

Adults and Communities Directorate

Third Sector Commissioning Prospectus



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Important: To check your eligibility to apply for funding to delivery the services as outlined within this funding prospectus, please complete the self assessment questions contained at page **39** of this document at your earliest opportunity.

Adults and Communities Directorate Third Sector Commissioning Prospectus

Foreword

We are proud to welcome you to the first third sector commissioning prospectus from the Adults and Communities Directorate and equally proud to confirm that we are investing approximately £9 million to enable you, our partners, to deliver services to the citizens of Birmingham.

Most importantly you should note that in future, services will not be limited by simple eligibility but more by defined outcomes. You should also note that this process forms the first stage in the Directorate's overall commissioning continuum and we aim to encourage the delivery of outcomes inline with the Well-Being Agenda.

As a Beacon council for increasing voluntary and community sector service delivery (2007-8), we are committed to working in partnership with the third sector to improve outcomes for people in Birmingham. We are also committed to honouring our commitments in the Birmingham Compact.

This prospectus is the product of extensive consultation with sector partners. It offers three year funding and is based upon the principle of full cost recovery, in line with the Birmingham Compact and the council's corporate commissioning framework for the third sector.

The new application process tests your capacity to deliver outcomes for service users in Birmingham. We recognise that moving to an outcome-focussed approach is a major change, both for our partners, and for the directorate itself as funding body.

There will be much for us to learn from your experiences during this first year. We want to make this new process as user-friendly as possible. Please let us have your feedback on the process so we can use it to make future improvements. You will find contact details for your feedback at page **40** via the Commissioning Manager.



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Cabinet Member for
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Peter Hay
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1. INTRODUCTION

Birmingham City Council Corporate Commissioning Approach

Birmingham City Council is committed to supporting the work and future of the third sector¹. This, coupled with the drive for best use of resources, has provided a unique opportunity to reshape our relationships, including funding, with third sector organisations.

Birmingham City Council has developed a new approach to its grant funding to strengthen its relationship through the development of partnership arrangements with constituency partners and the third sector. Birmingham City Council is committed to replace all of its previous grant aid funding with a commissioning process that is clear, accessible, transparent and which communicates the Council's commissioning priorities and intentions. It has therefore established a corporate commissioning framework for third sector funding.

The key drivers for the development of the corporate framework are to:

- Improve our partnerships with third sector groups and increase their involvement in our services and activities
- Work towards strategic and longer term funding for third sector organisations in return for a high level of performance
- Make sure that Birmingham City Council's funding is outcome focused and aligned to the Council Plan and community strategy priorities
- Make sure that the Council achieves value for money from its funding and that this funding supports the delivery of excellent public services for citizens and residents of Birmingham

¹ The Third Sector is defined by Birmingham City Council as "voluntary and community sector including registered charities, voluntary organisations, community groups, faith groups engaged in voluntary/social action, not-for-profit organisations, community interest companies and social enterprises"

1.1 Purpose of the Commissioning Framework

The commissioning framework offers the opportunity for both existing and new organisations to work with the City Council to have a positive impact on the delivery of excellent services to our communities. This approach will ensure that the funding is aligned with the Birmingham Strategic Partnership and the Council Plan priorities.

Birmingham City Council's Adults and Communities Directorate will introduce a commissioning process from November 2007 to select service providers to deliver particular services and activities from April 2008. There are eight key commissioning strategies with ten funding objectives to be commissioned within this prospectus:

Commissioning Strategy 1: **Older People**

Commissioning Strategy 2: **Physical Disability**

Commissioning Strategy 3: **Sensory Impairment**

Commissioning Strategy 4: **Carers**

Commissioning Strategy 5: **Learning Disability**

Commissioning Strategy 6: **Mental Health**

Commissioning Strategy 7: **Substance Misuse**

Commissioning Strategy 8: **HIV & AIDS**

Funding Objective 1: *Improving Information, Advice and Guidance*

Funding Objective 2: *Ensuring Access to Advocacy and Support*

Funding Objective 3: *Increasing Choice and Control*

Funding Objective 4: *Supporting People to Remain Independent*

Funding Objective 5: *Ensuring Meaningful Day Opportunities*

Funding Objective 6: *Re-Enabling People to Stay Independent*

Funding Objective 7: *Providing Opportunities for Carer Short Breaks*

Funding Objective 8: *Ensuring Independent Mental Capacity Advocacy (IMCA)*

Funding Objective 9: *Reducing Alcohol and Substance Misuse*

Funding Objective 10: *Increasing Independence through Well-Being Preventative Initiatives*

1.2 Corporate Priorities

The Council Plan 2007-2010 “a global city with a local heart” sets out the City Council’s strategic outcomes under five broad headings. The Adults and Communities Directorate Third Sector Commissioning Prospectus will help deliver the following priorities for individuals, groups and communities in Birmingham:

- Succeed economically – benefiting from education, training, jobs and investment
- Stay safe – living in clean, green and safe communities
- Be healthy – enjoying long and healthy lives
- Enjoy a high quality of life – benefiting from good housing and renowned cultural and leisure opportunities
- Make a contribution – valuing one another and playing an active part in the community.
- The full plan can be found at www.birmingham.gov.uk/councilplan.bcc

1.3 Why the Council works in partnership with the Third Sector

The Council wants to achieve added value alongside price competitiveness using a full cost⁵ recovery strategy. Service delivery by third sector organisations can help to develop Birmingham's social capital which will complement and add value to existing mainstream provision. Inclusive networks, voluntary activity membership in formal and informal groups, trust, social participation and civic engagement to include volunteering, can support the wider communities within Birmingham beyond the delivery of funded services and activities. The sector can contribute added value through a clear focus on user needs, the reinvestment of surpluses and the feedback of service experience into policy development and advocacy.

The Report from the Health Overview and Scrutiny Committee (11 April 2007) features an extract from the Cross Cutting Review⁶ which demonstrates that using third sector organisations to deliver services can be beneficial because they:

- have specialist knowledge, experience and/or skills
- have particular ways of involving people in service delivery, whether as service users or self help/autonomous groups
- are independent from existing and past structures/models of service. Third sector organisations are not bound by structures or rules as traditional public sector agencies are.
- have access to the wider community (without institutional baggage).
- are flexible and free from institutional pressures
- are responsive services which are user-centred.

The City Council recognises these unique features of the third sector and already engages with a wide range of service providers to adults (and children) for the provision of targeted well-being services, including personalised day opportunities, family support and volunteering.

Many of the organisations operate within niche markets that not only satisfy diversity but also underpin the mainstream marketplace. To build on and enhance this partnership approach to meeting the needs of service users, and in response to the Birmingham Compact, the Council has developed a corporate approach that communicates clearly with the sector focussing on its corporate strategies, commissioning priorities and individual directorate outcomes. Through the implementation of a commissioning framework for the third sector, the council seeks to ensure that the funding for the sector supports the achievement of priority outcomes for Birmingham's communities.

⁵ Association of Chief Execs of Vol Orgs (ACEVO) Framework for Full Cost Recovery www.fullcostrecovery.org.uk

⁶ HM Treasury Cross Cutting Review 2002

2. Directorate-Specific Information

2.1 Adults and Communities Directorate links to its service users, carers and communities

Adults and Communities Directorate is embracing major changes in adult social care services. In recent years it has had significant political and corporate support with a high priority given to investments in services. The Directorate is now moving towards a tighter commissioning approach that is based on services that achieve results for the people it serves (outcome focused).

The seven outcomes described below form our key priority drivers for these approaches in supporting people to choose their own futures and for investing in services that make a difference in meeting the assessed needs of all our adult service groups.

The vision means a shift away from being a 'grant funder' to being an 'investor'. This is about all service providers knowing the needs of the people to be served, which services should be offered and the results that are anticipated to make a difference.

The vision is also about matching the best performance of other local authorities by making sure that commissioned services are inclusive, sensitive and safe so that:

- People and their carers decide on how, when and through whom they access care and services
- Services are delivered by a skilled, flexible and responsive workforce from a choice of providers who may work together
- Services are delivered at home or close to home
- People, whether they are service users or carers, are involved in the review, evaluation and design of services and in working partnerships between communities, commissioners and the health sector

The underpinning process of outcome-focussed commissioning services using grants is better focussed and targeted to meet this vision whether serving low-level targeted well-being services or more personalised care services. The focus of this is embedded in priorities determined by the seven outcomes of the White Paper – "Our Health, Our Care, Our Say." Our aim is to make sure that whatever services are commissioned, they contribute to the following:

1. Improve Health and Emotional Well-Being

Enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long-term conditions independently and opportunities for physical activity.

This means services promote and facilitate the health and emotional well-being of people.

2. Improve the Quality of Life

Access to leisure, social activities and lifelong learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home.

This means services promote independence and support people to live fulfilled lives in making the most of their capacity and potential.

3. Making a Positive Contribution

Maintaining involvement in local activities and being involved in policy development and decision-making.

This means people who use services are encouraged to participate fully in the community, and also that their contribution is valued equally with that of other people.

4. Increase Control and Choice

Through maximum independence and access to information. Being able to choose and control services and helped to manage risk in personal life.

This means people who use services and their carers have access to choice and control of good quality services, which are responsive to individual needs and preferences.

5. Improve Freedom from Discrimination

Equality of access to services for all who need them.

This means people who need social care have equal access to services without hindrance from discrimination or prejudice; people feel safe and are safeguarded from harm.

6. Increase Economic Well-Being

Access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.

This means people are not disadvantaged financially and have access to appropriate economic resources to achieve their needs.

7. Improve Personal Dignity and Respect

Not being subject to abuse. Keeping clean and comfortable. Enjoying a clean and pleasant environment. Appropriate personal care is available.

All aspects of adult social care services should provide these things so that individuals are treated with dignity and respect.

Partnerships and Local Area Agreements

The Adults and Communities Directorate will be working closely with the Constituency/Community Plan attached to the Local Area Agreements blocks relevant to adult social care, to meet the identified service commissioning priorities and objectives to serve the diverse communities in Birmingham. It will also be working closely with stakeholders to make sure performance measures are met and that there is an agreed approach to commissioning.

The Council's equality scheme sets out six strands for equality and diversity, *ie* age, disability, gender, race, religion and belief, and sexual orientation. (Please see glossary for definitions). These principles are reflected in this Prospectus.

The following Section 3 outlines the Adults and Communities Directorate Commissioning Strategies and Commissioning Objectives.

3. Overview of Commissioning Strategies and Objectives

Although some of the key service areas stand alone in terms of commissioning strategies and intentions, it is evident that they have cross-cutting themes and properties that make them mutually dependent.

The role of the third sector in this commissioning vision is vital to the performance and improvements needed to achieve the strategies' objectives. The eight key commissioning strategies are outlined below and these are followed by the ten funding objectives to be commissioned in this prospectus.

Commissioning Strategies

3.1 Older People

The age profile of the populations across Birmingham shows some variation over time. According to the 2004-based ONS sub-national population projections, the population aged 85 and over will increase by 12.3% between 2007 and 2017 whilst the population aged 65 and over will only grow by 3.7%. According to Dementia UK 2007, there is also a projected increase in the number of people with dementia.

Of all the constituencies, Ladywood has the lowest proportion of their population aged 65 or over. Ladywood also has the highest proportion of black and ethnic minority residents. According to the 2001 Census, there are currently approximately 17,000 black and ethnic minority elders across the City, of whom less than 1,000 are aged over 85 years.

Local authorities are in the forefront of dealing with the implications of an ageing population and in re-defining their role and place within their local communities. This requires a fundamental change in attitude towards old age, moving away from stereotypes of dependence and loss to a more positive appreciation of the knowledge, skill and experience of older people. These attributes equip older people to make significant contributions to the well-being of their local communities. This will only be possible if age discrimination, in all its forms, is actively confronted.

3.2 Physical Disability

People with a physical disability refers to those aged 18 - 64 who have one or more physical disabilities which may be either congenital, acquired through ageing, temporary or longer term, stable or fluctuating. Physical disability is unique for individuals in the way it impacts on their life. Services therefore need to be person-centred and recognise an individual's right to independence and self-determination, dignity and respect.

Though the incidence of disabling conditions remains relatively stable, people with multiple and complex needs are living longer. However, there is a greater incidence of some conditions specific to black and minority ethnic communities. Service delivery must therefore be culturally sensitive and based on identified and changing needs for the individual and profile changes specific to ethnicity.

3.3 Sensory Impairment

Local and national needs assessments show a relatively stable incidence of sensory impairment in the general population. However, with an ageing population there are likely to be an increasing number of people with a sensory impairment. The increase is therefore currently significant amongst the white female population but this is likely to change. There is a need for both increased sensory awareness training and also access to information in accessible formats to overcome barriers and promote inclusion in the social model of disability.

Specialist citywide visual and hearing impairment services need to be developed in line with identified resources in order to better meet the changing social care needs of sensory impaired people in Birmingham.

In developing services there will be increased focus on enabling and preventing to promote independence and inclusion as well as a person centred approach to care planning and provision.

3.4 Carers

There are many reasons why carers need to be supported. As a nation, life expectancy has improved and we can all expect to live longer. Our chances of becoming a carer are increasing all the time.

Our ageing population is also demographically changing and this will affect how and when we care. Coupled with advances in medical and assistive technologies our life chances have significantly improved and more carers are becoming part of the community.

3.5 Learning Disability

There is a growing population of people with learning disabilities that is enjoying much longer life expectancy including people born with complex needs. The proportion of people with learning disabilities from the South Asian community has increased to 50% of the number in each age band. About a third of people with learning disabilities will require significant levels of health and social care services throughout their lives.

Promoting the inclusion of people with learning disabilities in the general community and providing a range of opportunities and choices is a national priority. There is a move away from negative stereotypes of dependence and lack of ability or entitlement to direct their own lives. This is being replaced with a more positive view that people with learning disabilities can make choices, take risks and be independent with the necessary support in

place to make it work. These changes mean they will be able to feel part of and make a worthwhile contribution to the well-being of their local communities.

3.6 Mental Health

Adults with long-term mental health difficulties are one of the most excluded groups in society. For some, an episode of mental distress will prove so disruptive that they become 'pushed' out of the society in which they once participated. For others, early onset of mental health difficulties means social exclusion throughout their adult life. This can affect employment, training, access to health care, housing, financial security and to community and family support. This can have a major impact on the individual and on the contribution they are able to make to society and the economy.

It is recognised that some groups face particular barriers to getting their needs addressed, including people from ethnic minorities, young men, parents and adults with complex needs. In addition, mental health difficulties present particular challenges for deprived neighbourhoods. Tackling mental health issues at a community level is a benefit not only for the individual, but also for the community and the local economy.

3.7 Substance Misuse

The Government's Updated Substance Misuse Strategy (2005) builds on and adapts its drug strategy "Tackling Drugs to Build a Better Britain" launched in 1998. The Updated Strategy sets out a range of policies and interventions to reduce the harm caused by illegal drugs by 2009.

The range of policies and interventions concentrate on the most dangerous drugs, the most damaged communities and the individuals whose addiction and chaotic lifestyles are most harmful both to themselves and others.

The Updated Strategy comprises four strands of work:

- preventing young people from becoming drug misusers
- reducing the supply of illegal drugs
- increasing the number of individuals accessing effective drug treatment
- reducing drug related crime

The problems of substance misuse are complex and require integrated solutions and coordinated delivery of services involving education, intelligence and enforcement, social and economic policy and health. Tackling drugs requires effective joint working between government departments at a national level and similar partnerships between agencies working at a local level.

3.8 Sexual Health and HIV

The National Strategy for Sexual Health and HIV addresses the rising prevalence of sexually transmitted infections and of HIV. The consequences of poor sexual health can be serious, having a long lasting impact on people's lives. There is a clear relationship between sexual ill health, poverty and social exclusion, in addition to which there is an unequal impact of HIV on gay men and on some minority ethnic groups.

The Strategy addresses the need to raise standards of services in line with the principles of the NHS Plan. The NHS Plan highlights the need for patients to have a real say in setting actions to make it happen.

Building on that, the Strategy for Sexual Health and HIV emphasises the need to be more inclusive by involving clients and their representatives in planning of services. The strategy also highlights the third sector as having a crucial role to play in this provision, particularly in delivering services for HIV.

Funding Objectives

Section 3.9 outlines the funding objectives to be commissioned by the Adults and Communities Directorate. Each objective is covered by performance measures directly linked to the seven outcomes outlined in Section 2.1.

Performance outcomes and data will be collected and collated by providers as part of their Service Level Agreement (SLA). This is linked to the 'Key Lines of Assessment to Standards of Performance' (KLASP) document. The KLASP is crucial for the Directorate as it specifies key service improvement targets. Service delivery commissioned from the third sector plays an important part in meeting these targets and improving outcomes for service users. The KLASP is obtained from the Commission for Social Care Inspection (www.csci.org.uk or enquires@csci.gsi.gov.uk).

3.9 Funding Objectives	
Objective 1: Improving Information, Advice and Guidance	
Target Group	All Adult Service Groups
Service Outcome Delivery Overview	To ensure that all adults (please see glossary) have access to information, advice and guidance about the full range of options and services available to them. This is so they are able to exercise informed choice and control in meeting their needs and improving the outcomes of these decisions.
Performance Outcome Targets	<p>People have confidence in the information they receive for making choices for themselves as far as is possible, whether at a time of crisis, trauma, planned or unexpected change.</p> <p>People are able to access timely and appropriate information in a suitable format. They are supported in a friendly, welcoming, safe, secure and confidential environment and manner.</p> <p>People are able to access information about how to maximise their resources, along with their choice and control over services, support and the use of those resources.</p> <p>People are informed so as to be able to make choices involving their lives and wellbeing. This may include the way they use their assets and resources; how they organise or access opportunities and services; how they prepare for and experience changing circumstances; the promotion of social and community inclusion, and contribution to their communities through leisure, training and employment opportunities; where, and how independently, they live.</p> <p>People have information about the availability and accessing of: Health, Council and other sources of services, support and specialist information.</p> <p>Service will promote speedy outcomes for those with low level needs through effective signposting and appropriate handover to other services such as education, training or employment.</p>
Evidence of Need	<p>White Paper: "Our Health, Our Care, Our Say" Anti-Discrimination and Harassment Legislation</p> <p>Needs Identified in Adults and Communities Strategies</p> <p>National Strategy for Sexual Health and HIV</p> <p>Anti-Poverty Strategy</p> <p>Valuing People</p> <p>National Service Frameworks (NSF)</p> <p>Customer First</p> <p>Local Area Agreement</p> <p>Constituency/Community Plan</p> <p>E-Government</p>

Objective 1: Improving Information, Advice and Guidance *continued*

Target Group	All Adult Service Groups
Key Partners	Adults and Communities and Housing Directorates; Third Sector Agencies; Children, Young People and Families; Education; Health; Birmingham Health and Well-Being Partnership
Geographical	City wide
Headline Outcome Performance	<p>Outcome 1: Improved Health and Emotional Well-Being Grade 3: 1.1</p> <p>Outcome 3: Making a Positive Contribution Grade 3: 3.3</p> <p>Outcome 4: Increased Choice and Control Grade 3: 4.2</p>
Maximum Funding Allocation	Negotiated according to the identified needs.

Objective 2: Ensuring access to Advocacy and Support

Target Group	All Adult Service Groups
<p>Service Outcome Delivery Overview</p>	<p>To ensure that all adults (please see glossary) have access to information, advice and guidance about the full range of options and services available to them. This is so they are able to exercise informed choice and control in meeting their needs and improving the outcomes of these decisions. This means people are supported to say what they want, secure their rights, represent their interests and obtain services they need to improve those outcomes.</p>
<p>Performance Outcome Targets</p>	<p>People are supported in safeguarding their rights as citizens. They feel confident in being supported, or represented, in expressing their views, getting help to resolve issues and protection if they are particularly vulnerable.</p> <p>People who may struggle to be involved in making informed choice feel supported and empowered in exercising choice and control as far as they are able or willing.</p> <p>People have access to appropriate forms of advocacy. This may include being supported to speak up for themselves, having a peer advocate, as well as specialist instructed and non-instructed advocacy.</p> <p>People will have access to support and advocacy in the exercise of choice and control in how and where they live. This may include employment, training, leisure, development, interests, accessing support and services, and community and social inclusion.</p> <p>People are supported in influencing and reviewing the development and provision of services and resources in their communities.</p>
<p>Evidence of Need</p>	<p>White Paper: "Our Health, Our Care, Our Say"</p> <p>Anti-Discrimination and Harassment Legislation</p> <p>Identified Needs in Adults and Communities Strategies</p> <p>National Strategy for Sexual Health and HIV</p> <p>Anti-Poverty Strategy</p> <p>Valuing People</p> <p>Birmingham City Council Transformation Programme</p> <p>Local Area Agreement</p> <p>Birmingham City Council Plan</p> <p>Constituency/Community Plan</p>

Objective 2: Ensuring access to Advocacy and Support <i>continued</i>	
Target Group	All Adult Service Groups
Key Partners	Adults and Communities Directorate; Housing Directorate; Health; Third Sector Agencies; Children, Young People and Families; Education; Birmingham Health and Well-Being Partnership
Geographical	City wide
Headline Outcome Performance	<p>Outcome 3: Making a Positive Contribution Grade 3: 3.3</p> <p>Outcome 4: Increased Choice and Control Grade 3: 4.2</p> <p>Outcome 5: Freedom From Discrimination and Harassment Grade 3: 5.5</p>
Maximum Funding Allocation	Negotiated according to the identified needs.

Objective 3: Increasing Choice and Control

All Adult Service Groups	
Target Group	All Adult Service Groups
Service Outcome Delivery Overview	To assist people to get better care and support by having greater choice and control to enhance life skills and to manage their own care and support. People are able to influence wider service developments by take up of Direct Payments and individualised budgets.
Performance Outcome Targets	<p>Services will contribute to a fundamental shift in the roles and responsibilities of all concerned to achieve and support user control in delivering positive outcomes.</p> <p>Services will support Person Centred Care Planning and develop an appropriate range of support to provide choice and control.</p> <p>People are able to exercise choice and control over services, support and the use of those resources to have choice and control over living independently, and contributing to their communities, whilst minimising the level of interventions in their day to day living.</p>
Evidence of Need	<p>White Paper: "Our Health, Our Care, Our Say"</p> <p>Anti-Discrimination and Harassment Legislation</p> <p>Needs Identified in Adults and Communities Strategies</p> <p>National Strategy for Sexual Health and HIV</p> <p>Anti-Poverty Strategy</p> <p>Valuing People</p> <p>National Service Frameworks (NSF)</p> <p>Customer First</p> <p>Social Inclusion</p> <p>Local Area Agreement</p> <p>Birmingham City Council Plan</p> <p>Constituency/Community Plan</p>

Objective 3: Increasing Choice and Control *continued*

Target Group	All Adult Service Groups
Key Partners	Adults and Communities Directorate; Lifelong Learning Agencies; Individuals and Third Sector Organisations; Service Birmingham (Total Transformation); in-Control Programme; Housing; Birmingham Health and Well-Being Partnership
Geographical	City wide
Headline Outcome Performance	<p>Outcome 3: Making a Positive Contribution Grade 3: 3.3</p> <p>Outcome 4: Increased Choice and Control Grade 3: 4.7b, 4.7c</p> <p>Outcome 5: Freedom From Discrimination and Harassment Grade 3: 5.5</p> <p>Outcome 6: Economic Well-being Grade 3: 6.2, 6.5</p>
Maximum Funding Allocation	Negotiated according to the identified needs.

Objective 4: Supporting People to remain independent

Target Group	All Adult Service Groups
Service Outcome Delivery Overview	To help people with specific identified needs, requiring particular knowledge, experience or skills, to have access to the support and care that they need to live in the community or place of their choice.
Performance Outcome Targets	<p>Services are flexible and provide a range of support to people with complex support needs to avoid unnecessary loss of independence in living arrangements.</p> <p>People with complex care and support needs are able to take part in their communities and access the same services, activities and communal resources as their neighbours.</p> <p>People are supported in moving towards more independent living with greater choice and control over their support and care services.</p> <p>There will be a sufficient range of flexible services to offer a speedy short term response to crises, no matter what the level of support need, to avoid unnecessary loss of independent living</p> <p>Services will work with people to promote assessment of need, including self-assessment, to signpost, design, and if appropriate, deliver person centred/bespoke services to meet equal and diverse needs.</p>
Evidence of Need	<p>White Paper: "Our Health, Our Care, Our Say"</p> <p>Anti-Discrimination and Harassment Legislation</p> <p>Needs Identified in Adults and Communities and Housing Strategies</p> <p>National Strategy for Sexual Health and HIV</p> <p>Anti-Poverty Strategy</p> <p>Valuing People</p> <p>National Service Frameworks (NSF)</p> <p>Customer First</p> <p>Social Inclusion</p> <p>New Deal for Disabled People</p> <p>Local Area Agreement</p> <p>Birmingham City Council Plan</p> <p>Constituency/Community Plan</p>

Objective 4: Supporting People to remain independent *continued*

Target Group	All Adult Service Groups
Key Partners	Adults and Communities and Housing Directorates; Third Sector; Health; Supporting People; Birmingham Health and Well-Being Partnership
Geographical	City wide
Headline Outcome Performance	<p>Outcome 3: Making a Positive Contribution Grade 3: 3.1, 3.3</p> <p>Outcome 4: Increased Choice and Control Grade 3: 4.7</p> <p>Outcome 5: Freedom From Discrimination and Harassment Grade 3: 5.5</p>
Maximum Funding Allocation	Negotiated according to the identified needs.

Objective 5: Ensuring meaningful day opportunities

Target Group	
All Adult Service Groups	
Service Outcome Delivery Overview	People are able to choose to spend their day in a way that is enjoyable, stimulating and has meaning to them; whether in their own home or out in the community, with or without other people.
Performance Outcome Targets	<p>People will have access to appropriate universal opportunities including lifelong learning opportunities, leisure facilities, employment, education and training opportunities, as well as facilities within the community and city.</p> <p>People will be able to access activity that has meaning to them.</p> <p>People have access to appropriate means of transport to use community services and common places.</p> <p>People will have increased choice through the range of support available for service users and carers to use direct payments or individualised budgets to develop the support they have in accessing universal services and common places</p> <p>Services will promote Disability Awareness and training for providers of universal and targeted services.</p>
Evidence of Need	<p>White Paper: "Our Health, Our Care, Our Say"</p> <p>Anti-Discrimination and Harassment Legislation</p> <p>Needs Identified in Adults and Communities Strategies</p> <p>Social Model of Disability</p> <p>National Strategy for Sexual Health and HIV</p> <p>Anti-Poverty Strategy</p> <p>Valuing People</p> <p>National Service Frameworks (NSF)</p> <p>Customer First</p> <p>Social Inclusion</p> <p>Local Area Agreement</p> <p>New Deal for Disabled People</p> <p>Birmingham City Council Plan</p> <p>Constituency/Community Plan</p>

Objective 5: Ensuring meaningful day opportunities *continued*

Target Group	All Adult Service Groups
Key Partners	Adults and Communities Directorate; Lifelong Learning Agencies; Individuals; Third Sector Organisations; Constituencies; Birmingham Health and Well-Being Partnership
Geographical	City wide
Headline Outcome Performance	<p>Outcome 1: Improved Health and Emotional Well-Being Grade 3: 1.1</p> <p>Outcome 2: Improved Quality of Life Grade 3: 2.1</p> <p>Outcome 3: Making a Positive Contribution Grade 3: 3.3</p>
Maximum Funding Allocation	Negotiated according to the identified needs.

Objective 6: Re-enabling people to stay independent

Target Group	All Adult Service Groups
Service Outcome Delivery Overview	People who may have lost confidence or skills in their ability are assisted in their ability to regain them. This should be done in a supportive and encouraging manner that is age and need appropriate to them, and that is in keeping with their individual and diverse needs.
Performance Outcome Targets	<p>A range of services and support will be accessible to people who need short term additional support to regain confidence and abilities so as to live more independently.</p> <p>People will have greater choice and control about where they are able to live when discharged from hospital.</p> <p>People will have improved access to physical resources such as aids, adaptations and assistive smart technology to enable continued independence, choice and control in the community.</p> <p>Services will work with people to promote needs assessments, including self-assessment, to signpost, design, and if appropriate, deliver person centred/bespoke intervention to meet equality and diversity needs and for low level need to signpost to other services.</p> <p>Services will promote appropriate and timely accessible services for all groups, and their carers, to promote keeping and regaining skills, confidence and independence within the chosen community.</p>
Evidence of Need	<p>White Paper: "Our Health, Our Care, Our Say"</p> <p>Anti-discrimination and harassment legislation</p> <p>Identified needs in Adults and Communities strategies</p> <p>National Sexual Health and HIV strategy</p> <p>Anti-Poverty Strategy</p> <p>Valuing People</p> <p>National Service Frameworks (NSF)</p> <p>Customer First</p> <p>Social Inclusion</p> <p>New Deal for Disabled People</p> <p>Local Area Agreement</p> <p>Birmingham City Council Plan</p> <p>Constituency/Community Plan</p>

Objective 6: Re-enabling people to stay independent *continued*

Target Group	All Adult Service Groups
Key Partners	Adults and Communities Directorate; Third Sector; Health; Housing Supporting People; Birmingham Health and Well-Being Partnership; Private Sector
Geographical	City wide
Headline Outcome Performance	<p>Outcome 1: Improved Health and Emotional Well-Being Grade 3: 1.3</p> <p>Outcome 2: Improved Quality of Life Grade 3: 2.1, 2.3, 2,6</p> <p>Outcome 3: Making a Positive Contribution Grade 3: 3.3</p>
Maximum Funding Allocation	Negotiated according to the identified needs.

Objective 7: Providing opportunities for Carer Short Breaks

Target Group	All Adult Service Groups
Service Outcome Delivery Overview	A Carer Short Break is support for carers who care for people with complex and high dependency needs. It includes providing direct care to the person so carers can have a break, emotional support and receiving information to improve outcomes for the carer and the person they care for.
Performance Outcome Targets	Carers provided with carer break opportunities will experience several outcomes, including a reduction in social isolation, less stress and anxiety gained by opportunities to engage in activities that encourage mental well-being, eg leisure services, lifelong learning activities, therapies and developmental training that includes employment options.
Evidence of Need	<p>White Paper: "Our Health, Our Care, Our Say"</p> <p>Anti-Discrimination and Harassment Legislation</p> <p>Needs Identified in Adults and Communities and Housing strategies</p> <p>National Strategy for Sexual Health and HIV</p> <p>Anti-Poverty Strategy</p> <p>Valuing People</p> <p>National Service Frameworks (NSF)</p> <p>Customer First</p> <p>Social Inclusion</p> <p>New Deal for Disabled People</p> <p>Local Area Agreement</p> <p>Birmingham City Council Plan</p> <p>Constituency/Community Plan</p>

Objective 7: Providing opportunities for Carer Short Breaks *continued*

Target Group	All Adult Service Groups
Key Partners	Adults and Communities Directorate; Third Sector; Employment and Training Agencies; Health, Constituencies; Birmingham Health and Well-Being Partnership
Geographical	City wide
Headline Outcome Performance	<p>Outcome 3: Making a Positive Contribution Grade 3: 3.1, 3.2, 3.3</p> <p>Outcome 6: Economic Well-Being Grade 3: 6.3, 6.6</p>
Maximum Funding Allocation	Negotiated according to the identified needs.

Objective 8: Ensuring Independent Mental Capacity Advocacy (IMCA)

Target Group	People aged 16 and over whom lack capacity in issues as defined within the Mental Capacity Act (MCA 2005) and its regulations, and who lack appropriate representation as defined.
Service Outcome Delivery Overview	The Mental Capacity Act introduces statutory independent advocacy for the first time (IMCA). The Social Service Authorities are the budget holders for this but are expected to commission in partnership with the NHS. The service applies in limited circumstance (defined within the MCA) for specific persons (lacking capacity and other representation 'un-befriended'). There are discretionary regulations to extend this for adult protection and care home reviews.
Performance Outcome Targets	All persons lacking capacity in the issues defined within the MCA 2005 have their views and best interests (as best can be determined) represented in decisions on those issues that impact upon them. Reports are provided of independent representation of the views and best interests of all appropriately referred persons, to the decision maker in a timely manner so as to inform the decision. Service is available during normal working hours and provides a timely response to appropriate referrals so as to inform the decision.
Evidence of Need	White Paper: "Our Health, Our Care, Our Say" Statutory Duty within the Mental Capacity Act (2005)
Key Partners	Adults and Communities Directorate; Health; Birmingham Health and Well-Being Partnership; Third Sector Advocacy Provider Agencies
Geographical	City wide
Headline Outcome Performance	Outcome 1: Improved Health and Emotional Well-being Grade 1: 1.1, 1.2b Outcome 3: Making a Positive Contribution Grade 3: 3.3 Outcome 4: Increased Choice and Control Grade 4: 4.2, 4.5d
Maximum Funding Allocation	Negotiated according to the identified needs.

Objective 9: Reducing Alcohol and Substance Misuse (IMCA)

Target Group	All Adult Service Groups
Service Outcome Delivery Overview	People are helped to reduce alcohol and substance misuse to improve the well-being of themselves.
Performance Outcome Targets	<p>The target outcomes agreed at a local level for individuals' and communities' well-being are to work towards:</p> <ul style="list-style-type: none"> • Reduce alcohol/drug consumption • Reduce dependence leading to complete abstinence. • Reduce substance related social problems • General improvement in health and social skills <p>Measurable goals will be agreed and progress towards achieving those goals will be monitored to the benefit of the individuals within the service.</p> <p>Monitoring data will be used to inform regular service reviews so that treatment activities can be measured against planned outcomes. Thus the initial impact of treatment provided is essential in order to understand the relationship between the resources and treatment outcomes. This in turn informs decisions regarding the future allocation of resources and development of the treatment system for individuals' best outcomes.</p>
Evidence of Need	<p>White Paper: "Our Health, Our Care, Our Say"</p> <p>D.H. Models of Care for Substance Misuse, National Treatment Agency (NTA).</p>

Objective 9: Reducing Alcohol and Substance Misuse *continued*

Target Group		All Adult Service Groups
Key Partners	Adults and Communities Directorate; Birmingham Community Safety Partnership; Acute and Primary Care Trusts; Housing Supporting People; Employment and Training Agencies; Education Providers; Home Office; Birmingham Health and Well-Being Partnership.	
Geographical	City wide	
Headline Outcome Performance	<p>Outcome 1: Improved Health and Emotional Well-Being Grade 3: 1.1, 1.2b</p> <p>Outcome 2: Improved Quality of Life Grade 3: 2.1, 2.2, 2.5</p> <p>Outcome 3: Making a Positive Contribution Grade 3: 3.3</p> <p>Outcome 6: Economic Well-Being Grade 3: 6.2, 6.3, 6.4</p> <p>Outcome 7: Maintaining Personal Dignity and Respect Grade 3: 7.1, 7.2</p>	
Maximum Funding Allocation	Central government grants specific awards for targeted service delivery.	

Objective 10: Increasing Independence through Well-Being preventative initiatives

Target Group: All Adult Service Groups

Service Outcome Delivery Overview

The Well-Being Framework is underpinned by an emerging evidence base of what types of services are most effective in promoting and sustaining the independence and well-being of people. These are considered to be low-level services that help improve the quality of life and allow early help to prevent isolation or delay crises. The aim is to meet people's needs, and provide improved outcomes, in a flexible, diverse and individually appropriate way.

Low-level services are services that contribute to the inclusion and engagement of individuals and groups to feel active and connected within their communities of choice. These can be individual or multiples of services and, as well as the services described above in other objectives including: gardening; shopping; befriending; falls-prevention activities linked to assessments around environment, nutrition, medication, eyesight, foot care; and exercise activity to promote active healthy lifestyles; lifelong learning opportunities; handyperson schemes; home safety.

Performance Outcome Targets

People have access to quality flexible low-level support - to prevent or reduce unnecessary hospital admission or to reduce the negative impact of crises occurring - so that they can be assisted to remain independent and in their own home for as long as they want.

Services are better co-ordinated and joined up to support well-being prevention for individuals and communities so that people have increased access to a range of targeted options with increased choices and sustained independence such as:

- Local networks of family, friends and volunteer helpers being maintained
- Support and encouragement for people to participate and contribute in their community of choice
- Support for people, prioritising those who are isolated or frail and who might otherwise struggle to look after themselves thereby reducing costly interventions
- Support for people experiencing social isolation and anxiety resulting from physical or mental ill health to have access to a range of services that might include information regarding healthy lifestyles, employment, training, volunteering etc.
- Effective signposting and handing over of people's assessed and identified needs to other relevant service areas.

Objective 10: Increasing Independence through Well-Being Preventative Initiatives *continued*

All Adult Service Groups	
Target Group	All Adult Service Groups
Evidence of Need	<p>White Paper: "Our Health, Our Care, Our Say"</p> <p>Anti-Discrimination and Harassment Legislation</p> <p>Needs Identified in Adults and Communities and Housing Strategies</p> <p>National Strategy for Sexual Health and HIV</p> <p>Anti-Poverty Strategy</p> <p>Valuing People</p> <p>National Service Frameworks (NSF)</p> <p>Customer First</p> <p>Social Inclusion</p> <p>New Deal for Disabled People</p> <p>Local Area Agreement</p> <p>Birmingham City Council Plan</p> <p>Constituency/Community Plan</p>
Key Partners	Adults and Communities and Housing Directorates; Health; Birmingham Health and Well-Being Partnership; Third Sector Agencies.
Geographical	City wide
Headline Outcome Performance	<p>Outcome 1: Improved Health and Emotional Well-Being Grade 3: 1.1, 1.2b</p> <p>Outcome 2: Improved Quality of Life Grade 3: 2.2, 2.3, 2.6</p> <p>Outcome 3: Making a Positive Contribution Grade 3: 3.3</p>
Maximum Funding Allocation	Negotiated according to the identified needs.

4. HOW TO APPLY

4.1 Applicant Organisation Self Assessment Checklist

Before you begin to complete the application form you are advised to answer the self assessment questions below.

Does your organisation have:			
A formal approved Constitution or Memorandum and Articles of Association	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Unsure: <input type="checkbox"/>
A formally appointed Management Committee or Board of Directors which meets regularly	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Unsure: <input type="checkbox"/>
Approved policies and procedures relating to:			
Financial Management	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Unsure: <input type="checkbox"/>
Equal Opportunities	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Unsure: <input type="checkbox"/>
Health and Safety	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Unsure: <input type="checkbox"/>
Complaints	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Unsure: <input type="checkbox"/>
Quality Assurance	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Unsure: <input type="checkbox"/>
Child Protection*	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Unsure: <input type="checkbox"/>
Protection of vulnerable adults	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Unsure: <input type="checkbox"/>

Can your organisation provide the following financial evidence?			
Accounts for the last 2 years	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Unsure: <input type="checkbox"/>
Proof of bank account	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Unsure: <input type="checkbox"/>
Management accounts relating to the current financial year	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Unsure: <input type="checkbox"/>

Has your organisation experience of delivering projects or services for			
Birmingham City Council	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Unsure: <input type="checkbox"/>
Any other statutory or private sector funder	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Unsure: <input type="checkbox"/>

If you have ticked **No** or **Unsure** to any of these self-assessment questions, please contact the Commissioning Manager at the Adults and Communities Directorate or a relevant support agency such as Birmingham Voluntary Service Council for advice.

**if applicable to your organisation*

4.2 Useful Contacts

Adults and Communities Contacts

The following Adults and Communities Directorate Officers can provide you with support regarding the commissioning process and the Adults and Communities' strategies and objectives. It should be noted, however, that to remain impartial they are not able to provide you with specific advice regarding the content of your application submission.

Jennet Hartrick

Commissioning Manager, Adults and Communities
Third Sector Partnerships Team

Telephone: 0121 675 4432

E-mail: jennet.hartrick@birmingham.gov.uk

Osaf Ahmed

Commissioning Project Officer, Adults and Communities
Third Sector Partnerships Team

Telephone: 0121 675 4433

E-mail: osaf.ahmed@birmingham.gov.uk

Heather Holmes

Strategic Commissioner Older People
Adults and Communities Directorate

Telephone: 0121 303 3608

E-mail: heather.holmes@birmingham.gov.uk

Sally Botteley

Strategic Commissioner Physical Disabilities and Sensory Impairment
Adults and Communities Directorate

Telephone: 0121 303 3546

E-mail: Sally.botteley@birmingham.gov.uk

John Sullivan-Blakeney

Strategic Commissioner Dementia
Adults and Communities Directorate

Telephone: 0121 464 2896

E-mail: john.Sullivan-blakeney@birmingham.gov.uk

Jayne Ellis

Strategic Commissioner Carers
Adults and Communities Directorate

Telephone: 0121 464 7147

E-mail: jayne.ellis@birmingham.gov.uk

Raj Joye

Strategic Commissioner Mental Health
Adults and Communities Directorate

Telephone: 0121 464 1146

E-mail: raj.joye@birmingham.gov.uk

Simon Fenton

Strategic Commissioner Learning Disabilities
Adults and Communities Directorate
Telephone: 0121 303 2683
E-mail: simon.fenton@birmingham.gov.uk

Mike Quinn

Lead Commissioner Substance Misuse Treatment
Adults and Communities Directorate
Telephone: 0121 301 1428
E-mail: mike.quinn@birmingham.gov.uk

Steve Hayward

HIV Coordinator or Tracey Jones, Service Development Officer
Adults and Communities Directorate
Telephone: 0121 303 1002
E-mail: steve.hayward@birmingham.gov.uk
tracey.jones@birmingham.gov.uk

Useful External Contacts

Birmingham Voluntary Service Council (BVSC)

138 Digbeth
Birmingham B5 6DR
Telephone: 0121 643 4343

Sarah Crawley
Chair

Change Up Consortium

Rubicon House
Ravenhurst Street
Camp Hill
Birmingham B12 0HD
Telephone: 0121 771 1411
Fax: 0121 771 1421
E-mail: sarah.crawley@i-se.co.uk

4.3 Calls for Proposals

The Adults and Communities Directorate invites organisations to apply to deliver services detailed within this prospectus below.

4.4 Funding Available is £9m per annum and Application Process

The period covered by this prospectus is from 01 April 2008 to 31 March 2011.

At present, the budget available represents a number of different sources of mainstream funding. However, it is envisaged that this, wherever possible, will in the future, form the Well-Being budget.

In line with corporate policy, for Grants £5,000 and under, organisations will be required to complete a separate application form (This will be in line with the format for NRF Community Chest). This will reflect the operational and day to day management arrangements of the organisation. Over time, other options will be considered for organisations that may not have the infrastructure to be able to bid for innovative projects which are over the £5,000 threshold). Organisations will however still be required to demonstrate which commissioning strategies and funding objectives it meets in its service delivery.

The funding is based on a **three-year** commissioning agreement subject to annual review and targets being met.

A successful applicant will be subject to annual reviews to take into account changes to budgets, performance and needs analysis.

Please note that a three-year projection is not the same as a three-year guaranteed agreement.

4.5 Your Application

The purpose of your application is to provide information about your organisation and the service activities that you would like to deliver with the support of the Adults and Communities Directorate. Your application will need to clearly specify the service to be delivered and its expected outcomes (as detailed within this prospectus).

Applications for a citywide service must clearly demonstrate how the needs of the whole target group are met. Proposals should address the practicalities of delivering a service across the whole local authority area and should clearly detail how equality of access will be promoted for all those within the target group.

Applications for smaller services can be made on the basis of geographical boundaries for delivery or target of special groups eg BME communities, LGBT, HIV, drugs and alcohol or domestic violence. Please ensure that your parameters are clearly expressed within your application.

All applicants should ensure that their proposed service is properly costed with both direct and indirect costs identified (full cost recovery basis). The budget headings in the finance section of the application form should help you think about the full costs of your proposed service.

Partnership and consortium bids are encouraged particularly where these provide added value or enable the needs of hard to reach minority groups within the overall target group to be met by linking with other organisations that provide similar services or by services which provide a synergy.

Please ensure that you include all relevant information within your application form, as we will not be able to take into account any prior knowledge that we may hold of your organisation.

4.6 Maximum Budget

Please note that funding will vary according to the complexity of outcomes detailed within your service provision. As a result the budget allocated to each service area will be negotiated.

4.7 Completing the Application Form

Applications must be submitted on the application form supplied.

An electronic version can be made available by contacting the Third Sector Partnership Team on 0121 675 4436 or downloaded from Birmingham City Council Adults and Communities website www.birmingham.gov.uk/adults. Copies of the commissioning strategies can also be downloaded from Birmingham City Council Adults and Communities website www.birmingham.gov.uk/adults. Should your organisation require this in an alternative format then please contact the Third Sector Partnerships Team on 0121 675 4436.

The deadline for submission of applications is **5pm, 30 November 2007**. Please note that without exceptional circumstances, applications after this date will not be considered for funding. **A signed hard copy of your application should be sent to:**

Jennet Hartrick
Adults and Communities Directorate
Commissioning Manager
Third Sector Partnerships Team
Room 66, Silvermere Centre
Silvermere Road
Sheldon
Birmingham B25 3XA

4.8 Advice to Applicants

Please ensure that you have fully completed all sections of the application form and have supplied all the requested supporting information. Incomplete application forms may be rejected.

No additional supplementary papers, folders or brochures will be considered.

If your proposal is evaluated and you are successful in receiving Adults and Communities Funding you may be called upon at any point during its implementation to provide a report covering the project's progress and any successes or achievements. The report can be supported with any photographs of the project in action.

4.9 Appraisal of Applications

Please note that submitting an application does not guarantee that the Adults and Communities Directorate will fund the proposed service.

All received applications will be appraised to establish the suitability of the applying organisation to receive public funds and the degree of fit with the Adults and Communities Directorate identified commissioning and funding strategies.

The appraisal and selection process has been designed to ensure that only projects of the highest standard will be accepted.

For Applications £5,000 or Less (See Diagram 1)

For applications received which are to the value of £5,000 or less then the appraisal process will still follow stages 1 and 2 as detailed below. However, discussions are continuing to determine the final stage of assessment of deliverability and approval. It may be appropriate for this level of applications to be considered for approval at a Constituency level.

Applicants may therefore be required to give a short presentation.

Applicants will be advised on the final stage of approval as soon as this has been agreed.

For Applications £5,000 or More (See Diagram 2)

Stage 1 Eligibility and Document Completeness

Upon receipt of applications an initial assessment will be conducted which will assess the applying organisations eligibility to received public funds from the Adults and Communities Directorate. Within this eligibility check compliance with the self-assessment questions will be verified.

Organisations judged to be ineligible to receive funding from the Adults and Communities Directorate will be contacted and concerns discussed. Those found to be ineligible will be removed from further consideration at this point and rejected.

A check will also be made during this stage 1 assessment to ensure that application forms have been completed and the required supporting documentation has been submitted.

Applicants who have submitted incomplete applications will either be contacted and asked to submit the missing information/documents, or in the case of major omissions, will be removed from the process and rejected.

Stage 2 Core Conditions

In stage two of the assessment process, applications will be assessed against core criteria.

These criteria are detailed below:

1. The application addresses the relevant commissioning strategies and funding objectives
2. The proposed service links with the aims of the organisation as described within the approved constitutional/memorandum and articles document.
3. The applicant organisation is financially stable to deliver the project.
4. The application includes evidence of partnership working or consultation in either its formation or in the delivery of the project/scheme.
5. The applicant organisation has a verifiable track record in successfully delivering projects.
6. The application adequately addresses issues of access and diversity.

Stage 3 Deliverability and Value for Money

In stage three the assessment process, an Assessment Panel will consider that applications against the agreed commissioning strategy and funding objectives.

The Assessment Panel will contain representatives of user of each service area, and a Third Sector representative, ensuring that no conflicts of interest are evident. Each service area will have an Assessment Panel.

The role of the Assessment Panel is to determine from the applications, which organisations would be best placed to deliver against the commissioning strategies. The Assessment Panel may, where necessary, ask the relevant organisation to be invited to make a presentation to clarify/address issues relating to their application. This may not apply to all organisations.

In making such a judgement the Assessment Panel will focus upon deliverability and value for money.

Diagram 1 Application Appraisal

Grants Under £5,000

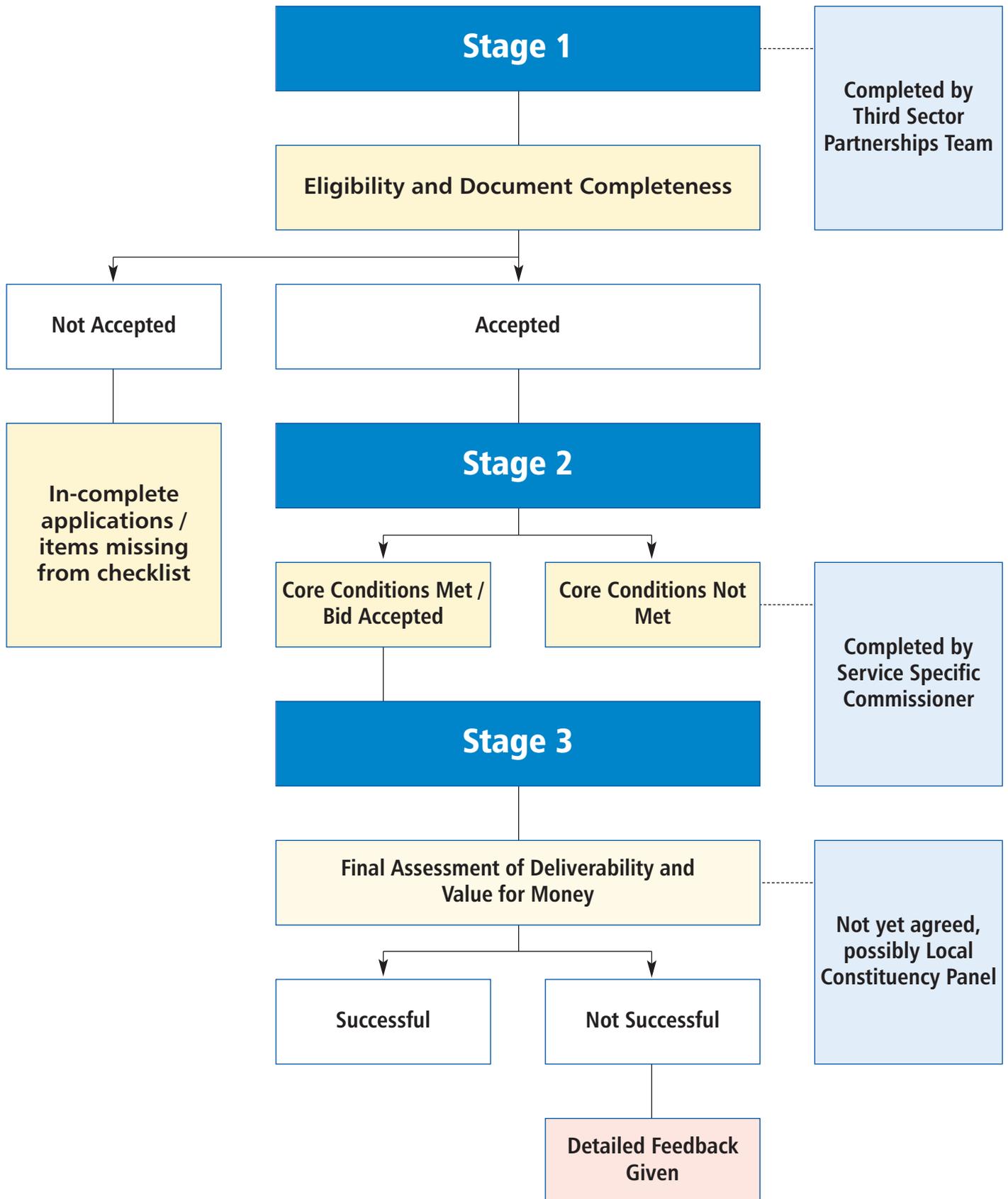
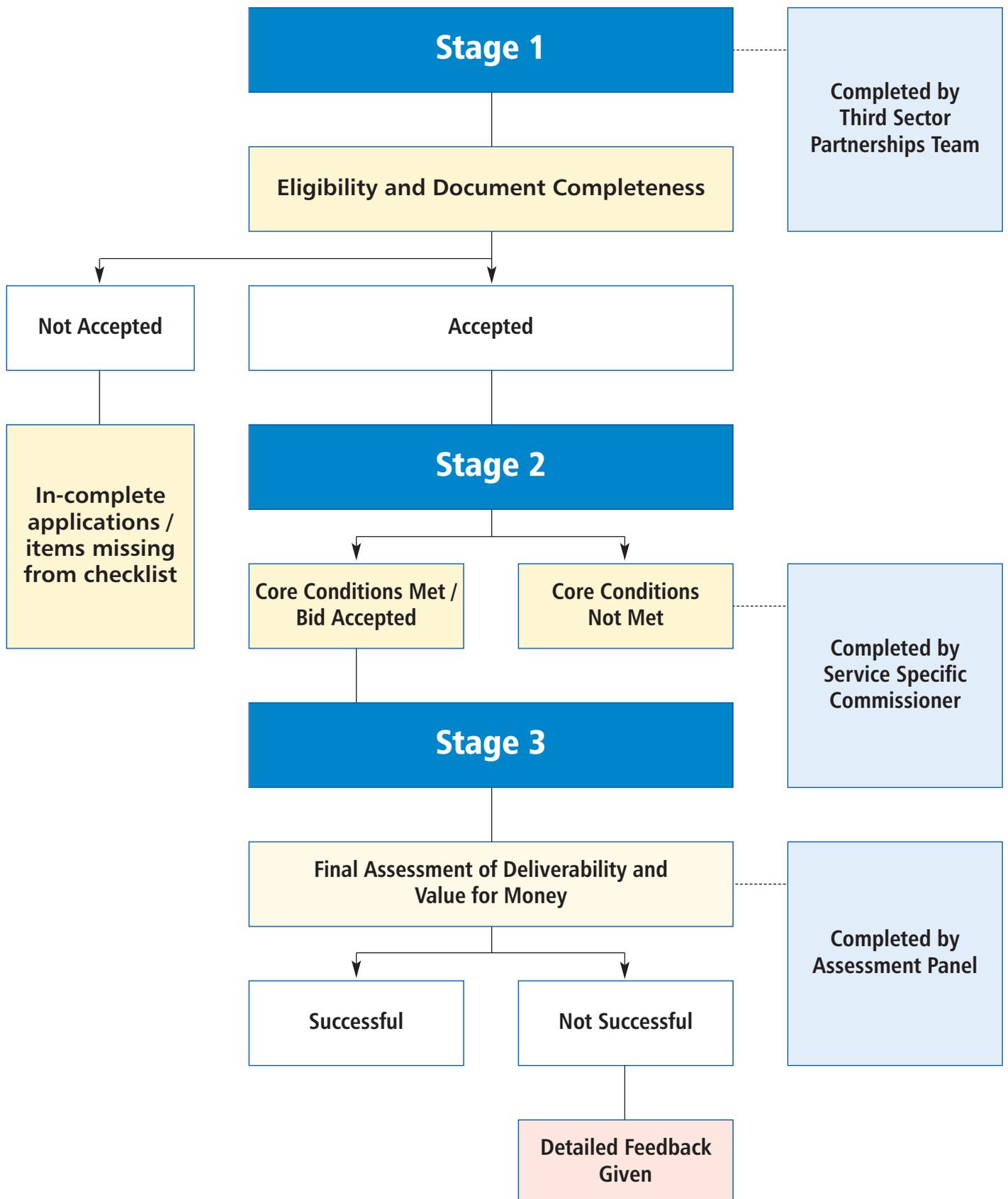


Diagram 2 Application Appraisal

Grants Over £5,000



4.10 Notification of Decisions

All applicants will be informed of the decision in respect of their application and will have the opportunity to receive feedback on their submission.

The City Council will publish details of successful applications and will identify where services have not been commissioned because of a lack of suitable applicants.

In the event of your application being unsuccessful, all organisations will be given feedback in either a formal meeting, written format or via telephone (whichever method is appropriate to your organisation). In the event of applicants wishing to raise concerns about the process/make a formal complaint, Birmingham City Council has a formal process to deal with these matters.

5. Managing the Funding Agreement

5.1 Funding Agreements

Funding agreements will take the form of Service Level Agreements (SLAs) with Conditions of Grant Aid (COGA). These will set out the responsibilities of the selected service provider with the Adults and Communities Directorate.

Final negotiations and verification activity will be concluded for funding agreements to be approved and signed during February/March 2008 so that the selected service providers can prepare for service delivery to commence on 1 April 2008 (some service level agreements will be staggered to start later during the year).

All SLAs will contain specific targets/outcomes required and deadline dates for submission of information.

SLAs must be signed by a Director or Management Committee Member who has the required authority eg Chair, Secretary, Treasurer.

All funding granted as a result of this prospectus is subject to Birmingham City Council's Standing Orders, Financial Regulations and Audit Requirements.

5.2 Monitoring and Review Arrangements

The Adults and Communities Directorate will identify a key commissioning officer (and in some cases a further project/monitoring officer). This officer will be the lead development support for the scheme and will be responsible for monitoring its performance.

A Project review meeting will be held between the key lead officer (see above) and the successful service provider. These meeting will be held at least half-yearly and will:

- Review the activity and progress of the project towards achievement of agreed objectives and performance targets
- Review the effectiveness of financial management
- Develop effective forward service and resource planning
- Ensure effective joint working
- Monitor compliance with the service level agreement
- Compliance with CRB checks/vulnerable adults policy

To support discussions at these meetings successful service providers must produce:

- A report to detail the project's progress against the agreed objectives and performance targets/outcome measures
- A quarterly income and expenditure analysis relating to the project
- A quarterly customer monitoring form to show the breakdown of customers by ethnicity, gender, disability and age
- Any other identified evidence or information required by the key lead officer

Officers from the Adults and Communities Directorate will also, from time to time, make visits to the successful providers to verify evidence of funded agreement activity, and compliance with the funding agreement requirements for financial procedures, quality assurance, publicity, equal opportunities, health and safety, data protection, criminal records bureau checks etc.

Changes to the SLA for the following financial year may be negotiated with the provider where this review highlights a need to make changes to services delivered to improve performance. Additionally, changes to the SLA may be made in the event of significant change to the Adults and Communities Budgets (or Central Government Budgets where appropriate).

During the period of the SLA, a financial systems audit may be conducted by Council Officers to ensure that adequate audit trails and controls exist.

The financial systems review may help service providers to improve their current systems, provide assurance of the robustness and reliability of their financial administration and contribute to effective risk management.

5.3 Payment Arrangements

Unless agreed through negotiation, service providers will receive payment via four equal quarterly payments. The Council will endeavour to make all payments relating to a quarter within its first month. Payments will however only be made on the submission of relevant and appropriate monitoring information.

Payments will be made directly into the service providers' accounts via BACS. **Invoices should not be raised for payment unless this service has been tendered via the procurement route. Invoices received will not be paid via this method of payment.**

It is the responsibility of the service provider to check that released payments are received and to notify the Directorate within the relevant payment quarter of any payment, which has not been received.

Organisations must submit to the Adults and Communities Directorate a copy of the audited annual accounts within six months of the end of their financial year. In line with financial regulations, all funding given must be shown as a “restricted fund” and **clearly identified as funding from the Adults and Communities Directorate** within these annual accounts.

All funding given relates specifically to the funding period covered by the SLA and cannot be accrued unless agreed in writing by the Adults and Communities Directorate.

5.4 Publicity Requirements

The selected service providers must publicise the City Council’s support for their activities and ensure beneficiaries are aware that the service they receive is supported by the City Council. Detailed guidelines will be provided to the selected providers.

The selected service providers are required to inform the City Council of opportunities for joint promotional and publicity activity, including press releases, interviews, seminars, conferences and exhibitions.

5.5 Withholding and Repayment of Grant – “Claw-back”

If your organisation does not comply fully with the Conditions of Grant Aid or does not use the grant for the purpose for which it is given, future grant aid may be withdrawn and you may be required to repay all or part of the grant you have received. You must therefore ensure that the grant is spent as agreed within the Service Level Agreement and within the timescales identified.

Grant payments may be suspended whilst the Council investigates the affairs of an organisation.

5.6 Data Protection

Upon registration of an application the information provided by you will be added to a database for administrative purposes and statistical returns and will be shared with other City Council Services as appropriate.

5.7 De-Commissioning Policy

We are currently developing a policy on de-commissioning and will update the prospectus during the Autumn of 2007.

6. Glossary of Terms

Adults

People aged 18-64.

Adults and Communities Directorate

The name replacing Birmingham Social Care and Health and formerly known as Social Services Department.

Age

The Employment Equality (Age) Regulations 2006 makes it unlawful for employers to discriminate against employees, trainees or job seekers on grounds of age.

Advocacy

'A one-to-one partnership between a trained, independent advocate and an older person who needs support in order to secure or exercise their rights, choices and interests.'

Birmingham Health and Well-Being Partnership

A partnership of Birmingham City Council, Hospital Trusts, Primary Care Trusts and Birmingham and Solihull Mental Health Trust to tackle serious health issues affecting Birmingham residents.

BME (Black and Minority Ethnic)

BME is described as the Mixed Parentage, Asian or Asian British, Black or Black British or Chinese or Other Ethnic Group categories from the 2001 Census.

Carers

A person who looks after a friend, relative or neighbour who has a long term disability, mental health problem, or is frail due to old age and who is not in formal paid employment in that caring role.

CPA

Comprehensive Performance Assessment helps local authorities improve services for their communities.

CASSR

Council with Adult Social Services Responsibility.

Commissioning

The strategic process of specifying, securing and monitoring services to meet individuals' needs. This applies to services, whether the local authority, the health service, the private sector or the third sector provides them through a contracting arrangement.

Complaint

Complaint is a generic term for any type of expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of service provision that requires a response.

Constituency

One of 10 parliamentary boundaries each consisting of 4 wards.

Council

An abridged term for Birmingham City Council.

Direct Payments

Cash payments made in lieu of social service provisions, to individuals who have been assessed as needing services.

Disability

The Disability Discrimination Act (DDA) 1995 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 DDA 1995 and places a duty on the public sector to actively look at ways to ensure equality is positively promoted internally and externally.

Diversity

Diversity promotes inclusiveness by ensuring that everyone is valued as a unique individual celebrating their differences.

Equality

Promoting equality is a legal requirement that ensures that everyone is treated fairly, given equal access to opportunities and services; and not subject to unlawful discrimination.

Full Cost Recovery

Securing Funding for “recovering” proportionate overhead costs as well as the direct costs of projects. Every organisations needs to recover all its costs or it cannot pay its employees, rent office space, offer its products and services or plan for future development and delivery of its services.

Gender

The Sex Discrimination Act 1975 (amended by the Equality Act 2006) prohibits discrimination on grounds of sex in employment; education; provision of goods; facilities and services; and to promote equality of opportunity between men and women.

Hard to Reach Groups

Black and Minority Ethnic Groups; Lesbian, Gay, Bisexual and Transgender; Homeless; Travellers.

Health

A collective term used to describe agencies such as the Primary Care Trusts (PCTs), Acute Hospital Trusts and other organisations associated with the NHS.

ILF

The Independent Living Funds (ILF) are two funds set up and financed by UK central government. The Independent Living (Extension) Fund is closed to new applications, and administers the payments to clients of the original ILF (prior to April 1993).

The Independent Living (1993) Fund is open to applications from severely disabled people who meet its eligibility criteria and are permanent residents of the United Kingdom.

IMCA

Independent Mental Capacity Advocacy Service.

Individual Budget

Individual budgets bring together a variety of income streams from different agencies to provide a sum for an individual, who has control over the way it is spent to meet his or her care needs.

KLASP

Key Lines of Assessment to Standards of Performance.

LGBT

Lesbian, Gay, Bisexual and Transgender.

Local Area Agreements

The relationship between central government, local government and between its local partners to set priorities and provide the tools and support, to enable councils and their partners to develop their own solutions that respond to local circumstances. It means reduced bureaucracy with greater flexibility about how funding is used to meet local priorities by working in partnership.

MCA

The Mental Capacity Act 2005.

Older Adults

People aged 65+.

Outcome

Positive change to the life circumstances of the individual person/service user.

“Our Health, Our Care, Our Say”

Please see the under “White Paper” below.

PPMLD

Profound and multiple learning disabilities.

People

People in this document refer to service users, their carers and relatives.

Personalised services

Services for individuals based on an assessment of need e.g. aids and adaptations, respite care, home support.

Race

The Race Relations Act 1976 amended 2000 and 2003 makes it unlawful to discriminate against anyone on the grounds of race; colour; nationality, ethnicity; national origin.

Re-Enablement Model

A model that helps service users to be independent by doing more for themselves and not relying on long-term services.

Religion and Belief

The Employment Equality (Religion and Belief) Regulations 2003 make it unlawful to discriminate on the grounds of religion or belief in relation to recruitment and selection; terms and conditions of employment offered/applied for; opportunities for training, training itself, job promotions and transfers; harassment and victimisation; dismissal including redundancy and post employment.

Amendment 2007 to the regulations makes it unlawful to discriminate against a person in relation to the provision of goods; facilities and services; the disposal and management of premises; education and the exercise of public functions.

SAP

Single Assessment Process was introduced in the National Service Framework for Older People (2001), standard 2: person centred care. This standard aims to ensure that the NHS and social care services treat older people as individuals and enable them to make choices about their own care.

Self-Directed Support

The assumption that most people will assess their own needs, plan their own support and manage their own support more actively than they are able to do at present.

Service Level Agreement

A contract document that sets out the terms and conditions with agreed funding including service specifications & monitoring arrangements.

Sexual Orientation

The Employment Equality (Sexual Orientation) Regulations 2003 make it unlawful to discriminate on grounds of sexual orientation in relation to recruitment and selection; terms and conditions of employment offered/applied for; opportunities for training, training itself, job promotions and transfers; harassment and victimisation; dismissal including redundancy and post employment.

An Amendment (2007) makes it unlawful to discriminate against a person in relation to provision of goods; facilities and services; the disposal of management of premises; education; and the exercise of public functions.

Social care

A term that covers a wide range of services, which are provided by local authorities and the independent sector. Including care at home, in the community, in residential or nursing homes.

Social inclusion

To enable all citizens to have a chance to play a full part in all community activities open to the general public, even if they have a disability or long-term illness.

Social Model of Disability

Social model approach to disability sees the problem as society's barriers, rather than the person's condition, allows disabled people to lift the blame from their shoulders and place it squarely onto society. The social model of disability empowers disabled people to challenge society to remove those barriers.

Targeted or Well-being services

Services that are specifically directed at vulnerable groups of people that are considered to prevent or delay ill-health or disability and improve the quality of life in a way that promotes independence and social inclusion e.g. exercise activities, gardening projects, luncheon clubs, befriending, adult learning

Third sector

The voluntary and community sector including registered charities, voluntary organisations, community groups, faith groups engaged in voluntary social action, not-for-profit organisations, community interest companies and social enterprises.

Universal services

These are everyday services that are widely used by all sections of the population eg leisure services, lifelong learning, primary health care, transport.

Well-Being Services

Well-Being Services are not personal services they are proactive initiatives that are designed to delay or remove the need for individuals to require care in the future, supporting them to look after themselves and to live independent lives in their own homes. Well-Being Services can encompass a combination of universal, targeted and personalised including such things as advice, information, advocacy, exercise, shopping, gardening, cleaning, home adaptations and minor repairs, transporting and befriending.

White Paper 2006 "Our Health, Our Care, Our Say"

The Government wrote this paper to ensure that health and social care services work more closely together to deliver better targeted and focussed services for people.

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