

Report to: SINGLE COMMISSIONING BOARD

Date: 26 September 2017

Officer of Single Commissioning Board: Jessica Williams – Interim Director of Commissioning

Subject: SAVINGS ASSURANCE : GRANTS REVIEW

Report Summary: This report follows the agreement at the Single Commissioning Board in June 2017 that a decision on Grant Funding should be delayed until the outcome of the Asset Based Grant developments are known on the basis that there may be duplication. All grant funded voluntary sector schemes were therefore informed that their funding would be extended by a further 3 months until 30 September 2017.

Further work has been done to:

- Understand the basis for the Asset Based Grant scheme;
- Identify schemes where there may be duplication;
- Identify opportunities for alternative approaches to commissioning.

The outcomes of this are presented in the report.

Recommendations: It is recommended that the Single Commissioning Board:

1. Note there is expected to be little overlap between the new Asset Based Approach programme grants and the Single Commission Voluntary and Community Sector Grants.
2. Recognise that as the Asset Based Approach Programme is very new it is not possible to predict the need for grant funding that will be identified through Social Prescribing until the programme has been operational for some time.
3. Recognise the value of the Voluntary and Community Sector in achieving Care Together aims and the need for the revised Voluntary and Community Sector Compact to be embraced by the whole system to support a thriving voluntary and community sector.
4. Agree to the recommendations in terms of each Voluntary and Community Sector Grant allocation outlined in **Appendix 2**.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation (if Investment Decision)	Details provided within Appendix 2
CCG or TMBC Budget Allocation	CCG and TMBC
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75 and Aligned
Decision Body – SCB, Executive Cabinet, CCG Governing Body	Single Commissioning Board (Section 75) and Executive Cabinet (Aligned)

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Savings and expenditure avoidance via the provision of a social prescribing / self management service delivered via a vibrant and sustainable Voluntary and Community sector.
Additional Comments It is essential that all existing investment within the voluntary and community sector is subject to ongoing review to ensure that commissioning intentions are delivered and that the sector is able to deliver a sustainable service which contributes towards the aims of Care Together. Alternative options will need to be developed where efficiencies are not expected to be realised to ensure investment is affordable within Care Together resources.	

Legal Implications: (Authorised by the Borough Solicitor)

As a public body the Single Commissioning Board must constantly be aware of the need to ensure value for money through effective monitoring of contracts and grant spending. Members must by law have regard to the Equality Impact Assessment attached to this report before making their decision.

How do proposals align with Health & Wellbeing Strategy?

The proposal to maintain a vibrant Voluntary and Community sector supports the Health and Wellbeing Strategy

How do proposals align with Locality Plan?

Investment within the Voluntary and Community sector is a key part of our Locality Plan to promote community, peer support and self-care and alternatives to statutory provision.

How do proposals align with the Commissioning Strategy?

The proposal contributes to the Commissioning Strategy by reviewing investment against priorities.

Recommendations / views of the Professional Reference Group:

The Professional Reference Group recommended that the Single Commissioning Board agree the recommendations in this paper.

Public and Patient Implications:

The risks to public and patients where grants are reduced are highlighted within the paper.

Quality Implications:

There are potential risks to quality where grants are reduced.

How do the proposals help to reduce health inequalities?

The work to align the total of the Single Commission investment against themes will provide clarity on investment against healthy inequalities.

What are the Equality and Diversity implications?

Depending on the decision regarding grant investment there may be an effect on services for protected characteristic group(s) within the Equality Act and an Equality Impact Assessment/s will be required before any reductions can be enacted.

What are the safeguarding implications?

None.

What are the Information Governance implications?

None.

Has a privacy impact assessment been conducted?

No.

Risk Management:

The risks of grant reductions to Voluntary and Community Sector organisations are highlighted in the report however further work will be required to ensure that the risks associated with any reductions are mitigated.

Access to Information :

The background papers relating to this report can be inspected by contacting Pat McKelvey, by:



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1.0 BACKGROUND

- 1.1 As part of the savings assurance process all NHS and Council investment and contracts have been reviewed to identify opportunities to contribute towards the gap in 2017/18 and ensure effective investment going forward. Voluntary and Community sector grants and Service Level Agreements were also reviewed.
- 1.2 A Voluntary and Community sector grants report was presented to the Single Commissioning Board in June 2017 and it was agreed that no decisions about Voluntary and Community sector investment should be made until the outcomes of the Social Prescribing and Asset Based Approaches Programme are known in case there are duplications. The Single Commissioning Board agreed that Voluntary and Community sector grants were extended for a further 3 months to 30 September 2017.
- 1.3 An exploration of the Asset Based Grants Programme has shown that :
 - It is unlikely that there will be any duplication;
 - It will be some time before the grants are in place.
- 1.4 Concerns about duplication are unfounded as the small grants awarded through the ABA Programme will be provided to support unmet needs identified through the findings from Social Prescribing and aim to promote community development, not provide statutory functions. Decisions on funding through the asset based approach and social prescribing programmes will be taken by an investment board with representation from the sector, patients, members of the public, the Integrated Care Foundation Trust and the Single Commission and all learning captured.
- 1.5 A Summary of the programme is provided in **Appendix 1**.

2 GREATER MANCHESTER DEVELOPMENTS

- 2.1 The Greater Manchester Health and Social Care Partnership has established a new Person and Community Centred Approaches Programme initiated through the population health plan. The full programme is in development but the scope includes person centred planning, community and asset based approaches; self-care and personal budgets. It is anticipated that this will align with our local model however additional learning may support new ways of working with the third sector.

3 SINGLE COMMISSION VCS GRANTS

- 3.1 The Single Commission has been funding a range of services that provide a valuable contribution to the health and social care through Conditional Grants or Service Level Agreements. The funding has been based on NHS England regulations that support Clinical Commissioning Groups to use grants 'to provide financial support to a voluntary organisation which provides or arranges for the provision of services which are similar to those in respect of which the Clinical Commissioning Group has statutory functions'.

The Schemes funded through Grants or Service Level Agreements are detailed in **Appendix 2**.

- 3.2 The Voluntary and Community organisations were engaged in an exercise to examine the impact of a 5%, 10% and 15% reduction in grant funding and all highlighted pressures across the sector.

4. PROPOSED WAY FORWARD

4.1 On the basis that:

- The priorities for grants from the Asset Based Approach Grants Programme will not be known until 2018;
- The Voluntary and Community Sector Compact is still under development;
- New approaches to commissioning from the Voluntary and Community Sector are underway (as indicated in the proposed actions section of **Appendix 2**);
- Learning will emerge from the Greater Manchester Person and Community Centred Programme

It is proposed that Voluntary and Community Sector Grant and Service Level Agreement funding is maintained at the 2016/17 level in 2017/18 for most organisations except where a reduction has been proposed as detailed in **Appendix 2**.

5. RECOMMENDATIONS

5.1 As stated on the front of the report.

APPENDIX 1

CARE TOGETHER SYSTEM WIDE SELF-CARE PROGRAMME

Within Care Together the Integrated Care Foundation Trust (ICFT) has established a System Wide Self-Care Programme. This includes the following schemes:-

- Social Prescribing Service
- Asset Based Approaches (ABA) Programme

In Glossop the schemes were awarded to The Bureau (previously Glossop Volunteer Centre) and the service commenced on 1 April 2017.

The Tameside schemes were tendered by the ICFT earlier this year and both were awarded to Action Together. It is expected that the Social Prescribing Service will be accepting referrals in October/November 2017 and the grant scheme by late 2017.

The basis of the Asset Based Approaches (ABA) Programme is to support the communities in Tameside and Glossop to utilise their own assets to take action to tackle the issues that affect their lives. It will be underpinned by a new relationship between the 'system' and communities and strategic investment in the voluntary, community and faith sector to develop activity and interventions that have a positive impact on people's health and wellbeing.

While the programme includes the provision of grants these are not intended to replace existing services but are to fund the development of new community-based services that fill gaps in provision, and to enable existing services to expand to meet additional demand.

The programme aims to develop, embed and deliver asset based approaches and principles across the four neighbourhoods of Tameside, and Glossop, building a resilient network of voluntary and community groups that enhance people's health and wellbeing. It is expected the investment from this programme will be predominantly distributed to voluntary, community and faith sector organisations to deliver work as outlined in the service specification.

The programme is a vehicle for investment in the voluntary and community sector to fund a range of activities that:

- Support people to achieve positive health and wellbeing outcomes;
- Are underpinned by an identified need and engagement with people across Tameside;
- Target groups of the population who access or are at risk of significant health and/or social care activity;
- Harness the power of communities to solve their own problems and work collaboratively with statutory agencies to do so.

The combined value of the ABA and Social Prescribing Programmes over the three year duration of the ICFT contract is £2,592,666. Approximately 52% of this figure will be made available to the VCS in the form of grants, small contracts and spot purchasing of support linked to social prescribing.

The proposition in Glossop is structured differently to take account of the geographical and political differences alongside the different VCS structures that exist. Over the three year period the total value of the ICFT contract is £390,000 of which approximately 30% will be made available to the VCS in the form of grants, small contracts and spot purchasing. The model is different, which accounts for the different percentage.

ABA Programme Outcomes

The ABA Programmes in Tameside and Glossop will be monitored against delivery of the following key outcomes.

- Community networks are strengthened along with relationships that can provide caring, mutual help and empowerment. This to be clearly linked to identified need in each of the Tameside Neighbourhoods.
- A culture is supported where community and voluntary organisations can flourish, work well together and actively participate in and have greater control over resources in their community. Support organisations to develop sustainable models of delivery.
- Voluntary, community and faith sector organisations are resourced to deliver services that are informed by thorough needs identification and public involvement. Activities should have a positive impact on residents' health and wellbeing which in turn will reduce activity across the health and care system;
- An environment will be created where there is ongoing conversation between communities and statutory services to co-design solutions to the issues affecting the neighbourhoods of Tameside.

The ICFT is commissioning an academic partner to evaluate the impact of the Programme.

APPENDIX 2

VCS Savings Assurance Grants

Theme	Provider	2016/17 Grant Value	2017/18 Proposed Grant Value	Comments
Grants where savings have already been identified/other funding streams				
MH	42nd Street	£49,500	£17,000*	*NB - Grant remains at £49,500 but now funded from ring-fenced CAMHS budget so saves £32,500 from CCG.
Health & Wellbeing	Age UK Tameside Falls Service	£34,400	£31,000	10% saving has been agreed with Provider as part of Falls Review
EOL children	Francis House	£18,000	£15,300	15% reduction has been agreed with Provider
OP	Age UK (Tameside)	£83,160	£83,160	20% reduction in core funding over last 3 years.
OP	Age UK (Tameside)	£55,922	£55,922	20% reduction in core funding over last 3 years.
Children's	Home-Start PIMH Glossop	£20,000	£20,000	Funded from ring-fenced CAMHS Local Transformation Plan so cannot be reduced
Time Banking	Action Together	£16,000	£15,200	5% reduction is proposed as Time Banking has had limited success so the service has been redesigned within the Action Together core offer - this will deliver the overall saving required.
Transport	Action Together: CCG	£51,000	£46,000	Reduction proposed for Miles of Smiles based on update in 2016/17. Proposed that this funding is included in the supported transport review described below.

Theme	Provider	2016/17 Grant Value	Proposed actions
Grants where no savings are proposed for 2017/18 – values to remain at 2016/17 allocations			
VCS Infrastructure	Action Together Tameside	£48,280	Proposed that VCS infrastructure is maintained to support capacity to work in partnership
VCS Infrastructure	High Peak CVS	£10,700	Proposed that VCS infrastructure is maintained to support capacity to work in partnership
EoL Specialist Dementia Nurse	Tameside and Glossop Hospice Limited (Willow Wood)	£57,000	Propose that this funding is included in the redesign of dementia services in the neighbourhoods.
Children's	Action Together Parent Carer respite	£100,000	Propose the investment of this funding is taken forward within the Carer Strategy.
MH	Age UK - Serious Mental Illness step down	£105,404	Propose that this service is considered as a contract in the future, potentially under the remit of Pennine Care Older Peoples Mental Health team
Children's	Home-Start Parent Infant Mental Health	£40,742	Potential for this to be included within the Public Health HomeStart contract to be explored.
MH	LGBT Foundation for counselling	£10,396	There is a plan for this service to be commissioned at a GM level
Stroke	Stroke Association	£94,472	This grant is on the list for transfer to the ICFT to be managed by the Stroke Rehab team.
EOL plus	Tameside and Glossop Hospice Limited (Willow Wood)	£569,462	Potential to move this onto an NHS Standard Contract to be explored.

Theme	Provider	2016/17 Grant Value	Proposed actions
MH	Tameside Oldham and Glossop Mind – counselling and information	£131,850	It is proposed that the counselling element of this SLA is included within the Care Together mental health in the neighbourhood development.
Transport	Action Together: TMBC	£13,000	It is proposed that the requirements for supported transport are reviewed and tendered to ensure the same approach is used for all residents of T&G taking into account all existing funding.
Transport	Glossop Volunteer Centre Car Scheme	£15,148	
Transport	Transport for Sick Children	£9,000	
EOL	Marie Curie Cancer Care Overnight sitting service	£45,675	Proposed to maintain this grant
Selfcare Education	Self Management Education	£27,403	Proposed all funding is retained and used within ICFT to support Self Care Education College development to achieve better VFM.

APPENDIX 3

Subject / Title	Savings Assurance: Voluntary Community Sector Grants
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Team	Department	Directorate
MH and LD Commissioning Team	Commissioning	Commissioning

Start Date	Completion Date
30.6.17	ongoing

Project Lead Officer	Pat McKelvey
Director	Clare Watson

EIA Group (lead contact first)	Job title	Service
Pat McKelvey	Head of Mental Health and Learning Disabilities	Commissioning Team
Chris Easton	Head of Strategy Development	ICFT
Trevor Tench	Service Unit Manager	Commissioning Team

PART 1 – INITIAL SCREENING

1a.	What is the project, proposal or service / contract change?	Savings Assurance: Voluntary Community Sector Grants
1b.	What are the main aims of the project, proposal or service / contract change?	As part of the Single Commission Savings Assurance process a project team has been tasked with identifying savings within the Single Commission Voluntary Community Sector Grants/Service Level Agreements. A number of schemes have been identified where there are fewer risks to increasing costs elsewhere in the system if reductions are made, as detailed in the accompanying paper. The proposed changes to grant values are as follows:-

Proposed changes to VCS Grant funding			
Theme	Provider	Grant value 16/17	Proposed Grant Value
End of Life	Tameside and Glossop Hospice Limited (Willow Wood) Specialist Dementia Nurse	£57,000	£55,000
Mental Health	Age UK - SMI step down	£105,404	£100,134
Mental Health	LGBT Foundation for counselling	£10,306	£9,876
Children's	Home-Start Parent Infant Mental Health	£40,742	£38,705
Children's	Action Together Parent Carer respite	£100,000	£95,000
Stroke	Stroke Association	£94,472	£89,748
Transport – Miles of Smiles	Action Together: CCG	£51,000	£48,000

August 2017

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on any groups of people with protected equality characteristics? Where a direct or indirect impact will occur as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.

Protected Characteristic	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Age		<u>x</u>		The proposed changes to Grant funded services may have an impact on people of different ages.
Disability	<u>x</u>			The proposed changes may affect people with a disability – Stroke Association, Children with Disabilities Parent Carer respite and people with mental health needs.
Ethnicity			<u>x</u>	No direct impact is anticipated in terms of ethnicity
Sex / Gender			<u>x</u>	No direct impact is anticipated in terms of sex/gender
Religion or Belief			<u>x</u>	No direct impact is anticipated in terms of religion/belief
Sexual Orientation		<u>x</u>		A reduction in the small grant to the LGBT Foundation may have an impact on LGBT people
Gender Reassignment			<u>x</u>	No direct impact is anticipated in terms of gender reassignment
Pregnancy & Maternity		<u>x</u>		A reduction in the Parent Infant Mental Health grant to Home Start may have an impact on families in pregnancy and early years
Marriage & Civil Partnership			<u>x</u>	No direct impact is anticipated for those who are married or who are in a civil partnership

NHS Tameside & Glossop Clinical Commissioning Group locally determined protected groups?				
Mental Health	<u>X</u>			Reductions in mental health grants may have an impact on services for people with mental health needs
Carers	<u>x</u>			Reductions in the Children with Disability Parent Carer Respite grant may impact on carers
Military Veterans			<u>x</u>	No direct impact is anticipated in relation to military veterans
Breast Feeding		<u>X</u>		No direct impact is anticipated in terms of breastfeeding but there is an indirect link to the Parent Infant Mental Health grant.
Are there any other groups who you feel may be impacted, directly or indirectly, by this project, proposal or service / contract change? (e.g. vulnerable residents, isolated residents, low income households)				
Group (please state)	Direct Impact	Indirect Impact	Little / No Impact	Explanation
People on low income/with disabilities/long term conditions/ who need support to travel to appointments		<u>x</u>		Volunteer car schemes support attendance at health appointments thereby reducing missed appointments

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
		x	
1e.	What are your reasons for the decision made at 1d?	The proposal to reduce grant funding to some schemes requires a full EIA.	

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary

On the completion of part 1, a need has been identified for a full Equality Impact Assessment (EIA) to be undertaken. The decision to complete a full EIA has been made because the project has been identified as having an impact on a number of protected characteristic groups.

2b. Issues to Consider

Reducing funding to Voluntary and Community Sector organisations may

- Impact on the organisations ability to provide quality services
- Impact on the organisations financial viability
- Result in a reputational risk to the Single Commission/negative media coverage/complaints
- Impact on the positive partnership working between the VCS and statutory sector.

2c. Impact

With the need to make significant savings difficult decisions have to be made in all health and social care organisations. VCS providers were asked to complete a matrix showing the impact of reductions on the schemes that are grant funded. This information will be used to work with each provider to agree how the impact of the reduced funding can be managed.

2d. Mitigations *(Where you have identified an impact, what can be done to reduce or mitigate the impact?)*

Impact on the positive partnership working between the VCS and statutory sector.	The reductions in grant funding will be offset by the commitment to continue to invest in schemes that are delivering high impact areas within Care Together. The development of the whole system VCS Compact will provide reassurance about the nature and scope of the relationships going forward.
Impact on the organisations ability to provide quality services	All Grant Agreements will be revised in light of the funding. This will include the review of expectations and monitoring arrangements, aiming to identify and mitigate any risks together.
Impact on the organisations financial viability	Single Commission Leads will offer support to explore options to reduce costs/increase income.
Result in a reputational risk to the Single Commission/negative media coverage/complaints	Clear communication to all VCS providers about the financial challenges facing the NHS and Council and the need for all organisations to make efficiencies.

2e. Evidence Sources – included in the box below are documents that are available to mitigate risks as explained in 2d

Savings Assurance Templates for the following services:-

- Tameside and Glossop Hospice Limited (Willow Wood): Specialist Dementia Nurse
- Age UK : Serious Mental Illness day support
- LGBT Foundation: Counselling
- Home-Start: Parent Infant Mental Health
- Action Together: Parent Carer respite
- Stroke Association
- Action Together: Miles of Smiles Transport

2f. Monitoring progress

Issue / Action	Lead officer	Timescale
Lead commissioner for each Grant funded scheme will work with the providers to rewrite the Conditional Grant Agreement in line with the changes in funding.	As per lead commissioner	1 st October 2017

Signature of Contract / Commissioning Manager	Date
Pat McKelvey	21.7.17
Signature of Assistant Director / Director	Date