



# East Sussex Commissioning Grants Prospectus

Grant-funded opportunities to support  
local communities in East Sussex

**February  
2012**



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# Foreword

Welcome to the 2012 Commissioning Grants Prospectus published by East Sussex County Council and the local NHS. Together we are taking forward a new approach to funding voluntary and community organisations to deliver services and achieve better outcomes for people in East Sussex. The outcomes we are hoping to achieve have been worked out through our local joint commissioning plans, produced with the involvement of service users, carers and other stakeholders.

Last year, through our first pilot of the Prospectus, we awarded over £7 million through 67 grants to 47 voluntary and community sector organisations. This year, we are seeking to invest up to a further £8 million over three years to support our partners to deliver services in our local communities. This investment is intended to improve the lives of people with mental health needs and dementia, achieve better outcomes for children, young people and families and strengthen organisations that support the local voluntary and community sector. We are sure you'll agree that being able to set aside this investment is significant in these challenging economic times.

A team of local service users and carers will be involved in assessing the impact organisations are having, particularly around strengthening communities. They are critical to awarding investment and they are aiming produce a video later this year to demonstrate the positive impact our investment is making in East Sussex.

Based on feedback following the pilot from organisations and an independent evaluation, the application process has been improved and continues to place equal importance on quality, building social capital and delivering value for money.

We will, of course, be evaluating this year's funding process as part of our commitment to continuously improve the ways we commission services. Please do get in touch to tell us about your experience.



**Becky Shaw**  
Chief Executive  
East Sussex County Council



**Greg Wilcox**  
Clinical Commissioning Executive Chair  
NHS Hastings and Rother and East Sussex Downs and Weald

# 1. Introduction

East Sussex County Council and the local NHS are committed to working in partnership with the voluntary and community sector to support its growth and development. In exchange, we want local people to experience greater independence, choice and a sense of belonging. The Commissioning Grants Prospectus presents a wide range of opportunities by awarding grants that will deliver services and activities that make a real difference in the lives of local people.

Our intention to publish a Prospectus every February where investment is available is designed to allow organisations to plan ahead for new services or activities to start each October. We want to cultivate a climate that encourages innovation and development in response to the growing needs of people in East Sussex. The Prospectus is an exercise that aims to balance a fair and transparent competition with the benefits of working together to achieve greater outcomes. It is a process that is in step with the Modernising Commissioning Green Paper, seeking to increase the role of charities and social enterprises in public service delivery and the Social Value Bill which asks commissioners to consider environmental and social factors alongside price. The emphasis on social capital reflects the Localism Bill and other strategic direction, focusing on greater community empowerment, choice and quality.

Section 1 sets out the national and local context for implementing a Prospectus to award commissioning grants in exchange for outcomes set by commissioners. In East Sussex, the ‘third sector’ is a collective term for non-governmental organisations that are value-driven and which reinvest their financial surpluses to further social, environmental or cultural objectives. A fuller list of organisational types is included in the section 6.

Section 2 provides an overview of the of the joint commissioning strategies and plans, whilst Section 3 provides more detailed information on ten objectives spread across four outcomes areas that we are seeking to fund.

Section 4 offers support on how to apply and Section 5 provides information on managing the funding agreement. A glossary and list of key dates are highlighted in Section 6 and 7 respectively.

The key aims that have driven the development of the Prospectus are:

- to ensure an approach to commissioning personalised support that will improve the lives of local people, focussing on outcomes;
- to further develop our partnership arrangements with the third sector, working towards more sustainable and innovative models that demonstrate high-quality provision and excellent value for money; and
- to ensure choice and control for local people and link this to the social capital that exists in our diverse communities

## 1.1 Our priorities

The outcomes we will commission through the Prospectus will help deliver the County Council’s Promise and Policy Steers and local NHS priorities. Part of East Sussex County Council’s promise is to support the most vulnerable people and encourage personal and community responsibility, by working in partnership and making the best use of resources across the diverse communities in East Sussex.

To help deliver this promise Adult Social Care has the following priorities:

- Improve user and carer choice and control about how their needs are met, promoting the universal offer, including signposting, irrespective of their ability to pay.
- Commission collaboratively to stimulate a diverse local market and ensure that services are developed and improved in response to locally identified needs.

- Improve protection for vulnerable adults at risk from harm by working in partnership, including continuously enhancing workforce skills in prevention and early intervention.

Public Health has the following priority:

- To improve the health and well-being of our communities, reduce health inequalities and improve life expectancy in East Sussex

Children's Services have the following priority:

- Develop resilience in families through providing early co-ordinated help for children aged 0-11 and streamlining support for families with multiple problems.

Governance and Community Services have the following priorities:

- Community Services Policy Steer: Work with the voluntary and community sector to build greater resilience and self-sustaining capacity within the sector to support the delivery of complementary objectives.

The NHS prioritises meaningful engagement with local communities and development of the provider market.

The emerging East Sussex Clinical Commissioning Groups' priorities for 2012/13 (relevant to activity commissioned in this Prospectus) include:

- High Weald, Lewes and Havens – chronic disease and mental health
- Hastings and Rother – chronic disease, cancer, mental health
- Coastal Community Healthcare Consortium – chronic disease, mental health

The Compact for East Sussex 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.

## 1.2 Working with voluntary organisations to build social capital

The Council and local NHS want people in East Sussex to benefit from the added social value brought to services through the building of social capital. Social capital is generally understood to be the connections among people and their social networks, a willingness to do things for each other and a sense of trust that comes from this. At a local level these connections give rise to a feeling of 'belonging' and wellbeing, sometimes developed through collective action in the form of community participation or voluntary action. This is often known as civil society and is distinct from the state and the private sector. The voluntary and community organisations that make up civil society provide both the structure and the opportunity for people to become more engaged and active in their communities. This results in bonds and networks being formed between diverse people and organisations which have a shared goal or interest.

Through the Prospectus, the Council and the local NHS want to ensure that East Sussex has a thriving voluntary sector which can help people to help each other, and where there is a 'social return' on investment made. We want to commission outcomes that can change people's lives for the better through the building of trust rooted in strong communities. This can be supported through making the best use of local:

- Knowledge and experience
- Community engagement
- Service user and/or carer-accountable structures, for example, user led organisations
- Networks
- Volunteers
- Access points or bases.

## 1.3 What we mean by commissioning grants

Commissioning is a process that identifies best value and delivery of positive outcomes that meets the needs of local people and communities. The diagram below, developed by the Institute of Public Care and others, helps to describe the commissioning cycle implemented in East Sussex.

All stakeholders involved in commissioning have a role at every stage in the commissioning cycle. The Joint Strategic Needs Assessment, national strategies, local priorities, performance data and wider stakeholder feedback are used to develop a local picture of need. Our priorities to address identified need are described in our joint commissioning strategies and plans.

**Review:** managing relationships, monitoring and reviewing performance and seeking further performance improvement.



**Analyse:** understanding the needs, available resources and potential capacity within the local community, through local markets and through specialist providers to deliver those needs.

**Do:** ensuring that services and interventions are delivered as planned in ways that effectively and efficiently deliver the established priorities.

**Plan:** identify the gaps between what is needed and what is available, establishing priorities and establishing strategies to address those gaps.

The Prospectus implements the ‘Do’ section of the above diagram as it describes the outcomes and objectives we are seeking to award commissioning grants to deliver. It asks organisations to propose service models or activities that will address these outcomes and objectives in the most efficient and effective way and to identify the ways that your project also helps to build social capital.

## 1.4 Our equalities offer

To support the development of equality and diversity, organisations who are awarded investment through the Prospectus will have access to:

- Equality and diversity learning and development opportunities
- Equality audits (up to four a year available)
- Translating and interpreting to support initial access to services
- Access to equalities networks coordinated by East Sussex County Council

## 2. Overview of Commissioning Strategies and Plans

The Prospectus builds on the views of local people which have shaped our strategic plans, the Equalities Impact Assessment and the 2011 Joint Strategic Needs Assessment for East Sussex [www.eastsussexjsna.org.uk](http://www.eastsussexjsna.org.uk). Meeting the needs of our growing and diverse local populations is of particular interest for local commissioners, and this is reflected in the commissioning objectives, and linked to national strategies and local plans.

Below is a list of key documents which have informed the outcomes.

- Mental Health Commissioning Strategy
- East Sussex PCTs' Strategic Commissioning Plan 2010-2015
- Director of Public Health Annual Report 2010-11: Reducing Health Inequalities in East Sussex
- Think Local, Act Personal
- No Health Without Mental Health, 2011
- Healthy Lives, Healthy People white paper
- Social Inclusion Framework, 2011
- Comprehensive Needs Assessment for Black and Minority Ethnic Groups (Including Gypsies and Travellers) in East Sussex
- Our Health and Wellbeing Today, Department of Health, November 2010
- Report: 'Valuing the Voluntary Sector, 2011
- East Sussex Children & Young People's Plan 2011-2013

You can read more about these below or by downloading the strategies from the East Sussex County Council, Primary Care Trust and Department of Health websites.

### 2.1 People with mental health problems and vulnerable people

#### **Mental Health Commissioning Strategy**

The Mental Health Commissioning Strategy has been produced by the Joint Mental Health Commissioning Team managed by the Council, who are responsible for commissioning both health and social care services.

Mental health is increasingly recognised as being integral to general health and well-being. Mental health difficulties, whether mild or severe, short-lived or enduring, are common, and people experiencing them will have a wide range of health and social care needs.

Services commissioned for adults of working age who experience mental health problems must reflect the principles established in the mental health Joint Commissioning Strategy. At the same time they must echo national policies and outcomes, in particular *No Health Without Mental Health*, *The Social Inclusion Framework*, *Our Health*, *Our Care*, *Our Say* and *Think Local, Act Personal*, which emphasise recovery, social inclusion, prevention and early intervention, the active management of long-term conditions, and extension of choice and control for people using services.

The Mental Health Commissioning Strategy looks for demonstrable benefits for users of the services in key life domains: community participation; employment, education and training; physical and mental health and well-being; independence; service user satisfaction; involvement; equality and diversity; developing social networks; and social capital.



## 2.2 Health Improvement

East Sussex is one of the healthiest places to live in the country, but across the county there are significant health inequalities. The main aims of health improvement are to improve health, and reduce health inequalities, through preventing ill health, protecting good health and promoting better health.

Increasingly, the diseases people experience are linked to lifestyle choices such as smoking, exercise, diet, and alcohol consumption. However, the choices people make are influenced by their circumstances, with income, education and environmental factors playing a major part. Partners across East Sussex have an important role in supporting people to make the right choices, and working together to address the barriers which prevent people from leading healthy lifestyles.

‘Reducing Health Inequalities in East Sussex’, the Director of Public Health Annual Report 2010-11, examines health inequalities in East Sussex and the actions partners can and are taking to address them. In addition, the Government’s policy paper ‘Healthy Lives, Healthy People’ sets out the evidence and a life-course perspective for improving the nation’s health.

## 2.3 Generic infrastructure support services

The commissioning of generic infrastructure support services for the voluntary and community sector outcomes directly supports the East Sussex County Council Community Services Policy Steer: ‘Work with the voluntary and community sector to build greater resilience and self-sustaining capacity within the sector to support the delivery of complementary objectives’. It also supports the NHS priority to “meaningfully engage with local communities and to expand the provider market”.

The 2011 report ‘Valuing the Voluntary Sector’ carried out by the three generic infrastructure support organisations operating in East Sussex reported that.

- The top five areas in which voluntary and community organisations operate are: children and families; advice, information and advocacy; older people; education and training; and health.
- Voluntary and community organisations employ 19,431 people across the county, equivalent to 4% of the total population of the county and 7% of the county’s total working age population.
- 60,130 volunteers are involved in voluntary and community organisations across the county, (12% of the total population). Every week they give 133,889 hours of their time, worth £1,599,973.55.
- The delivery of services and activities by the sector is often undertaken by small organisations at a local level. Where a local voluntary or community organisation is an employer it tends to be a very small one – a trend which is in keeping with a private sector ‘micro economy’ in East Sussex as well.

The value of the voluntary and community organisations extends beyond the financial to the social, in that both paid staff and volunteers benefit from the opportunity to give something back to their local community. Communities themselves are often held together by the contributions made by those within them.

## 2.4 Children, young people and families

The ESCC Children's Services Department works with partner organisations in East Sussex through the East Sussex Children and Young People's Trust (CYPT). Together the statutory and voluntary partners in the CYPT agree priorities for action through the development of the Children and Young People's Plan – an overarching plan that prioritises activity to improve outcomes for children and young people.

The Children and Young People's Plan outlines eight aspirations and twelve priorities agreed by CYPT partners. Our collective aspirations are that:

- 1 Children and young people are safe from harm and neglect.
- 2 The support we provide for children, young people and families facing difficulties builds their own skills and resilience.
- 3 The children, young people and families that face the greatest challenges have the most support available to them.
- 4 Children and young people of all ages are physically healthy and have a good level of emotional wellbeing.
- 5 Children and young people do well throughout their education and training and have high hopes for their future, supported by their parents and carers.
- 6 Children, young people and families have a say in services and what's on offer for them, and on the future of their areas.
- 7 Families have good, secure accommodation and economic wellbeing.
- 8 Children and young people develop a wide range of interests and abilities outside of school and college, and enjoy good relations within their communities.

The outcomes that we are commissioning through the Commissioning Grants Prospectus support these aspirations.

On behalf of the East Sussex Strategic Partnership (ESSP), the Children's Services Department is also leading discussions with a wide range of partners in East Sussex on future arrangements for supporting families with complex and multiple problems. Improving coordination and streamlining support for these families is a key national and local priority and we want to look at innovative and cost effective ways of bringing together resources to improve outcomes for this group.

# 3. Summary of commissioning outcomes and objectives

**Outcome 1: People with mental health problems are supported to develop their own recovery plans, pursue interests and aspirations to create or re-establish social networks and live as independently as possible.**

## Objectives

- 1.1 Wellbeing hubs – day opportunities and drop-in services
- 1.2 Vocational/employment support
- 1.3 Support for community links
- 1.4 ‘Hard to engage’ vulnerable people
- 1.5 Peer support
- 1.6 Black and Minority Ethnic access to improved healthcare
- 1.7 Early onset dementia

**Outcome 2: People in East Sussex are supported to lead healthier lifestyles.**

- 2.1 People who experience health inequalities are supported to lead healthier lifestyles

**Outcome 3: Generic infrastructure support**

## Objectives

- 3.1 Strategic representation, liaison and partnership working; local representation, liaison and partnership working; communication and information-sharing
- 3.2 Developing a strong local voice
- 3.3 Specialist support for voluntary and community organisations working with children and young people

**Outcome 4: Children, young people and families with complex needs are helped to improve their lives**

## Objectives

- 4.1 Support for children who have experienced domestic violence
- 4.2 Family intervention

The tables on the following pages outline the objectives, evidence of need, target groups, geographical areas, performance indicators, maximum funding allocations available and length of funding agreement, within each of the four outcomes areas. Your proposal should tell us how you would use the funding to deliver an objective.

## Outcome 1: Mental Health

**People with mental health problems are supported to develop their own recovery plans, pursue interests and aspirations to create or re-establish social networks and live as independently as possible**

Outcomes will ensure that local people:

- develop socially, culturally, spiritually and maintain good levels of mental health through the support of a 'safe' environment;
- are supported into, or to retain, employment, voluntary and education opportunities, and that employers understand the potential in people with mental health support needs;
- will be supported through their recovery process by linking into community support;
- develop community living skills, particularly for the most excluded;
- access peer support to develop plans that lead to recovery;
- benefit from improved health amongst Black and minority ethnic communities who live in Hastings and Rother, in particular those who have a limited knowledge of, or access to, healthcare services;
- are supported to live well if they have early onset dementia; and
- improve health and develop healthier lifestyles.

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## Objectives

Access to all support should be designed to be responsive to people's cultural, gender, sexual orientation, religious, historical and diagnostic needs, and different levels of physical disability and sensory impairment, in a way that is compliant with equalities legislation.

**Objective 1.1 Wellbeing hubs (day opportunities and drop-in services) are required to:**

- ensure people with mental health problems have local access to recovery-orientated and socially inclusive, fixed wellbeing hub accommodation, across the following localities: Eastbourne, Hastings, South and North Wealden, Bexhill, Rother, Lewes, Newhaven, Seaford and Peacehaven.
- develop mobile drop-in sessions in rural locations, appropriate to service users needs;
- promote independence through opportunities to plan and review recovery, as often as required but no less than every 12 months.
- offer an environment that will encourage informal and peer support, underpinned by Recovery Model approaches and the Social Inclusion Framework. This will be in partnership with other statutory and voluntary mental health providers, including specialist and primary care services, community links and vocational services, which ensure effective referral pathways and progression routes.

- ensure vulnerable people are safe and appropriate safeguarding actions are implemented.
- ensure services are designed to be accessible to, engage with, and meet the needs of people from BME communities, offering outreach

- sessions to facilitate access by local BME communities.
- ensure that service users are supported to move away from services but that they are clear on how to access services again if required.

**Proposed activity levels:**

ARA: Active Regular Attendance; YT: Yearly Target

	ARA/YT		ARA/YT		ARA/YT		ARA/YT
● Eastbourne	200/400	● South Wealden	60/120	● Bexhill	150/300	● Lewes	70/140
● Hastings	150/300	● North Wealden	50/100	● Rother	50/100	● Newhaven	150/200
						● Seaford Peacehaven	

All service users will be supported to develop a recovery plan and this will be reviewed within 12 months. People with a mental health problem should be able to self-refer or just drop in if they become unwell. When this happens it should be recorded and the outcomes monitored. Services will be monitored using the Social Inclusion Framework for Mental Health. Applicants should refer to this document when proposing their service model. Applicants must offer specific target numbers for the life domain outcomes within the framework, appropriate to the local area and the number of people who will use the service. All milestones within the application must demonstrate how these outcomes will be approached. All service user activity should be clearly recorded to show new referrals, services users who have been discharged from mental health services, and people returning if they become unwell.

**Geographical remit:** Wellbeing hubs shall be available proportionately across East Sussex, ensuring coverage of all the localities listed above.

**Objective 1.2 Vocational and employment support:** Underpinned by principles of recovery and social inclusion, the service will:

- deliver evidence-based Individual Placement and Support (IPS) models through employment specialists;
- achieve people’s vocational ambitions and assist them to retain, or find and maintain, paid employment or self-employment, or take steps towards these goals through volunteering, education and training;

- work collaboratively to expand opportunities for people who use the services;
- be co-located within mental health recovery teams; and

- engage with people who meet the mental health criteria, including those with a forensic history, personality disorder, or a drug or alcohol dependency.

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The key principles and criteria of the IPS approach are:

- A focus on paid employment with a primary goal of paid employment in the community.
- Eligibility is based on an individual's preferences and choices, and anyone who chooses to work is supported.
- Programmes should involve rapid job search and minimal pre-vocational training.
- Vocational programmes are integrated with the work of clinical teams.
- There is support and guidance to assist people who are newly unwell and signed off work to retain employment, including through Clinical Vocational Leads and other NHS mental health service teams.

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### **Proposed activity level:**

Named IPS employment specialists are expected to provide:

- a staff to service user ratio of 1:25; (active support to 50 people a year per specialist)
- the service will support approximately 350 people per year
- support to gain and retain quality, sustainable employment;
- support for people to learn new skills or develop existing skills in line with their interests, as part of a range of stepping stones to employment;
- services which offer support, advice and guidance for people to retain their employment, for example, through being supported to negotiate reasonable adjustments under the Disability Discrimination Act with their employer.

Referrals should be accepted on the basis of mental health referral criteria from any source including acute services, community teams (for example, Recovery Teams, Mental Health in Primary Care, Assertive Outreach, Early Intervention Service), self-referrals, Jobcentre Plus and local mental health agencies.

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**Geographical remit:** East Sussex, linked to Mental Health Teams and Recovery Teams.

### Objective 1.3 Community links

Underpinned by principles of recovery and social inclusion, the service will:

- provide individually tailored, one-to-one, and ongoing support for individuals to engage in, and sustain, mainstream activities in community settings, alongside other members of the public who are not service users;
- support people with mental health needs, assisting them to meet personal goals and aspirations through practical methods to re-engage with their local communities;
- not be required to be ‘building-based’, so they can work flexibly to support people in community settings. In particular, this approach is designed to improve accessibility for people from BME communities.
- be accessible seven days a week, including evenings and weekends;
- engage with people who meet the mental health criteria, including those with a forensic history, personality disorder or a drug or alcohol dependency;
- work with community and primary care mental health teams, ensuring direct access to those teams or referral from them;
- provide support into a range of life domains, such as faith, spirituality and cultural communities; employment opportunities, education and training; volunteering; visual and performing arts; healthy living, sports and leisure.

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#### Proposed activity level:

Community links support workers are expected to provide:

- a staff to service user ratio of 1:25
- active support to 50 individuals a year
- support to approximately 300 people a year

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**Geographical remit:** Community links services will offer services across East Sussex.

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### Objective 1.4 Support for 'hard to engage' vulnerable people

Underpinned by principles of recovery and social inclusion, the service will:

- assist people with a variety of difficulties, including mental health problems, to maintain their skills for living in the community outside of hospital care;
- provide personalised day and/or occupational programmes in a manner that is welcoming and accepting of people who would otherwise reject services. The environment provided will encourage informal and peer support, together with practical help and advice.
- be accessible by 'drop in'; that is, there is no formal 'referral route' or any expectation that people will have undergone assessment or met any criteria for eligibility;
- create partnerships to ensure access to relevant universal information and health services, such as supported housing services, podiatry, dentistry and debt advice;
- create partnerships with specialist BME organisations, agencies and faith groups;
- address issues related to discrimination and stigma that create barriers to accessing and engaging with services;
- provide preventative and early intervention, including advice and support on good physical and mental health, including welfare and benefits, accommodation, healthy living (diet, exercise, smoking cessation and sexual health), and relationship issues;
- ensure vulnerable people are safe or that appropriate safeguarding actions are taken; and
- work with Probation services and partners to implement the Supporting People strategy, in their delivery of housing information, advice and short-term housing support services.

In particular, the services will be designed to be accessible to, engage with, and meet the needs of people who need daytime activity and support but who are unable to engage in a formal day service or who have difficulty in accessing other services. This user group will comprise people who may experience social barriers due to stigma associated with mental health, drug and alcohol misuse, being an ex-offender, poverty, unemployment, being recently discharged from psychiatric hospital, being from a BME or LGBT community, living in a rural area, Gypsies and Travellers, asylum seekers, refugees or vulnerable migrant populations.

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#### Proposed activity level:

The service is expected to serve or engage with between 600 and 900 people during the course of the year. It may be challenging to record in-depth details for this hard-to-engage service user group. It is important, however, to record approximate daily attendance and to estimate the total number of individuals attending over a longer period. In these ways the take-up of the service can be registered.

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**Geographical remit:** Hastings and St Leonards, although the potential to work across other East Sussex areas through ‘floating’ support or partnerships is desirable.

### Objective 1.5 Peer support specialist service

Underpinned by principles of recovery and social inclusion, the service will:

- work collaboratively to engage people with mental health problems and support them to set personal development plans which consider their hopes and aspirations, maintain good levels of mental health; and include plans in case of relapse;
- create sessions, surgeries or other initiatives where Peer Support specialists can offer service users opportunities to discuss their experiences and consider their personal approaches to ‘recovery’ in a one-to-one setting;
- adapt sessions for BME service users to incorporate more collective support where appropriate, and include social, cultural and spiritual aspects; and
- provide group training sessions for staff and service users on the Recovery Model and Peer Specialist approaches, to ensure a common understanding of approaches including Wellness Recovery Action Plan, the recovery star and support planning

### Proposed activity level:

Peer support specialists will offer:

- at least one surgery or session within all wellbeing hubs each month. Sessions will cater for up to 10 people at a time and will encourage people to develop recovery plans (with their wellbeing hub provider);
- one-to-one sessions for people using the Community Links service, wellbeing hub and vocational service, developing a recovery plan for up to 50 people per year;
- one-to-one sessions for people using Recovery Teams (mental health) and Health in Mind, developing a recovery plan for up to 50 people per year;
- two training sessions a year for service users and their carers (for up to 40 people) focusing on recovery. The end product will be personal plans to manage their mental health or their situation; and
- training for staff and service users on the Recovery Model, Peer Specialist approaches, including training on cultural competence to ensure that cultural, social and spiritual aspects of support are embedded.

**Geographical remit:** Access to peer specialist support across East Sussex linked to statutory and voluntary provision.

**Objective 1.6 The provision of a service to improve Black and minority ethnic (BME) community access to healthcare services is required to:**

- improve the health of excluded BME groups in Hastings and Rother;
- improve knowledge in excluded BME groups of how to access healthcare services;
- improve awareness of social care, education and other support available, for example, voluntary sector or charitable organisations; and
- improve uptake of preventative services by BME communities, for example, immunisation, screening, smoking cessation services.

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**Geographical remit:** Hastings and Rother

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**Objective 1.7 An early onset dementia service is required to:**

- provide appropriate day opportunities that reflect the needs, aspirations and desires of younger people with dementia;
- operate over weekdays/evenings/weekends;
- be provided in non-institutional settings;
- accept referrals from a variety of sources;
- be aware of and make provision for people from diverse cultural backgrounds;
- generate additional value through collaborative working and promotion of volunteering opportunities; and
- provide information and support to carers of people with an early onset dementia.

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**Geographical remit:** Residents in East Sussex

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**Evidence of Need**

See Section 2 for a list of relevant strategic documents, plus:

- Comprehensive Needs Assessment for Black and Minority Ethnic Groups in East Sussex, 2010
- WHO report: How health systems can address health inequalities linked to migration and ethnicity, 2010
- Department of Health report: Understanding the health needs of migrants in the South East region, 2010

- Race for Health Leading Action on Race Equality and Health, 2009
- Exploring the needs of new migrant communities in East Sussex, University of Hertfordshire, 2010
- East Sussex Delivery Framework for Dementia Care 2012-2015
- Quality Outcomes for People with Dementia (building on the National Dementia Strategy)
- Living Well with Dementia: A National Dementia Strategy, 2009

## Target Group

People who:

- have common or moderate mental health needs, where their mental health is adversely affecting their lives;
- have long-term, severe and enduring mental health needs;
- become acutely unwell and may require access to a safe environment;
- are 'seldom heard' and vulnerable;
- are from BME communities;
- are from Black and minority ethnic communities living in Hastings and Rother, particularly new migrants; and
- have early onset of dementia.

## Performance and Quality Indicators

### For Objectives 1.1-1.5:

All activity will need to demonstrate evidence of fit with the Mental Health Commissioning Strategy, aligned to performance indicators in the Social Inclusion Outcomes Framework.

### 1.6 BME access to healthcare

- Number of people from BME communities supported to register with a GP (who are not currently registered).
- Number of people from BME communities appropriately referred to health and social care services.
- Number of new people from BME communities accessing services.
- Total number of people from BME communities accessing services.
- Number of volunteers from BME communities.

- An increase in the number of people who use services having a perception of belonging to a community, and a sense of wellbeing.
- The level of participation in community activities, for example volunteering.
- Increased knowledge of the factors which contribute to a healthy lifestyle.

- Increased involvement of local communities in a range of activities that support wellbeing and quality of life.
- Community engagement and involvement in planning, development and management, of health and wellbeing, opportunities and services.
- The engagement of individuals in helping to identify priorities, and in the design and development of services.

### 1.7 Early onset dementia

- Number of staff in post and active volunteers.
- Number of referrals received, accepted, not accepted (and reasons why).
- Total number of places available, places utilised and number on waiting lists.
- Number of carers referred for statutory assessment.

## Maximum Funding Allocation

Commissioning objective	Annual investment available
1.1 Wellbeing hubs	£1,050,000
1.2 Vocational service	£331,000
1.3 Community links	£260,000
1.4 Hard to engage	£115,000
1.5 Peer specialist service	£80,000
1.6 BME access to healthcare	£13,520
1.7 Early onset dementia	£68,000
Total	£1,917,520

## Duration of Funding Agreement

Funding is for three years 2012–2015 for all objectives, except Objective 1.6 which is for two years (2012-2014)

## Outcome 2: Health Improvement

### People with mental health support needs and vulnerable people will benefit from:

- reduced health inequalities;
- reduced gaps in life expectancy;
- reduced gaps in disability-free life expectancy;
- improved knowledge and skills in the voluntary and community sector to enable the sector to support people to lead healthier lifestyles;
- support to address the barriers to leading healthy lifestyles;
- innovative ways to encourage and support healthy lifestyles;
- evidenced-based interventions to improve health; and
- a variety of approaches to improving health, for example, community development, health education, behaviour change, and empowerment of local communities.

### Objectives

#### 2.1 People in East Sussex with mental health support needs are supported to lead healthier lifestyles through:

- reducing the number of people who smoke;
- increasing physical activity;
- reducing alcohol-related harm;
- reducing obesity and improving diet and nutrition;
- improving mental health; and
- improving sexual health and reducing unintended conceptions.

**Geographical remit:** East Sussex

### Evidence of Need

See Section 2 for a list of relevant strategic documents, plus:

- Healthy Weight, Healthy Lives. A Cross Government Strategy for England (2008)
- Healthy People, Healthy Lives. A Tobacco Control Plan for England, Department of Health, 2011

- East Sussex Breastfeeding Strategy 2009-2012
- A Smoke Free Future: A Comprehensive Tobacco Control Strategy for England (2010)
- East Sussex Teenage Pregnancy Strategy
- East Sussex Alcohol harm Reduction Strategy 2009-2012

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## Target Group

People with mental health support needs and vulnerable people.

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## Performance and Quality Indicators

### Performance Indicators

- Number of interventions undertaken.
  - Number of clients from priority groups offered a service and the number of clients from priority groups receiving a service.
  - Number of communities and priority groups engaged.
  - Outcomes for the client at an appropriate period after interventions, for example, a month, six months, or 12 months.
  - Level of behaviour change achieved.
  - Level of improvement in staff and clients' knowledge, and skills.
- 

## Maximum Funding Allocation

### Commissioning objective

2.1 People with mental health support needs and vulnerable people are supported to lead healthy lifestyles.

### Annual investment available

£20,000

## Duration of Funding Agreement

Funding for two years 2012–2014

## Outcome 3: Generic infrastructure support services

The outcomes for investment are to develop:

- a financially sustainable generic infrastructure service that works in partnership with local voluntary and community organisations and delivers support and services to meet their needs, whilst delivering value for money;
- a minimum standard of generic infrastructure support service available to all voluntary and community organisations throughout East Sussex and inclusive of all protected characteristics; and
- better alignment between generic infrastructure support organisations and the public sector.

### Objectives

Applications can cover any number of headings under objective 3.1. Please make clear in your application which heading(s) you are submitting a proposal for.

#### Objective 3.1

##### **Strategic representation, liaison and partnership working**

To develop and maintain an accountable and effective ‘voice’ for voluntary and community organisations across the county, to include providing strategic representation, liaison, and opportunities for engagement between the voluntary and community sector and the statutory sector.

- Ensure that representatives from each constituency (within geographical areas, interest groups and identity stream) are able to feed views where appropriate into a forum in an accountable manner, and communicate and engage effectively with voluntary and community organisations they represent (their constituency).
- Ensure the forum appoints mandated representatives to the East Sussex Strategic Partnership, East Sussex County Council Liaison Group and any other partnerships when required.
- Ensure the forum’s role is clearly communicated and understood amongst the voluntary and community sector and wider partners.
- Ensure that the voluntary and community sector can engage in strategic partnership working with other sectors, and play an active role in strategic planning.
- Facilitate networking amongst the voluntary and community sector and develop effective links with public and private sector agencies.
- Identify the support and learning needs of representatives and ensure that appropriate capacity-building support is provided.

### **Communication and information sharing**

To enable effective communication and information sharing between the voluntary and community sector and other partners, for example local authorities, Clinical Commissioning Groups, Public Health.

- Ensure that the voluntary and community sector has access to information, and opportunities for involvement in the development and design of public sector policies and services.
- Contribute to and respond to public policy debates and other issues affecting the voluntary and community sector.
- Generate briefings for the voluntary and community sector on key national public sector developments.
- Communicate regularly with voluntary and community organisations through a range of media (e-bulletins, electronic newsletters, social networking, and face to face updates).

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### **Group support and development**

Support services:

To provide support services that assist local voluntary and community organisations to operate effectively, improve management quality and respond to public sector investment opportunities.

- Provide advice and mentoring on organisational development and management issues such as constitutions, charity advice, committee roles and responsibilities, legal issues, performance monitoring, social impact measurement and financial sustainability.
- Provide advice on human resources and workforce development.
- Assist voluntary and community organisations in developing appropriate quality assurance arrangements.
- Regularly provide information, training, and resources that are accessible and relevant to the needs of local frontline voluntary and community organisations.
- Provide access to books, good practice guides and information sheets on issues of interest to the voluntary and community sector.
- Provide access to meeting space, equipment, ICT and photocopying services.

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Development:

To undertake pro-active development work within local communities and to develop new groups or services in response to community needs.

- Research and identify community needs, including the needs of local voluntary and community organisations.
- Provide outreach support to small community groups, marginalised communities and deprived neighbourhoods.



- Build the skills, abilities and confidence of people and community groups to take effective voluntary and community action.
- Provide advice and support to help new groups, networks or forums get started, find out more about community needs and involve more people.
- Provide project-management support to help new services become established.

### 3.2 Developing a strong local voice

To develop mechanisms and processes that establish an on-going dialogue between local communities, the voluntary and community sector, and health service commissioners and decision-makers. Develop processes that are able to systematically feed into and inform planning, prioritisation and commissioning of health services at a local level. Provide a ‘voice’ and facilitate voluntary and community sector representation on relevant forums, networks and partnerships.

- Contribute to and respond to public policy debates and other issues affecting the voluntary and community sector, and local population.
- Ensure that the mechanisms used to enable the local “voice” to be influential are appropriate and inclusive of all protected characteristic groups.
- Develop the capacity of voluntary and community organisations and community members to be involved in and participate in decision- making processes and local action.
- Identify the support and learning needs of representatives and ensure that appropriate capacity-building support is provided.

### 3.3 Specialist support for voluntary and community organisations working with children and young people

To provide tailored support and development that enhances and sustains voluntary and community sector provision of services to children and young people and supports clear understanding and engagement in best practice and policy development (including in relation to safeguarding, equality and diversity, and children and young people’s involvement and participation), with full involvement in Children and Young People’s Trust strategic development.

- Support development of good youth work practice and curriculum in organisations working with those over 11 years old, covering issues such as promoting positive health choices, reducing anti-social behaviour, opportunities for personal development, and making East Sussex a better place to grow up.
- Promote access to and deliver training and skills development in working with children, young people and families and contribute to identifying workforce needs in the sector.
- Support the development of new groups and activities, specifically for 11-19 year olds, that meet local needs.
- Enable organisations to provide tier one information and advice to a wide range of children and young people that helps them to do better.
- Help organisations to promote good news stories and improve the perception of children and young people in local communities.

- Enable organisations to work together and with statutory services to identify the additional needs of children and young people and put in place appropriate plans for additional support or referral to more targeted or specialist services.
- Enable organisations to have a good understanding of national and local policy change relating to the provision of services for children, young people and families.
- Facilitate voluntary and community organisations' active involvement in Children and Young People's Trust developments and partnership structures, including coordination of representation within Children and Young People's Trust partnership groups.
- Development of appropriate mechanisms for strategic dialogue between the statutory partners in the Children and Young People's Trust and the voluntary and community sector in relation to improving children and young people outcomes.

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### **Geographical remit:**

All objectives are required to be delivered across all geographical areas within East Sussex.

Objective 2: 'Local' is considered to be no larger than the geographical area covered by an individual Clinical Commissioning Group.

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## **Evidence of Need**

See Section 2 for a list of relevant strategic documents, plus:

- Valuing the Voluntary Sector 2011;
  - Developing Clinical Commissioning Groups Towards Authorisation;
  - Black and Minority Ethnic (BME) Health Needs Assessment;
  - East Sussex Children & Young People's Plan 2011-2013; and
  - Positive for Youth – Department for Education policy statement December 2011
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## **Target Group**

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### **Objectives 3.1 & 3.2:**

All voluntary and community organisations operating at either a local or county-wide level, inclusive of all protected characteristics.

**Objective 3.3:**

All voluntary and community organisations operating at either a local or county-wide level with children and young people – defined as age 0-19 or 0-25 for disabled young people. Some of the work focuses specifically on developing and supporting those working with young people aged 11-19.

## Performance and Quality Indicators

Performance Indicators will be measured against the NAVCA Quality Award Standards. Organisations should hold or be working towards the NAVCA Quality Award.

Performance Indicators for objectives 2 and 3 will be tailored to the delivery model proposed and agreed through the assessment process.

For objective 3, proposals will also need to demonstrate and maintain specific professional expertise in relation to:

- safeguarding children and young people, managing risk, and child protection; and
- children and young people’s involvement and participation.

## Maximum Funding Allocation

Commissioning objective	Annual investment available
3.1 Strategic representation, liaison and partnership working; Communication and Information sharing; Group support and development	£333,000
3.2. Developing a strong local voice	£40,000
3.3 Specialist support for voluntary and community organisations working with children and young people	£45,000 (p.a. in year one and two; £22,500 in year three)

## Duration of Funding Agreement

Objectives 3.1 & 3.2: Funding for three years  
(October 1 2012–September 30 2015)

Objective 3.3: Funding for two and a half years  
(October 2012–March 2015)

## Outcome 4: Children, young people and families with complex needs are helped to improve their lives

The shared outcomes of the objectives to be funded under this section of the Commissioning Grants Prospectus are that children, young people and families benefit from:

- increased safety and security and levels of parental care, leading to reduced safeguarding risk in the family;
- improved educational attendance and achievement;
- improved mental health, self esteem and confidence;
- reduced challenging, criminal or anti-social behaviour;
- increased engagement in universal services and services that build resilience;
- improved family resilience and family relationships;
- reduced child poverty; and
- help early on when difficulties develop, preventing problems getting worse.

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### Objectives

Both objectives involve some work with adult family members, and the engagement of adult family members is key to success. These objectives support the Children's Services Department Policy Steer: Develop resilience in families through providing early co-ordinated help for children aged 0-11 and streamlined support for families with multiple problems. Services commissioned under these objectives will be expected to work with the Children's Services department and partners to adjust the role and target group of commissioned services over the funding period as a result of ongoing county-wide policy reviews, and changes to the service pattern.

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#### Objective 4.1: Therapeutic services for children and young people who have experienced domestic violence.

Services commissioned will provide a therapeutic service for children and young people who have been witnesses to or victims of domestic abuse, with the overall aim of improving their long-term outcomes and meeting immediate support needs.

Services will be expected to:

- provide support on an individual basis which responds to the needs of children and young people by providing suitable evidence-based therapeutic interventions to improve short and long term outcomes;

- base their service model on short to medium term therapeutic interventions;
- tailor interventions to the age and stage of the child or young person and the family context;
- work with children and young people as appropriate across the age range, with the majority of work completed with those age 5-19;
- fully involve the parent who also experienced domestic violence with the aim of building sustainable healthy interactions and relationships in families;
- work closely with adult domestic violence services and children's social care services to monitor ongoing risk, and provide services as part of an adult protection or child protection plan where appropriate;
- engage service users with universal services locally as part of building wider family resilience; and
- manage assessment of referrals to the service so that the specialist input provided is available for those most in need and where the greatest impact will be felt, with appropriate relationships with other services where support is better provided within less specialist services.

#### **Objective 4.2: Intensive key-work support for families with multiple and complex needs through an intensive Family Intervention Project**

The Intensive Family Intervention Project will provide support to families who have multiple problems underpinned by a range of complex needs. The service/s commissioned will be expected to work within the national model of Family Intervention Projects to provide:

- an intensive level of intervention and support to families identified as having complex needs and multiple problems aimed at supporting changes in behaviour in order to prevent escalation of needs and potential statutory or enforcement action;
- a persistent keyworker model of service which includes very regular contact with families to support the changes they are making and negotiates with other services involved with families to prioritise needs and make realistic and manageable plans for change;
- assessment and planning of support for children and young people using the Common Assessment Framework (CAF) process, and assessment of adult needs using common tools for planning support in adult services, with support put in place as a result for both adults and children;
- ongoing support for some families who have had specialist children's services, such as the Safeguarding with Intensive Family Treatment (SWIFT) service, or Children's Services Social Care, where there are whole family complex needs and consolidation and maintenance of family progress is required;
- medium to long term support to families from their keyworker, between six and eighteen months, with appropriate tapering of support and plans of support for all family members who require it; and
- support which helps families become more engaged in resolving their difficulties through the use of existing universal provision within their localities and demonstrating an increase in parental engagement with such services where they are available.

Referrals to the service will come primarily through mechanisms developed by the Children’s Services Department but also from a range of other statutory agencies involved in working with families who have complex needs as arrangements for supporting this group of families develops in line with national Government policy. The service will be expected to adapt in line with changes to national and local policy.

The overarching aim of the Intensive Family Intervention Project is to enable families with complex and multiple needs to resolve entrenched difficulties and prevent the long term need for more costly statutory services, improving the life chances of children and young people in the family.

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## Evidence of Need

See Section 2 for a list of relevant strategic documents, plus:

### Objective 4.1

Domestic Violence is recognised as a significant issue in East Sussex, and experiencing domestic violence has a well documented negative effect on many children and young people’s outcomes in life. Domestic violence is a significant factor within the work of Children’s Social Care services. See:

- East Sussex Domestic Violence Needs Assessment.
- East Sussex Children and Young People’s Plan 2011-2015.
- East Sussex Local Safeguarding Children Board Annual Report 2010-11 and Business Plan 2011-12.

### Objective 4.2

Providing focused and specific support for families with multiple and complex problems is currently a major Government priority. The Family Intervention Project model was developed by the previous Government and continues to have prominence. Work with cross-sector partners in East Sussex has established ongoing involvement from several agencies with a small number of families. Intensive keyworker models have been shown to work specifically with families with long-term difficulties where multiple agencies have had a previous involvement. See:

- Family Intervention Projects: An Evaluation of their Design, Set-up and Early Outcomes  
[www.education.gov.uk/publications/RSG/publicationDetail/Page1/DCSF-RW047](http://www.education.gov.uk/publications/RSG/publicationDetail/Page1/DCSF-RW047)
- Monitoring and evaluation of Family Intervention Services and Projects between February 2007 and March 2011  
[www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RR174](http://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RR174)  
[www.education.gov.uk/childrenandyoungpeople/families/multipleproblems](http://www.education.gov.uk/childrenandyoungpeople/families/multipleproblems)  
[www.communities.gov.uk/communities/troubledfamilies](http://www.communities.gov.uk/communities/troubledfamilies)

## Target Group

### Objective 4.1

Within the preventative and early intervention services available for children and young people the Children's Domestic Violence service is aimed at providing specialist therapeutic work with those children and young people whose outcomes have been particularly and specifically affected by experience of domestic violence. A number of the service users may have current involvement of children's social care workers, and their parents may have an adult protection plan in place. Other service users may have experienced domestic violence some time ago but it remains the issue that they need to work on to prevent poor outcomes. Support will be expected to be prioritised and other less intensive or specialist options for support identified for those with a lower level of need. Currently those receiving support are aged from 4 to 15 years old.

### Objective 4.2

The role of the Intensive Family Intervention Project is to support families with multiple and complex needs within an early intervention context attempting to divert families away from statutory services or supporting those families who have received statutory involvement and require additional support to stabilise them within main stream services. Therefore families targeted for this support must have multiple, complex needs (for example antisocial behaviour, offending behaviour or history, tenancy problems, substance misuse problems, health/mental health issues, domestic abuse unemployment, truancy, poverty, poor parenting etc) and need **intensive** support in order to make and sustain positive changes.

The service will prioritise referrals from children's services and be expected to work with referrers to establish a good understanding of the particular cohort that this service is aimed at. Referrals will need to evidence concerns regarding the long term outcomes for the family/children, and evidence that other, less intensive and persistent, means of support have not been fully effective and there is a need for a new approach.

## Performance and Quality Indicators

### Objective 4.1

Services will be expected to show in the short and medium term the following outcomes for service users:

- improved confidence and self-esteem and mental health in children and young people;
- improved behaviour and engagement with others including attendance in school;
- increased communication skills & improved family relationships;
- reduced risk of negative behaviours such as alcohol and drug use, criminal activity and violence (for children aged 10 upwards); and
- increased take up of appropriate universal and community services for all family members.

The provider/s will negotiate the target number of children and young people to be supported by the service each year.

### **Objective 4.2**

Services will be expected to show in the short, medium and long term the following outcomes for service users:

- reduction in safeguarding concerns or involvement with families;
- improved educational attendance;
- improved self-esteem and behaviour;
- improved parenting within families and better family relationships and parental care;
- improved health outcomes amongst family members;
- reduction in the number of families requiring specialist and statutory service intervention but increased engagement when necessary with services such as mental health and substance misuse;
- reduction in criminal and anti social behaviour from family members;
- reduction of families experiencing homelessness and housing enforcement action; and
- increase in family members participating in education, employment and training.

The provider/s will negotiate a target number of families to be supported through the service each year.

The current service works with approximately 45 families per year.

### **Quality indicators – both objectives**

Providers under both objectives will be required to meet quality indicators and quality standards in line with the vulnerable and complex nature of the client group involved. In particular providers will be required to show robust best practice in safeguarding children and vulnerable adults and in working with service users subject to protection plans and ongoing risk assessment, including through appropriate staffing structures. Providers will be expected to have knowledge and experience of working closely with adult and children's specialist and universal services including those covering social care, criminal justice, mental health and substance misuse services.

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## Maximum Funding Allocation

### Commissioning objective

### Annual investment available

4.1 Therapeutic services for children and young people who have experienced domestic violence

£60,000

4.2 Intensive keyworker support for families with multiple and complex needs

£200,000

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## Duration of Funding Agreement

Funding for 2 years 2012 – 2014, with a possible extension for a third year depending on funding, performance, and policy direction.

## 4. Applying for a grant

### 4.1 Self-assessment form for organisations

Before you begin to complete the application form, please read through the simple self-assessment questions below to assess your organisation's suitability to apply for a grant through the Commissioning Grants Prospectus. You will need to have a constitution, a management committee, and the required policies, in place by 1 July 2012 if you are awarded investment.

If your application is for MORE THAN £5,000 over three years, will your organisation have:		Yes	No	If your application is for LESS THAN £5,000 over three years, will your organisation have:		Yes	No
An approved constitution or Memorandum and Articles of Association		<input type="radio"/>	<input type="radio"/>	An approved constitution, terms of reference or Memorandum and Articles of Association		<input type="radio"/>	<input type="radio"/>
A formally-appointed Management Committee or Board of Directors which meets regularly		<input type="radio"/>	<input type="radio"/>				
Approved policies and procedures relating to:				Approved policies and procedures relating to:			
Equal Opportunities		<input type="radio"/>	<input type="radio"/>	Equal Opportunities		<input type="radio"/>	<input type="radio"/>
Health and Safety		<input type="radio"/>	<input type="radio"/>	Safeguarding Adults at Risk (where appropriate)		<input type="radio"/>	<input type="radio"/>
Safeguarding Adults at Risk (where appropriate)		<input type="radio"/>	<input type="radio"/>	Child Protection and Safeguarding (only if applying for Objective 3.3 and Outcome 4)		<input type="radio"/>	<input type="radio"/>
Complaints		<input type="radio"/>	<input type="radio"/>				
Quality Assurance		<input type="radio"/>	<input type="radio"/>				
Child Protection and Safeguarding (only if applying for Objective 3.3 and Outcome 4)		<input type="radio"/>	<input type="radio"/>				
Can your organisation provide the following financial evidence?				Can your organisation provide the following financial evidence?			
Full audited accounts (or if exempt from audit, signed by your accountant) for the last two years, including your income and expenditure sheet and balance sheet, or a business case.*		<input type="radio"/>	<input type="radio"/>	Your latest income and expenditure sheet and balance sheet.		<input type="radio"/>	<input type="radio"/>
Details of your organisation's bank accounts and all signatories (name of account, account number, sort code, name of bank and address).		<input type="radio"/>	<input type="radio"/>	Details of your organisation's bank accounts and all signatories (name of account, account number, sort code, name of bank and address).		<input type="radio"/>	<input type="radio"/>

**\* NOTE: 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.**

If you have ticked 'No' to any of these self-assessment questions or if you are unsure, please contact the Adult Social Care Procurement Team, or you can get in touch with your local Council for Voluntary Services who are able to offer advice and support with all aspects of your application. If you are awarded a grant, we may ask for a copy of the relevant policies before we issue a Funding Agreement. See the next page for contact details.

## Council for Voluntary Services

### Sue Shoosmith

3VA

Phone: 01273 483832

Email: sue.shoosmith@

3va.org.uk

### Peter Thorpe

Hasting Voluntary Action

Phone: 01424 444010

Email: peter@hvauk.org

### Rod Davidson

Rother Voluntary Action

Phone: 01424 217259

Email: rod.davidson@

rothervoluntaryaction.org.uk

### Miriam Miklaszewska

Speak Up Forum

Development Coordinator

Phone: 01273 483832

Email: speakup@3va.org.uk

SpeakUp is a countywide forum which brings together representatives from the voluntary and community sector in East Sussex.

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## 4.2 Useful contacts

For general questions about the Prospectus, please contact:

### Angela Yphantides

Third Sector Development Manager,  
Putting People First, Adult Social Care

Phone: 01273 336599

Email: angela.yphantides@eastsussex.gov.uk

For questions about applying, or the awards process, please contact:

### Ian McKee

Contracts and Procurement Team,  
Adult Social Care

Phone: 01323 463 733

Email: ian.mckee@eastsussex.gov.uk or  
contractsforservices@eastsussex.gov.uk

For questions about the mental health and dementia commissioning outcomes, please contact:

### Kenny MacKay

Strategic Commissioner

Mental Health, Adult Social Care

Phone: 01323 463 946

Email: kenny.mackay@eastsussex.gov.uk

### Nigel Blake-Hussey

Joint Commissioning Manager

Mental Health

Phone: 01273 335 115

Email: nigel.blake-hussey@eastsussex.gov.uk

For questions about the Children, Young People and Families commissioning outcomes, please contact:

### Colin Anderson

Policy and Programme Manager,  
Children's Services

Phone: 01273 336 294

Email: colin.anderson@eastsussex.gov.uk

For questions about the Health Improvement commissioning outcomes, please contact:

### Sheila O'Sullivan

Health Improvement Specialist  
Health Improvement, Public Health

Phone: 01273 336 047

Email: sheila.o'sullivan@eastsussex.gov.uk

For questions about the Generic Infrastructure Support Services commissioning outcomes, please contact:

### Sara Geater

Engagement and Equality Strategy  
Lead NHS Sussex

Phone: 01424 735 683

Email: sara.geater@hastingsrotherpct.nhs.uk

### Paul Rideout

Third Sector Policy Manager

Governance and Community Services

Phone: 01273 482 911

Email: paul.rideout@eastsussex.gov.uk

## 4.3 Funding available is up to £8 million over three years

The funding agreements available through this Prospectus generally cover the period between 1 October 2012 and 30 September 2015.

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 periods, for example two years. This is 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. The length of funding agreements is detailed in Section 3.

All funding agreements are subject to the availability of monies provided to East Sussex County Council by central government, the PCTs or superceding organisations 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.

## 4.4 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 objective may be flexible. Please see Section 4.7 for details of the appraisal and awards process.

### Value Added Tax

We assume the applying organisation can recover VAT suffered on its cost inputs and that the costs included within its application for funding are shown net of VAT. If the applying organisation does not expect to be able to recover some, or all, of the VAT involved then these specific costs need to be shown inclusive of VAT in the application. East Sussex County Council will then work with the applicant to explore a tax efficient delivery model acceptable to HM Revenue and Customs. This may include the organisation acting as an agent of the Council in procuring goods and services to be used in the provision of the service.

## 4.5 Support to complete your application

Please read through the guidance notes below before you complete your application form.

### Step 1 – The South East Business Portal

Please sign up to South East Business Portal. Signing up to the Portal will give you access to the prospectus application packs and to other funding opportunities.

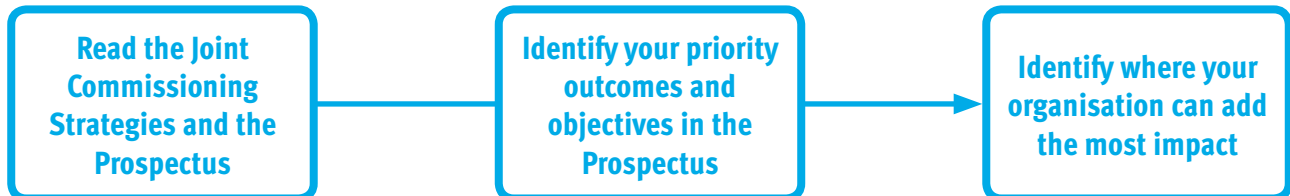
Go to [www.businessportal.southeastiep.gov.uk](http://www.businessportal.southeastiep.gov.uk) to ask for the Prospectus, application form and other supporting documents. Please follow the steps below to complete the process.

- Once you are on the business portal, select 'opportunities'.
- Use the drop-down menus to view 'East Sussex County Council'.
- Select 'East Sussex Grants Commissioning Grants Prospectus'.
- If you are already registered on the portal, select 'Login and Express Interest'. If you are not already registered, select 'Register and Express Interest' and follow the step-by-step guide.
- Once you have registered, the portal will automatically forward your contact details to the Adult Social Care Procurement Team at East Sussex County Council.

- Once the Procurement Team has your organisation's contact details, they will send you an application pack by email within 48 hours. You can get the documents in alternative formats if you ask us (for example, large print, or Braille).

## Step 2 – Preparing your application

Please read through the whole of the Prospectus guidance booklet(s), application form(s) and supporting papers before you complete your application. Additional resources and training material are available on the East Sussex Prospectus webpages at [www.eastsussex.gov.uk/CGP](http://www.eastsussex.gov.uk/CGP)



There are two different application forms. The one you should use depends on the level of funding you are applying for.

- Please use the **under £5,000** small grants application form if your proposal will be for less than £5,000 over 3 years.
- Please use the **over £5,000** main grants application form if your proposal will be for £5,000 or more, over 3 years.

## Step 3 – 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. We can not 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 consider supplementary papers.

### Submission deadline and the address

You will need to submit two signed, hard (paper) copies to the address below, plus an electronic version emailed to [contractsforservices@eastsussex.gov.uk](mailto:contractsforservices@eastsussex.gov.uk)

The submission deadline is **12 noon on 26 April 2012**. You must send your application form and associated documents to:

The Assistant Director of Law and Performance  
 East Sussex County Council  
 PO Box 5, County Hall, St Anne's Crescent  
 Lewes BN7 1UE

**Please note that we cannot accept any applications after 12 noon on 26 April 2012.**

If you are awarded a grant we may ask you to produce copies of the essential criteria listed in this Prospectus, for example your policy documents.

### Public Liability and Professional Indemnity Insurance

All funding agreements will require £5 million Public Liability Insurance, with the exception of Outcome 4 – Children, Young People and Families where the requirement will be £10 million. ESCC will consider Professional Indemnity Insurance on a case by case basis. If you have any questions, please ask the Procurement Team (see Section 4.2 for the relevant contact details).

## 4.6 Scoring and weighting criteria

The scoring criteria are integrated into the guidance booklets. The maximum weightings are noted alongside each question to show clearly how we will score the applications. The criteria have been divided into three equal areas – quality, social capital and value for money.

## 4.7 Appraisal of applications and awards

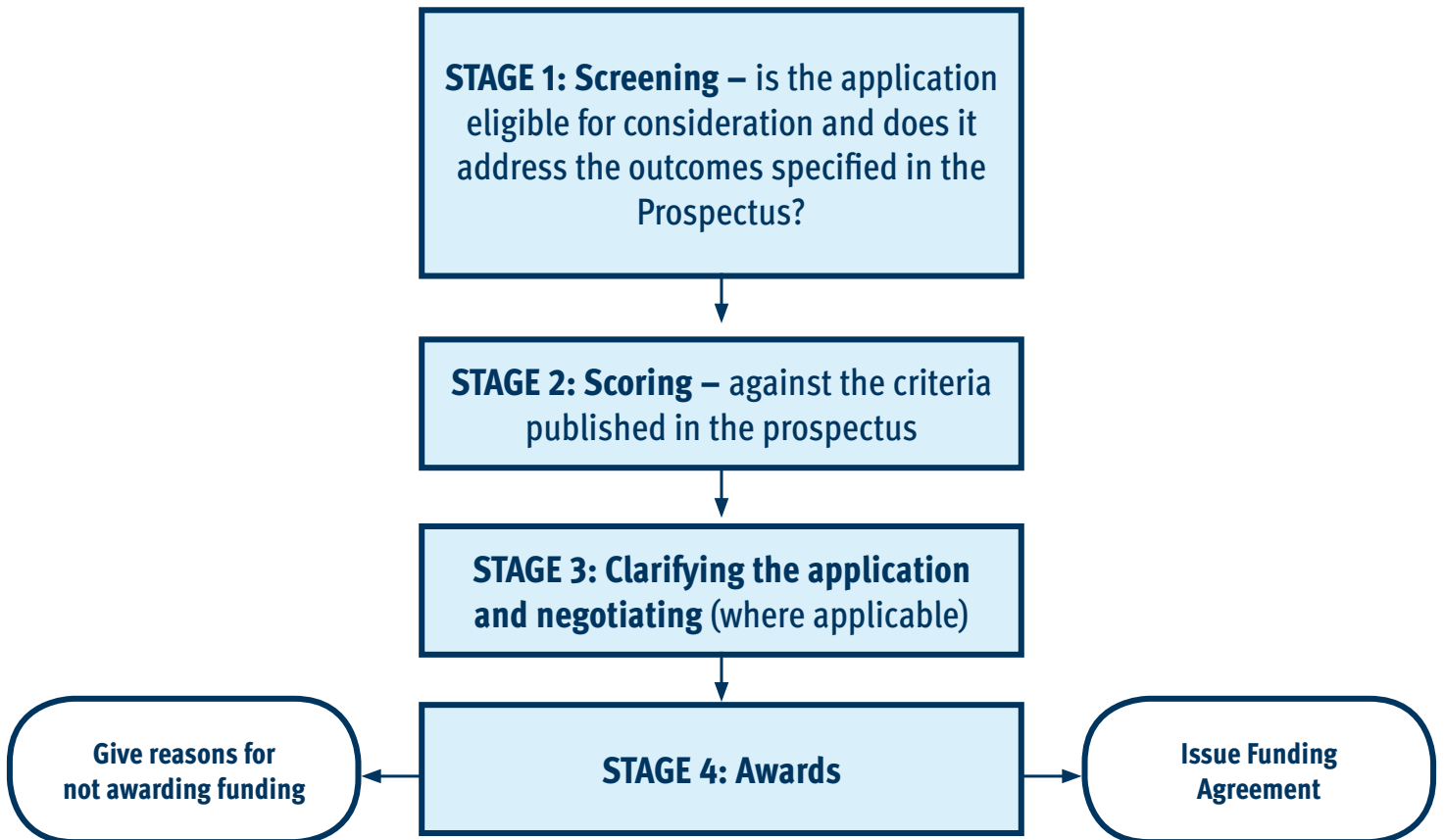
We will appraise all applications using the process set out below, to identify proposals of the highest standard. Please note that submitting an application form does not guarantee funding.

### User and carer involvement in the appraisal process

In 2010, a representative group of local service users and carers met to design a single question that addressed their concerns for services delivered to local people. This question, updated in November 2011, is included in the application form, with examples of how representatives would like local services to look and feel. These examples act a guide to what people expect from services. This representative group will score responses to this question.

Your application will go through progressive stages of evaluation. At each stage there will be a judgement on whether or not it can continue to the next stage. At the end of the process, if you are not successful we will contact you to tell you why your application was not awarded funding.

### Process map of evaluation stages



## **Eligibility screening**

Initially your application will be screened to ensure that all the essential criteria are met and that your proposal addresses the required outcome and objective. Applications that meet the required criteria and are clearly linked to the outcome and objective will continue to the next stage.

## **Scoring**

During the next stage your application will be evaluated by the relevant appraisal panel. The panel will assess the effectiveness of your application to deliver the outcomes, and will score how well it delivers the three criteria of quality, social capital and value for money. Please see the guidance booklet for a simple description of the weighting criteria associated with each question. Applications will be ranked by the scores awarded to them against the agreed criteria; the impact on equalities will also be considered.

## **Clarification and negotiation**

Following scoring the applications taken forward may be subject to a clarification process. You may be invited to discuss any aspect of your application form. You will be provided with key clarification themes so that you know what to bring from your organisation. All applications that have been successful up to this point will then be viewed by the relevant appraisal 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 negotiation may take place. Again, we will provide key negotiation themes so that you know what to bring to this discussion. Discussion will focus on 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 successful applicants will be notified.

## **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 2012. All unsuccessful applicants will receive feedback outlining the main reasons for not awarding funding. This is intended to help organisations to make further improvements which may lead to a successful application another time.

# 5. Managing the funding agreement

## 5.1 Funding agreements

A funding agreement is similar to a service level agreement. It includes an overview of the agreement plus four sections. Section 1 sets out the service specification agreed between the applicant and East Sussex County Council to deliver the outcomes specified in the Prospectus. Section 2 gives details of the finance and payment schedule. Section 3 sets out responsibilities, and terms and conditions of the commissioning grant.

## 5.2 Monitoring and review arrangements

All performance returns will be returned to the Procurement Team who will co-ordinate performance arrangements for each funding agreement. Funding agreements of £5,000 or more will be required to provide quarterly monitoring returns. If all performance requirements are met the funding agreement will be reviewed annually in month nine (Quarter 3) of each year of the agreement. Where there are irregularities in performance we will require you to produce an exceptions 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 recover performance. The under £5,000 funding agreements will require an annual monitoring return at the end of each year.

Monitoring of projects will include the following elements.

- A minimum data set which ensures the delivery of equitable services. For example, postcode area, ethnic groups, gender.
- Milestones and costs (based on your proposal).
- Case studies.
- Satisfaction questions for service users and carers which have been developed through a partnership project with local service users and carers.
- Performance indicators (overviewed in Section 3 for each commissioning objective). For the over £5,000 funding agreements there are also two core performance indicators.
  - A minimum 50% return on user 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.

## 5.3 Payment arrangements

Payment for agreements that are more than £5,000 over three years will be made monthly in advance, subject to submission of monitoring information. There may be exceptions and this will be agreed on a case-by-case basis. Payment for agreements that are less than £5,000 over three years will be made quarterly in advance. Payment will be made by BACS. The responsibility to inform East Sussex County Council of a late payment rests with the organisation or group.

Organisations must submit their annual audited accounts to the Procurement Team within three months of publication. Audited accounts will need to show the joint East Sussex County Council



and the East Sussex PCTs investment as ‘restricted funds’, and clearly identify East Sussex County Council and the East Sussex PCTs as the funders. All funding relates to the period set out in the funding agreement and cannot be carried forward unless agreed by your commissioner.

## **5.4 Publicity requirements**

Successful applicants must publicise the support of East Sussex County Council and the local NHS to ensure that beneficiaries are aware that the service they receive is supported by East Sussex County Council and the local NHS. This includes any promotional material produced to promote the service as well as annual reports. It also includes participating in any directories to promote services, for example in the East Sussex online directory of services.

Please contact the Adult Social Care Communications Team for details about the use of ESCC and NHS logos.

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

In the event that East Sussex County Council is of the opinion that a serious breach of the agreement has occurred, the County Council 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.

## 6. Glossary

**Adult Social Care** – The County Council department responsible for assessing need and planning, commissioning and putting in place services for adults with care and support needs. Formerly known as Social Services.

**Beneficiary** – a person who benefits from a service, for example, a service user, carer or for Outcome 3, an organisation.

**BME (Black and Minority Ethnic)** – people who identify themselves as being of mixed parentage, Asian, Black, Chinese or ‘Other Ethnic’ categories from the 2001 Census.

**Carer** – a person who spends a significant proportion of their life providing unpaid support to family or friends. This could be caring for a relative, partner or friend who is ill, frail, disabled, or who has mental health or substance misuse problems.

**Children’s Services Department** – The County Council department responsible for assessing need and planning, commissioning and putting in place services for children and young people to improve their outcomes – including education and learning, social care services, and health services in partnership with the NHS.

**Disability** – The Disability Discrimination Act 1995 (DDA) makes it unlawful to discriminate against disabled people in connection with employment, provision of goods, facilities and services, access to and around buildings, education and transport. The DDA 2005 amends the 1995 Act and places a duty on the public sector to actively look at ways to ensure equality is positively promoted, internally and externally.

**Diversity** – The promotion of inclusiveness by ensuring that everyone is valued as a unique individual, and celebrating their differences.

**Funding agreement** – A service level agreement. See Section 5.1 for more details.

**Governance and Community Services** – The County Council department responsible for assessing need and planning, commissioning and putting in place community services.

**LGBT** – Lesbian, gay, bisexual and transgender, or people who adopt one or more of these identities.

**Local NHS** – East Sussex Downs and Weald Primary Care Trust and Hastings and Rother Primary Care Trust.

**Milestone** – a key success or achievement that indicates progress towards delivering the objective.

**Objective** – specific things that will be done to deliver an outcome.

**Outcome** – the desired impact (the things that will be different) for beneficiaries as a result of delivering the service.

**Output** – a tangible or quantifiable product or result of an activity that can have a value in itself and/or lead to the desired objective or outcome.

**Personalisation and personalised support** – where services are tailored to meet needs and deliver outcomes centred around the individual.

**Prevention** – Support available, at an early stage, to help people stay independent for as long as possible. This can be targeted at specific people or be more universally accessible. It includes things like helping people to safely maintain their home and garden, training to help get a job or return to work, or support to start taking some exercise.

**Seldom heard or seldom-seen groups** – Black and ethnic-minority groups; lesbian, gay, bisexual and transgender people; homeless people; Gypsies and Travellers.

**Social capital** – see Section 1.3.

**Social model of disability** – the understanding that society causes barriers and problems for disabled people and that these problems are located in society, not the person and their impairment. People’s impairments matter. The model explains the type of inequality experienced by disabled people. For example, there are four major types of barriers.

- Physical or environmental.
- Organisational [policies and practices].
- Communication or information.
- People’s attitudes.

**Social return on investment** – a broader concept of value that incorporates the consideration of social, environmental and economic costs and benefits.

**Target** – a specific and measurable activity that will help deliver an objective.

**Third sector** – also referred to as the voluntary and community sector.

**Universal services** – mainstream services, for example, leisure, learning and general advice services that are accessible to everybody, including people who need social care and support.

## 7. Key dates 2012

**15 February** – publication of the Commissioning Grants Prospectus.

**20 March** – ‘Meet the Commissioners’ event to clarify objectives.

**26 April** – deadline for applications at 12 noon.

**Week commencing 21 May** – clarification of proposals where required.

**Week commencing 4 and 11 June** – funding agreement negotiation where required.

**From 1 July** – funding agreements awarded.

**From 1 October** – funding agreements start dates.

### **Getting more copies of this booklet**

You can get all our leaflets in large print, easy read format, in Braille, on audio tape or CD, or in other languages. Please phone Social Care Direct on 0345 60 80 191 (calls may be recorded).

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