in their support and their lives
- People feel that their rights are upheld, and that their voice is heard and represented
- People feel that they are integrated and more connected with the wider community
- People feel less socially isolated
- People are aware of where to access advocacy, advice and information services
- Support to access a range of social, leisure, educational and recreational activities to promote social inclusion
- Local volunteer and community involvement
- Offer peer support to build confidence
- User-led initiatives and involvement in developing opportunities

### What we are not looking for

- Services in discreet areas or condition specific services
- Services that are not innovative, responsive or flexible to individual needs

### **Evidence of Need**

- Joint Strategic Needs Assessment
- Health and Social Care Act 2012
- Draft Care and Support Bill
- Ageing Population

### **Target Group**

- Support will target a mixed community of adults and / or their carer who are Bexley residents. This may include people who have care and support needs and / or are in the early stages of dementia and other conditions

### **Performance and Quality Indicators**

The following are a selection of outcome indicators that should be collated on a monthly / quarterly basis and reported on a quarterly basis:

#### Outcome Indicators

- Number of referrals
- Number of service users accessing the service
- Number of service users satisfied with the service
- Number of service users who report an improvement in their lives
- The number and percentage of people who feel more positive about their future
- Service providers are expected to be able to activity monitor and report key process indicators such as time taken from referral to allocation, caseload numbers, levels of satisfaction within clients and carers.

Hint: Organisations may want to consider developing their own specific outcomes for their projects, which will help demonstrate how they meet the main outcome indicators.

## Outcome 2: Delaying and reducing the need for care, support and admission to hospital

### Objectives:

The essential components of this outcome should include:

- People are helped to be able to care for themselves at home
- People are helped to care for their relatives at home

And could include:

- Support to enable timely return home from hospital and to prevent unnecessary hospital admission or readmission
- Support to spend time during the day (though this may include evenings and weekends) in an enjoyable and stimulating way
- Support is given to people to self-identify potential risks in the home, including environment, wellbeing and self care – including health and safety, healthy eating / keeping warm etc.
- Timely and appropriate sign posting to advocacy, support mechanisms and agencies
- Engaging people who have limited access to activities and interaction outside their own home
- Using motivational approaches to identify and overcome barriers to adopting positive lifestyle choices and self-management
- Using approaches rooted in behaviour change, building knowledge, changing attitudes and influencing practice
- Single point of access and borough wide service, providing a seamless experience for people
- People are aware of where to access advocacy, advice and information services

### What we are not looking for

- Services in discreet areas or condition specific services
- Services that are not innovative, responsive or flexible to individual needs

### Evidence of Need

- Joint Strategic Needs Assessment
- Health and Social Care Act 2012
- Draft Care and Support Bill
- Ageing Population

### **Target Group**

- Adults whose health and circumstances may deteriorate (i.e. those who are not eligible for statutory services, but who would benefit from preventative services or signposting to other services)
- Carers

### **Performance and Quality Indicators**

The following are a selection of outcome indicators that should be collated on a monthly / quarterly basis and reported on a quarterly basis:

#### Outcome Indicators

- The number and percentage of service users who are more able to look after themselves
- The number and percentage of service users who are more able to retain independence and remain at home (as opposed to accessing statutory services / hospital admission)
- The number and percentage of people who indicate they are volunteering, re-training or have achieved paid employment
- The number and percentage of people who have improved support from family and friends.
- The number and percentage of people who feel more positive about their future
- Service providers are expected to be able to activity monitor and report key process indicators such as time taken from referral to allocation, caseload numbers, levels of satisfaction within clients and carers.

## Outcome 3: Enhancing Quality of life for people with long term conditions

### Objectives:

The essential components of this outcome should include:

- Helping people understand their illness or disability and take responsibility for self management
- Helping people to support themselves and each other to manage their long term conditions
- Helping people to access employment, leisure and educational opportunities

And could include

- Single point of access and borough wide service, providing a seamless experience for people;
- using motivational approaches to identify and overcome barriers to adopting positive lifestyle choices and self-management.
- using approaches rooted in behaviour change building knowledge, changing attitudes and influencing practice;
- through co-creating achievable goals and action plans that improve emotional and physical health;
- supporting carers to access / maintain employment / be financial secure
- access to appropriate advice, information and opportunities to help people in their caring roles, so to ensure that carers recognise their own role and their need for support
- providing peer-led psycho-social support that tackles social isolation;
- Signposting, promoting and supporting access to assistive technologies (simple aids for daily living, telecare) to meet needs;
- Care navigation, providing information, advice and support to get the best outcomes from local statutory, universal, independent, community and voluntary sector services;
- Maximising an individual's economic well-being through ensuring people access their legal welfare entitlements and supported employment opportunities.
- People are helped to access employment, leisure and educational opportunities
- Work in partnership with supported housing providers to ensure tenancies are sustainable and homes are safe and comfortable.
- Working together with local providers to meet the needs of people with long term conditions
- Condition specific mentoring, peer support and structured education
- Supporting public health interventions aimed at reducing the risk factors associated with long-term conditions

**What we are not looking for**

- Services in discreet areas or condition specific services
- Services that are not innovative, responsive or flexible to individual needs

**Evidence of Need**

- Joint Strategic Needs Assessment
- Health and Social Care Act 2012
- Draft Care and Support Bill
- Ageing Population

**Target Group**

- Adults living with long term conditions

**Performance and Quality Indicators**

The following are a selection of outcome indicators that should be collated on a monthly / quarterly basis and reported on a quarterly basis:

**Outcome Indicators**

- The number and percentage of clients who indicate that they have adopted positive lifestyle choices
- The number and percentage of clients who are more able to look after themselves
- The number and percentage of clients who are more able to manage their long term condition (symptoms, medication, exacerbations etc.)
- The number and percentage of people who indicate they are volunteering, re-training or have achieved paid employment
- The number and percentage of people who have increased their disposable income (benefits, work, reduced debt or spending)
- The number and percentage of people who have improved support from family and friends.
- The number and percentage of people who feel more positive about their future
- Service providers are expected to be able to activity monitor and report key process indicators such as time taken from referral to allocation, caseload numbers, levels of satisfaction within clients and carers.

## Outcome 4: Helping people recover from adverse events, illness and injury

### Objectives:

The essential components of this outcome should include:

- Helping people to recover from and adjust to life after a life changing illness, event or injury
- Supporting people to minimise the effects of adverse financial events
- Helping people return to the workplace or education after life changing illness, event or injury

And could include

- Single point of access and borough wide service, providing a seamless experience for people;
- using motivational approaches to identify and overcome barriers to adopting positive lifestyle choices and self-management
- supporting people to be alerted to their own safety and / or rebuild their life / confidence after adverse events, illness of injury
- using approaches rooted in behaviour change building knowledge, changing attitudes and influencing practice;
- through co-creating achievable goals and action plans that improve emotional and physical health;
- preventing or reducing the harm and / or long term effects of adverse events and / or abuse
- providing peer-led psycho-social support that tackles social isolation;
- Signposting, promoting and supporting access to assistive technologies (simple aids for daily living, telecare) to meet needs;
- Care navigation, providing information, advice and support to get the best outcomes from local statutory, universal, independent, community and voluntary sector services;
- Maximising an individual's economic well-being through ensuring people access their legal welfare entitlements and supported employment opportunities.
- People are helped to access employment, leisure and educational opportunities
- Continued promotion to raise awareness of personal safety, both in the physical environment and / or destructive / abusive relationship / circumstances
- Work in partnership with supported housing providers to ensure tenancies are sustainable and homes are safe and comfortable.
- Working together with local providers to meet the needs of people with long term conditions

- Condition specific mentoring, peer support and structured education

### **What we are not looking for**

- Services in discreet areas or condition specific services
- Services that are not innovative, responsive or flexible to individual needs

### **Evidence of Need**

- Joint Strategic Needs Assessment
- Health and Social Care Act 2012
- Draft Care and Support Bill
- Ageing Population

### **Target Group**

- Adults recovering from adverse events, illness or injury

### **Performance and Quality Indicators**

The following are a selection of outcome indicators that should be collated on a monthly / quarterly basis and reported on a quarterly basis:

#### Outcome Indicators

- The number and percentage of clients who indicate that they have adopted positive lifestyle choices
- The number and percentage of clients who are more able to look after themselves
- The number and percentage of clients who are more able to manage and improve their change in circumstances, including safeguarding incidences
- The number and percentage of people who indicate they are volunteering, re-training or have achieved paid employment
- The number and percentage of people who have increased their disposable income (benefits, work, reduced debt or spending)
- The number and percentage of people who have improved support from family and friends.
- The number and percentage of people who feel more positive about their future
- Service providers are expected to be able to activity monitor and report key process indicators such as time taken from referral to allocation, caseload numbers, levels of satisfaction within clients and carers.

## Outcome 5: Enhancing quality of life for people with care and support needs

### Objectives:

The essential components of this outcome should include:

- Helping people to remain as independent as possible
- Helping people to maintain their health and well being
- Ensure carers are supported to maintain their own health
- Ensure people are supported to access appropriate resources to maintain financial independence
- Enable people to have sufficient choice of help and support

And could include

- Access to appropriate advice, information and opportunities to help people in their caring roles, so to ensure that carers recognise their own role and their need for support
- Support for carers to be treated as equal partners, by professionals and be involved in all aspects of service planning, both for the person they care for and themselves
- Carers are helped to feel less isolated and are supported to stay mentally and physically well
- Identification of adults with younger carers, who can be supported to not have to take on an inappropriate level of care, through involvement of other services as needed
- Respite for carers
- People are aware of where to access advocacy, advice and information services
- Signposting, promoting and supporting access to simple aids / equipment for daily living, to meet needs and / or maintain independence;
- Support to access a range of social, leisure, educational and recreational activities to promote social inclusion
- Local volunteer and community involvement
- Support to meet a range of needs, for example people who are fit and able to those who are frail and vulnerable

### What we are not looking for

- Services in discreet areas or condition specific services

- Services that are not innovative, responsive or flexible to individual needs

### **Evidence of Need**

- Joint Strategic Needs Assessment
- Health and Social Care Act 2012
- Draft Care and Support Bill
- Ageing Population

### **Target Group**

- Adults carers of adults, and young carers who live in Bexley
- Adults who have care and support needs

### **Performance and Quality Indicators**

The following are a selection of outcome indicators that must be collated on a monthly / quarterly basis and reported on a quarterly basis:

#### Outcome Indicators

- Number of people accessing the service
- Number of people accessing carer assessment
- Number of service users supported to stay at home
  - Summary of support / equipment / aids to facilitate staying at home / improving independence
- Number of awareness raising initiatives and outcomes

## **Funding**

The funding available through the commissioning of the Outcomes Prospectus for Prevention and Early Intervention is specifically for vulnerable adults and their carers and supporting families.

Funding will be distributed to ensure delivery across all the outcome and maximising the benefits in prevention and early intervention for the target groups. Funding arrangements will be agreed through negotiation with providers. We anticipate that funding will be staged throughout the term of the funding arrangement on delivery of agreed outcomes.

## **Creating a diverse market**

The commissioners are committed to developing a diverse market or community and voluntary organisations providing Bexley residents with a wide choice of flexible and innovative services to meet their individual needs. As a result services will be commissioned from a range of providers to deliver the outcomes detailed in this prospectus.

The evaluation process will ensure an appropriate level and accessibility to services to meet the need and choice of Bexley residents.

# How to apply

## Self Assessment form for applicants

Please read through the questions below before you complete the application form. They will help you to assess your organisation's suitability to apply for a grant. You'll need to have a constitution, a management committee, and the required policies in place when you submit your proposal / application (as this will inform evaluation process)

Does your organisation have: (for each question decide yes or no)

- An approved constitution or Memorandum and Articles of Association?
- A formally-appointed Management Committee or Board of Directors which meets regularly?

Does your organisation have approved policies and procedures for:

- Equal Opportunities?
- Safeguarding Adults (and Children as relevant) at Risk?
- Complaints?
- Financial procedures?
- Information Governance?
- Quality Assurance? What quality assurance standards are adopted?
- Health and Safety?
- Employer Liability?
- HR, Recruitment and Training Policy including DBS Checks?
- Public Liability Insurance?

Can your organisation provide the following financial evidence?

- Full audited accounts (or if exempt from audit, signed by your accountant / suitably qualified person) for the last two years, including your income and expenditure sheet and balance sheet. (If you have been trading for less than two years, please send your most recent audited accounts and your latest income, expenditure and balance sheet, or a business case.)
- Details of your organisation's bank accounts and all signatories (account name, account number, sort code, name of bank and address).

If you are awarded investment, we may ask for a copy of the relevant policies, references and 2 years financial accounts before we issue a funding agreement. We may also ask for additional policies such as employer liability and public indemnity dependent on your proposal / activity

## **Support from Bexley Voluntary Service Council**

Julie Bristow, Partnership Manager

BVSC

0208 301 7990

[jbristow@bvsc.co.uk](mailto:jbristow@bvsc.co.uk)

### **Completing your application**

Please read through the guidance notes below to apply for funding.

#### **Step 1 – Preparing your application**

Please read through the Prospectus, application form and supporting papers before you complete your application.

The Compact for Bexley provides a framework of principles and commitments for statutory organisations, voluntary organisations and community groups to work together more cohesively to achieve common goals and deliver services to build strong, cohesive and self-determining communities.

**We welcome bids that cover one or more, or a number of outcomes, as long as the application can clearly demonstrate how each outcome can be met.**

#### **Step 2 – Submitting your application**

Please make sure you complete your application in full and with the correct details and that you include the correct financial information as we cannot consider applications for funding which are incomplete. You should submit only the documents that are required to complete the application process, as we will not be able to consider supplementary papers.

#### **Submission deadline and the address**

You will need to submit a signed paper copy to the address below, plus an electronic version emailed to [cpg@bexley.gov.uk](mailto:cpg@bexley.gov.uk)

**The submission deadline is 12 noon on 24<sup>th</sup> May 2013.**

**Please note that we cannot accept any applications after this time.**

You will need to send your application form and associated documents to:

June Knowles

Adult Social Care Project Manager

London Borough of Bexley

Room 100, Hillview

Hillview Drive

Welling, Kent, DA16 3RY

#### **Appraisal of applicants and awards**

We will appraise all applications using the process set out below to identify proposals of the highest standard.

Please note that submitting an application form does not guarantee funding.

### **Clients and carer involvement in the appraisal process**

A representative group of patient, service users and carers will be engaged to participate in the appraisal and evaluation process. (Sufficient support will be made available to those who participate in the evaluation process)

### **Awards Stages**

Your application will go through progressive stages of evaluation outlined in the chart below.

**STAGE 1:** Screening – Is the application eligible for consideration

**STAGE 2:** Screening – does it address the outcomes specified in the Prospectus?

**STAGE 3:** Scoring – against the criteria published in the Prospectus

**STAGE 4:** Clarifying the application and negotiating (where applicable)

**STAGE 5:** Awards

### **Eligibility screening**

Initially your application will be screened to ensure that the essential criteria are met and that your proposal addresses the published outcome.

Applications that meet these criteria will continue to the next stage.

### **Scoring**

Your application will be scored by a single evaluation panel. This panel will assess your application's effectiveness to deliver the outcomes and score it against the published criteria. A scoring matrix can be found in the application form.

Applications will be ranked by the scores awarded to them against the published criteria. The impact on equalities will also be considered.

### **Clarification, discussion and negotiation**

Following scoring, applications may be subject to a clarification and/or discussion and negotiation process in order to inform the evaluation process.

The commissioners encourage organisations to ensure that they have adequately demonstrated how their proposal reflects innovation and creativity.

You may be invited to discuss any aspect of your application form. You will be provided with discussion themes, and if required, specific questions about the financial element of your submission, so that you know who to bring from your organisation. All applications that have been successful up to this point will then be viewed by the relevant evaluation panel to ensure that service areas are covered; where there is any overlap or duplication the strongest application will be chosen to provide the services. In some cases a process of discussion and negotiation may take place. Again, we will provide key themes for discussion, which may also involve identifying further creative and innovative solutions to delivering outcomes more effectively and efficiently. At

this stage the appraisal panel will have decided which applications have been successful and will notify applicants.

### **Awards**

Following notification of funding awards there will be a five-day standstill period and we will award funding agreements to all successful applicants in July 2013.

### **Feedback**

If we are unable to fund your application, please contact us at [cpg@bexley.gov.uk](mailto:cpg@bexley.gov.uk) so that we can let you know why by the 26 July 2013. We will aim to provide useful feedback to help you make further improvement which may lead to a successful application another time.

### **Maximum budget**

The amount of funding will vary according to the complexity of the objectives which your services are commissioned to meet. Therefore, the budget allocated to each award may be flexible.

### **Value Added Tax (VAT)**

Organisations are advised to make it clear in their bids the net cost (excluding VAT) and what VAT would be chargeable. Organisations should themselves determine which VAT status is most appropriate to adopt.

### **What you need to know**

**Funding available is in the region of up to £1.4 million per annum for the next three years.** A funding agreement is similar to a service level agreement. It includes a service specification which outlines how the service will realise the outcomes published in the Prospectus, a payment schedule and terms and conditions of the grant.

The funding agreements available through the 2013 Prospectus generally cover the period between 1 October 2013 and 30 September 2016. In most cases, funding agreements are for three years, subject to annual review and to successfully meeting the requirements for the commissioned service through the monitoring arrangements. Some agreements may only be available for shorter period (for example, one year). This is usually where the activities or services funded are being awarded to test out something very new, and it would be inappropriate to commit to longer-term funding until the outcomes are clear.

All funding agreements are subject to the availability of monies provided to the Commissioners by central government, and to the further allocations the Council makes within Departmental budgets. For this reason, the funding agreements will not include increases for inflation, and the amounts awarded may fluctuate depending on available financial resources. We will only make changes to funding agreements in consultation with you as the organisation receiving the grant.

Professional Indemnity Insurance will be considered on a case-by-case basis dependent on your proposal / activities.

### **Property**

Corporate Property Policy is being developed, and an update will be sent to providers shortly. The Commissioners are aware that organisations which currently occupy council and health premises will require premises costs ahead of submitting grant applications. We anticipate being able to provide one cost that will include rent and outgoing (utilities, building insurance, repairs, maintenance and some services with the exclusion of the NNDR element)

### **Payment arrangements**

Payment for agreements over three years will generally be made quarterly in advance (to be confirmed at negotiation stage), subject to submission of monitoring information.

The commissioners will require evidence of expenditure and any under spends are required to be returned.

Payment will be made by BACS.

The responsibility to inform the Commissioners of a late payment rests with the organisation or group. Organisations must submit their annual audited accounts to the Integrated Commissioning Unit within three months of publication. Audited accounts will need to show the joint Bexley Council and Bexley Clinical Commissioning Group investment as 'restricted funds', and clearly identify Bexley Council and Bexley Clinical Commissioning Group as the funders. All funding relates to the period set out in the funding agreement and cannot be carried forward unless agreed by the commissioners.

### **Suspension or repayment of the grant**

In the event that the Commissioners are of the opinion that a serious breach of the agreement has occurred, the Commissioners may deduct payment of the grant for failure to provide services. We may arrange for a third party to provide the services, deduct funding to cover the costs, and terminate part of the services. We may also require repayment of any part of the grant which has not been used to provide services set out in the funding agreement.

### **Publicity requirements**

Successful applicants must publicise the support of Bexley Council and Bexley Clinical Commissioning Group to ensure that beneficiaries are aware of the service funders. This includes any promotional material produced to promote the service as well as annual reports. Please contact Bexley Council and Bexley Clinical Commissioning Group Communications Team for details about the use of each organisations logos.

## Monitoring and review arrangements

All performance returns will be made to the Integrated Commissioning Unit, as agreed at the time of award. Where there are irregularities in performance we will require you to produce an exception report which will set out how you will recover performance within an agreed period of time. We may need to hold additional meetings with you to help improve.

Performance requirements will include:

- A minimum data set which ensures the delivery of equitable services.  
For example, postcode area, ethnicity, gender
- Milestones and costs, based on your proposal
- Case studies
- Satisfaction questions for clients and carers
- Performance indicators
- For the over £15,000 main grant funding agreements there are also two core performance indicators:
  - a minimum 50% return on client and carer satisfaction questions, to be agreed with the relevant commissioner; and
  - a minimum of 85% user and carer satisfaction with the service.

Annual reviews will consider a summary of the above elements and look at how the organisation is developing an effective service, together with forward-planning for future resources.

## Timetable

Milestone	Date w/c	Duration
Publish Prospectus		NA
Invitations to tender	22 <sup>nd</sup> April	5 weeks (closing date 24 <sup>th</sup> May 2013)
Evaluation Period including panels recommendations re successful applications	June / July 2013	
Awards announced	July 2013	
Funding agreements established	July / August 2013	
Transition period to new service delivery	1 <sup>st</sup> – 30 <sup>th</sup> September 2013	
New service delivery	1 <sup>st</sup> October 2013	