

Appendix 4:

Refreshing the Outcomes for Voluntary, Community and Faith Sector Grant Aid

Consultation Report

March 2015

1. Summary

The Council and Southern Derbyshire Clinical Commissioning Group (the Funders) have grant funding agreements with Voluntary Community and Faith sector (VCF) organisations for a range of preventative and infrastructure services. These funding agreements will come to an end 30 September 2015. The Funders have carried out a consultation to update the outcomes for grant funding to ensure that future services maximise their support for the Funders current priorities. A grant bidding process is proposed to begin in March 2015 with new grant funding agreements commencing in October 2015.

The updated outcomes focus on prevention and maximising the independence of vulnerable people in the community and developing the capacity of the individuals to address risks to their independence.

The joint consultation exercise received comments from the public, VCF organisation representatives, service users and stakeholders. Comments were received through an online and paper questionnaire (49 responses) and from 14 consultation meetings attended by 370 participants.

The 4 Outcome Themes in the consultation were:

1 Prevention and Early Intervention

2 Promote Control, Independence and Responsibility

3 Development of Strong and Resilient Individuals and Communities

4 Provide Effective, Value for Money Services

(See Consultation Appendix 1 of the Consultation Report for full details of the outcomes)

The responses indicate:

- broad support for the 4 Outcome Themes. It was recognised that prevention and supporting independence is priority area, and that VCF organisations are already providing cost effective preventative services.
- VCF organisations have strong role in reaching out to excluded sections of the community and supporting people to develop the network of community support that assists them to remain independent
- A mix of different service types would support the outcomes including:
 - ongoing long term support,
 - short term interactions responding to a crisis,
 - information and advice
 - infrastructure support for the wider voluntary sector and to support partnership working

It was identified that a variety of options and initiatives should be supported to reflect the many different routes that the community uses to seek support

- Support for improving information sharing and networking between VCF sector organisations and between VCF and statutory services

- The importance of volunteering in supporting VCF preventative services, for developing individual skills and the importance of providing appropriate support for volunteers
- The importance of supporting voluntary sector infrastructure services to support and promote the wider voluntary sector and support access to statutory and community services

The consultation sought views on which sections of the community should be considered a priority for preventative services. The responses indicated that the following should be considered:

- Sections of the community that have difficulty accessing mainstream prevention and support services due to lack of information about these services, where language, disability, illness or culture are an issue
- That many issues are cross-cutting, for example isolation, mental health and other issues effect people from a range of communities, equality groups, geographical areas and income levels
- A mix of preventative options is required. For example; to support people with low needs who need simple interventions to remain independent, or supporting people with more complex needs who may need a higher level of support to maximise their independence.

Comments were also received about how to make the grant allocation process as effective as possible in delivering the outcomes themes. These comments indicated that grant funding would be more effective if there was a main grant funding process for 3 years, alongside a smaller, simpler annual grant process. The consultation also indicated that for some projects tapered funding, or 1 or 2 year funding may be effective. For example, where a project aims to become independent of grant funding, or for short term projects, for example where an innovative new approach is being tried out.

2. Introduction

The Council and Southern Derbyshire Clinical Commissioning Group (SDCCG) are updating the grant aid outcomes for adult preventative services.

The suggested outcomes have been jointly developed by the Council and Southern Derbyshire Clinical Commissioning Group, the health organisation responsible for planning and arranging clinical health services in Derby and across the whole of Southern Derbyshire.

The shared set of outcomes and priorities, which will be finalised following feedback through the consultation, will be used to guide commissioning and other initiatives that promote preventative, non-clinical services within Voluntary, Community and Faith sectors. Preventative services will support the health, wellbeing and independence of adults, whether they are eligible for social care support or not.

The outcomes of this consultation may be used in a grant aid process later this year when we will ask local organisations apply for grant aid. The Council and Southern Derbyshire Clinical Commissioning Group will confirm whether there will be a grant aid process in March 2015.

This consultation started on 8th January and ended on the 18th February 2015.

For the Council the outcomes from the consultation will also update the 2011-15 Voluntary Community and Faith Sector Grant Aid Strategy.

3. Background

The Council and Southern Derbyshire Clinical Commissioning Group are facing significant financial challenges, but recognise that grant aid remains an effective way to support value for money and preventative services that will promote community health and wellbeing and support people to remain independent.

The outcomes suggested reflect changes in the role that grant aid plays in supporting the Council and Southern Derbyshire Clinical Commissioning Group to achieve their objectives and the focus on preventative services that support health and wellbeing for adults. These outcomes will support the following priorities:

- The Derby Plan, promoting self-reliance and resilience in communities so that people are less dependent on public services
- The Health and Wellbeing Strategy, currently being consulted on, including:
 - ✓ Objective 1 Health and Social Care transformation – developing a common purpose and providing strong and effective leadership
 - ✓ Objective 2 Shift care closer to the individual – ensuring individual choice and control and delivering services in a joined up way
 - ✓ Objective 3 Narrow the health inequalities gap – by tackling social inequalities and increasing opportunities for healthy lifestyle choices
- The implementation of the Care Act, by promoting wellbeing supporting the provision of preventative services, providing high quality information and advice services.

4. Outcomes for grant aided preventative services for vulnerable adults

We want to make sure that our grant aid helps to improve the lives of people who may be vulnerable and/or disadvantaged such as, older people, people with learning disabilities, physical and sensory impairments, long- term health conditions or mental health issues, people with disabilities and people from minority ethnic communities.

We want to support services that assist vulnerable and disadvantaged people to improve their health and wellbeing and manage risks to their independence. These risks may arise from one or a combination of factors, for example physical and mental health issues, unhealthy lifestyle, a fall, financial problems, isolation or a breakdown in the network of support they receive from friends, family and their community.

We want to support services that consider both the needs of individual service users and their capacity to assist themselves. Services that build on an individual's skills, knowledge, relationships and ability to support themselves and to develop their own ways to ensure their health, wellbeing and independence.

The outcomes for preventative grant aided services are grouped into broad themes. Grant aided services will support the delivery of the following:

- Prevention and early intervention
- Promote control, independence and responsibility
- The development of strong and resilient individuals and communities
- Provide effective, value for money services

(See Consultation Appendix 1 for full details of the outcomes)

5. Finding out what is important to the local population

Whilst we acknowledge that the process of Grant Aid is quite complex and not everyone will understand how we offer this funding, we want to ensure that everyone had an opportunity to comment.

The Council and Southern Derbyshire Clinical Commissioning Group asked for views on:

- Do we have the right set out outcomes for preventative grant aided services for adults?
- Can Voluntary, Community and Faith Sector organisations deliver these services?
- Are any existing Voluntary, Community and Faith Sector services successfully providing these services and how they do this?
- Which sections of the community should be a priority for preventative services and why?

The Council and Southern Derbyshire Clinical Commissioning Group also consulted on how it arranges the grant aid bidding process for voluntary sector grants.

This consultation was important to ensure that the grant aid process will support the Council and Southern Derbyshire Clinical Commissioning Group to respond to the changing needs of the local population and offer new opportunities and consider local service developments.

5. How were people engaged?

To ensure that everyone had a real opportunity to engage in the consultation it was important to provide a range of ways to gather views. There were three approaches developed to engage with the local population: face to face conversation, making available printed copies of the consultation document and provided materials and surveys online.

See Appendix 2 of this Consultation Report for the consultation questionnaire and support information

Face to Face

To ensure that as many people could be involved there were a variety of meetings.

There were two meetings held at Derby City Council which included 69 representatives from:

- 97C Well For Life Community Health Hub
- Age UK Derbyshire
- Baltus Healthcare
- BDA
- CALC
- CamTAD
- City Councillor
- Communication Unlimited
- Community Action Derby
- Creative Carers
- Crossroads Care East Midlands
- CYPS provider network
- CYPS Provider Network
- Derby & South Derby's Mental Health Carers Forum
- Derby & South Derbyshire Mental Health Forum
- Derby Adult Aspergers Support Group
- Derby BME
- Derby Bosnia Herzegovina Community Association
- Derby Community Accountancy Service
- Derby Credit Union
- Derby Live at Home Scheme
- Derby Stroke Club
- Derbyshire Chinese Welfare Association
- DEDA
- DHA
- Disability Direct
- First Steps (Eating Disorder Support Group)
- Hadhari Day Centre
- Headway
- Health Promotion Network
- Indian Community Day Support (Sewa Project)
- JET
- Making Space Carers- Dementia
- Opieka
- Padley Group
- Relate
- Rethink
- Sahahra
- Sahakar Group
- Sight Support Derbyshire
- St James Centre
- Ukrainian Day Centre
- Umbrella
- Victim Support
- YMCA

In addition to the meetings at the Council House, the consultation was also discussed at the following meetings. Each of the meetings had at least one member of the Council or Southern Derbyshire CCG team to talk through the process and to record comments. Copies of the consultation questionnaire and supporting information were available for all attendees.

Details of the group and approximate numbers of attendees below:

- Aspergers Self Help Group- **23**
- Information and Advice Network- (a network of Voluntary Sector Information and Advice Providers) - **12**
- Meeting with representatives from West Indian Community Association - **2**
- Derby Deaf Forum- **25**
- Well For Life Community Health Hub (HIV and Aids Support Group)- **20**
- Hardy Group, (Early onset dementia support)- **50**
- Dignity in Action event, run by Making Space and SEWA Project - **90**
- St James Centre that included representatives from the St James Moving On Project, YMCA, Derbyshire Advocacy, Alternatives and Derby Adult Learning Service -Learning disability, carers and supporters - **15**
- Minority Communities Diversity Forum - **20**
- Older People's Diversity Forum- **14**
- New Communities Networking Forum - **22**

In addition comments on the consultation were received from a meeting between a representative of St James Moving Project and Alternatives- Learning disability service users, carers and support workers- **8**

People were also able to respond by email and post. One email response was received from Disability Direct raising a series of comments and suggestions for the grant funding process and the focus of the outcomes.

Online

All information about the consultation, and on online questionnaire were placed on the Southern Derbyshire CCG website with a link to this site on the Council's Your City Your Say consultation webpage.

Promotion - Utilising community links

Copies of the supporting information and questionnaire were sent out through the community, this included:

- Community Action Derby website and circulation to the 800+ voluntary sector organisations on their mailing list
- Information and Advice Network, Deaf Forum, Diversity Forums and other networks
- Council Internal information (TV) screens and staff newsletters (InTouch)
- Grant funded organisations
- Social media messages that are followed by Radio Derby and Derby Telegraph journalists amongst others, this will facilitate press releases and items on local community based radio.

6. What did people tell us?

Feedback on the Outcome Themes

(Further details of the outcome themes consulted on are in Appendix 1)

Theme 1: Prevention and Early Intervention- There was a great deal of support for the Voluntary, Community and Faith Sector to do more to support prevention and early intervention.

It was recognised that prevention builds experience and knowledge to help people maintain or create a healthy lifestyle. It was felt to be important to keep people away from hospital as some people go in and they cannot return home easily. There were also comments that without prevention statutory services will not be able to cope

There needs to be an opportunity to work with existing groups and sustain their current work and this needs to be culturally appropriate and not just the usual one type of approach for example having yoga sessions for older people in the Indian community. There was also discussion about looking at forming trusted befriending or peer support activities such holding Xbox sessions for people with learning disabilities. The type of services on offer should look to open up to allow support outside of 'normal' health and social care services e.g. help in going through a work tribunal. These are the real types of activities that will actually help people.

Accessible information and education was thought to be very important and referenced many times. Some communities need basic awareness of how the NHS works and what they should expect- e.g. Deaf and new and emerging communities. Communities would benefit from group education sessions which would offer peer support e.g. healthy living cooking classes and would have the potential to encourage cultural diversity if all sessions were open to everyone to access. It was felt that services should be community based as they will be easier to access. Sometimes a bus ride is too far away.

There were some issues identified:

- Not everyone will be able to access prevention and early intervention information easily. More effort will need to be put into communicating with certain groups and ensuring that they understand the information. Examples include Learning Disabilities or patients who do not understand English written word.
- Many people who would benefit from preventative services have some level of Mental Health issues. It is important to remember that there are needs for physical and mental health prevention and information
- There is traditionally less information available once people are deemed adults (18 and over). Very often there are transition issues between children and adult services. Examples include Autism Spectrum and Learning Disabilities.

Theme 2: Promote Control, Independence and Responsibility- Again there was a lot of support for promoting control, independence and responsibility.

To ensure that people do feel secure in becoming and retaining independent there needs to be a system of responsive contacts with rapid response times. This will need to be a longer term commitment for all services. Supportive networks will also have a

role to play in supporting people but they will need to set up appropriately and receive some ongoing support.

This theme links into theme 1 as there needs to be a lot of information and education to help people gain and retain their independence and to understand their responsibilities.

There needs to be a strong signposting to other services to allow people to gain the information that they need.

Education about health conditions and include once people are diagnosed. It should not just be about prevention. These sessions or courses need to be in people's own language. This will help to nurture and encourage individual development through working with peers.

This is an area that voluntary sector are excelling at already. They can and are already taking referrals from and sending them directly to statutory services. However, further development is needed so that the voluntary sector are seen as an equal partner.

Issues:

- Local government cuts mean that some supportive services no longer working with voluntary sector e.g. social workers
- Funding for transport is an issue. Many people cannot afford to travel by Public transport or taxi.

Theme 3: The development of strong and resilient individuals and communities-
Again, there was agreement that this should be a priority.

All funded groups need to be linked in or networked together so that everyone knows what is available and they can work together on issues and ideas and develop much more integrated ways of working. The approach should be around asset bases and perhaps look at funding and supporting groups to come together. Infrastructure organisations play an important role in developing these networks.

Integrated services are key in working with the voluntary sector in a partnership way. The integration needs to look outside of just the voluntary sector and also work with statutory services. For example the voluntary sector can assist with Public Health type work talking to people about healthy living and wellbeing. With the right support from Health or Social Care they could support in the delivery of more formal education sessions. This will support in building informed and empowered individuals and communities.

There needs to be a range of ways to work with individuals and groups. To truly develop individuals and communities there needs to be some flexibility in what is delivered and how it is delivered. There is often 'hidden work' that most community groups do that just needs to be done to help that individual. The types of projects important to individuals or groups will also deliver for example some groups would benefit from cooking and basic household management development.

The voluntary sector sometimes has issues around everyone being able to access their services and it must be agreed that reasonable adjustments should be made so that everyone has an opportunity to access. It is not acceptable for people to be turned away because of a communication need. There are some volunteers who would be

willing to offer free interpreting to assist people ways to work with the statutory organisations to find a way to make services accessible.

Issues:

- Need to be aware how some statutory services, through the way they deliver services actually work against people developing and taking control of their lives
- Not aware of all of the voluntary sector or statutory services. Therefore signposting to different services is very difficult

Theme 4: Provide effective, value for money services- There was agreement for this priority.

There are people in almost every community who could volunteer. Opportunities need to be advertised. All volunteers need to be supported properly and offered this as a development opportunity. There could be a role for a shared supportive function for volunteers training.

Value for money would be supported by funding projects that would become independent from needing grant aid. This could be achieved by encouraging joined up working and thinking and partnership working across the sector and statutory services. Services should also be encouraged to link into other community facilities in community centres and leisure facilities like sports centres and libraries.

Everyone should consider using more digital tools to offer a wider range of support. Although this will not suit everyone they should not be discarded as they will be useful for some people. These can be targeted to specific groups and there are also secure tools like 'multi me' which provide protected access to the internet.

Projects must show the results of the services they are providing to prove they are cost effective and meeting needs. Monitoring needs to reflect quality requirements, numbers of people accessing services and also the value people using the services identify. A good example of effective value for money services are the Cancer Awareness workshops run by Derby City Council which was able to work with the right people, using the right information at a low cost. This work could easily be a template used by the voluntary sector and supported by health or social care depending on the content of the project.

Issues:

- We are in a time of austerity. More people have been volunteering as there are limited jobs available and they need workplace experience. Things are changing back to normal now with more volunteering opportunities.
- Still an issue with not knowing about all of the other services available so there are missed opportunities.
- Sometimes the process for gaining funding feels like a competition and groups feel less able to connect with others.
- Need to link into work of care coordinators at GP Practices- don't currently have links
- Value for money does not always mean cheap. There may be additional costs for interpreting but the gain you would get from people requiring less statutory services and therefore save money.

- Some voluntary sector groups are already picking up some services that were provided by statutory services but have now been cut.
- It does need to be remembered that volunteers can only offer so much and cannot replace paid staff and only have a certain level of capability and capacity.

Priority groups- which groups should be a priority when looking at awarding grants?

People hardest hit from cuts- It was highlighted that there needs to be some consideration of the groups that have been hardest hit by the recent and proposed further council cuts. This will include the people who are at the greatest risk of losing their independence due to not meeting the criteria for support from statutory services.

All the protected characteristics- The issue of accessing services and information was highlighted as a priority. There are groups of people within Derby who are not accessing mainstream services. This could be for a number of reasons including; not being able to access the information, advice and services that are available to them, or services not being offered in a way that a service user can access them. Specific groups of people highlighted were Deaf, BME and new and emerging communities as well as those on low incomes or people living without a wage.

Isolation- There are groups of people who are isolated in their own community and without the support of voluntary sector they would require statutory services. Several groups of people would experience isolation including older people, carers, people with long term conditions or disabilities (physical and learning) and people with a diagnosis on the Autism Spectrum.

Stigmatised groups- There are still groups of people that are stigmatised due to their appearance or diagnosis of a physical or mental health condition. The need is for education to the whole community and advice and support for the individual and their family or carers.

Younger people- There are specific reasons that younger people should be a priority. Young people in transition often need support and guidance even if they do not meet the criteria for statutory services but still have a need. This includes people with physical and learning disabilities.

Older people- There are a myriad of issues including isolation, dementia, depression, mental health, being carers into older age with children who have physical or learning disabilities. With more people living into older age this group need to seriously be considered.

People with lesser needs- Those people with minimal needs still need to be considered. There are some people who need just a little bit of help to support them to live independently. An example of the type of support needed could be attending a work meeting or assisting them to become a volunteer. These people can be effectively managed by a RAG rating (score them based on their needs- red, amber or green) and people keep an eye on them. This process will only work if immediate help is available and people are not put on a waiting list.

Supporting the Voluntary Sector- Infrastructure work and joint working are essential if the voluntary sector is to become or remain effective. There needs to be a real drive for people working together and constantly looking for opportunities.

Grant Aid Process- what would be the best way to award the grants?

3 years- most of the larger groups would prefer a 3 year grant aid scheme as this would allow them to forward plan what they can do within the 3 years and set realistic timescales. It was felt that anything less than that could cause issues around sustainability and effectiveness.

1 year- It was recognised that there is sometimes a place for a 1 year grant but this should be for a specific piece of project work. It was recognised that not a lot can be achieved within a year unless you are doing a very specific piece of work. There was a suggestion that possible projects could be identified at the yearly review.

Smaller grants- Many of the smaller groups expressed a preference to have a yearly process as it was felt to be less onerous than waiting for 3 years. It was also of some concern that if people missed out in a grant round then they would have to wait for 3 years for the next one and this could lead to some groups disbanding.

Assessing services-There were some concerns and ideas raised about the process of assessing the quality of services. Whilst the larger organisations have some capacity to complete quality returns it is often very onerous. There is no doubt that quality needs to be assessed but many people feedback that this should be based on simple questions for all providers to allow for some benchmarking across services and there should also be a focus on outcomes based work rather than numbers of people accessing.

7. Analysis of questionnaires

Those responding to the questionnaire were asked to respond to a series of questions and give comments.

The word clouds under some of the responses illustrate the words that are most frequently used. The bigger the word, the more often it is used.

Theme 1- Prevention and early intervention

Question 1 – people were asked to prioritise how important they thought the priorities were for local people.

Grant aided services should:						
Question	5 (highest priority)	4	3	2	1 (lowest priority)	Response Count
Reduce or remove the need to contact health and social care services for support	10	8	11	10	6	45
Reduce planned and unplanned admissions to hospitals and care homes	7	10	9	16	2	44
Support people to help themselves to develop healthier lifestyles by providing information, support and education	13	12	15	5	1	46
Support people to reduce the risk of a health or other crisis that would affect their ability to be independent, and/or recover from a crisis and/or manage an long term health condition	14	17	9	7	0	47
<i>answered question</i>						49
<i>skipped question</i>						1

As illustrated in the table above, most of the people that responded felt that supporting people to be independent was a priority.

Question 2- People were asked to comment on the reasons for their responses.

Reduce Groups Outcomes Access
Services Loneliness Hospital Priority

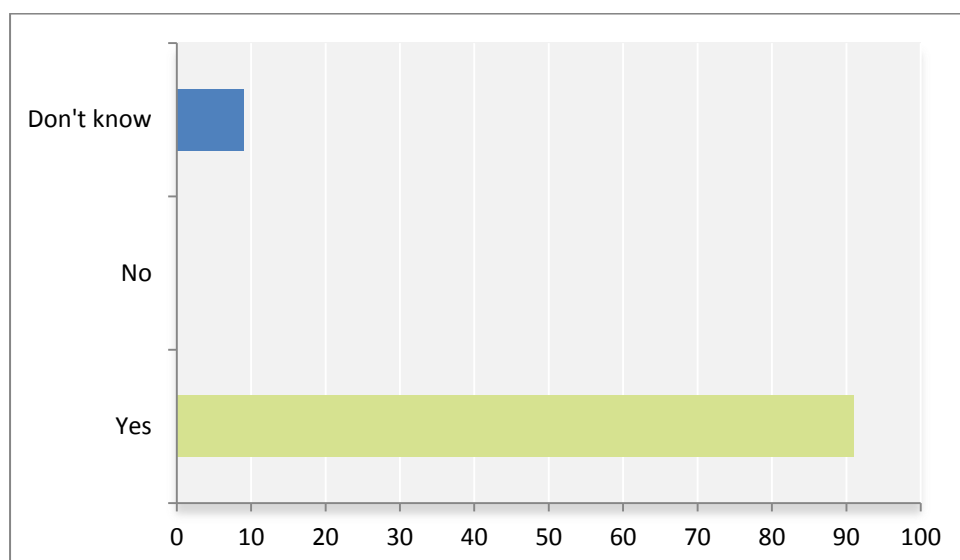
As you will see from the comments above, most people felt that the work should be outcome based and that services should reduce people's needs escalating to the need for statutory services such as hospital. There was also reference to the existing groups and how access to help is important.

Question 3- is anything missing in the priorities identified in theme 1?

Life Learn Long Term Hospital Health and
Social Voluntary Services Ensure Access
Prevents People

The comments gathered show how important people feel the voluntary sector is in supporting people so they do not need to access Health and Social Care services. The voluntary sector can offer quickly accessible services and can offer longer term support where the voluntary sector may have limitations in what they can offer.

Question 4- Do you think the voluntary, community or faith sector services could assist people to achieve one or more of the above outcomes?



As you can see from the graph above most people felt that the voluntary, community or faith sector could assist people.

Question 5- many people responded with services that they knew of that is already delivering preventative type services.

Number of Services Secondary Deliver Forward
CamTAD Communication Unlimited Derby
Carers **Community** Eating Health Learning
Organisations Understanding Life

The information above shows some of the services identified and how they are helping people.

Theme 2- Promote control, independence and responsibility

Question 6– people were asked to prioritise how important they thought the priorities were for local people.

Grant aided services should:						
Answer Options	5 (highest)	4	3	2	1 (lowest)	Response Count
Person centred and organised around the needs of individual service users	20	15	8	0	4	47
Support service users to develop their own ways to improve their health and wellbeing – building on skills, interests, abilities of their service users and the relationships that support them	22	14	7	3	1	47
Services should be designed together with the users of services and their carers	18	9	18	1	1	47
answered question						47
skipped question						3

As you will see from the responses above most people that responded to the question felt that supporting services users to develop their own skills.

Question 7- People were asked to comment on the reasons for their responses.

Outcomes Life Carer BSL Individual
Support Co-production Important Centred High
Priority

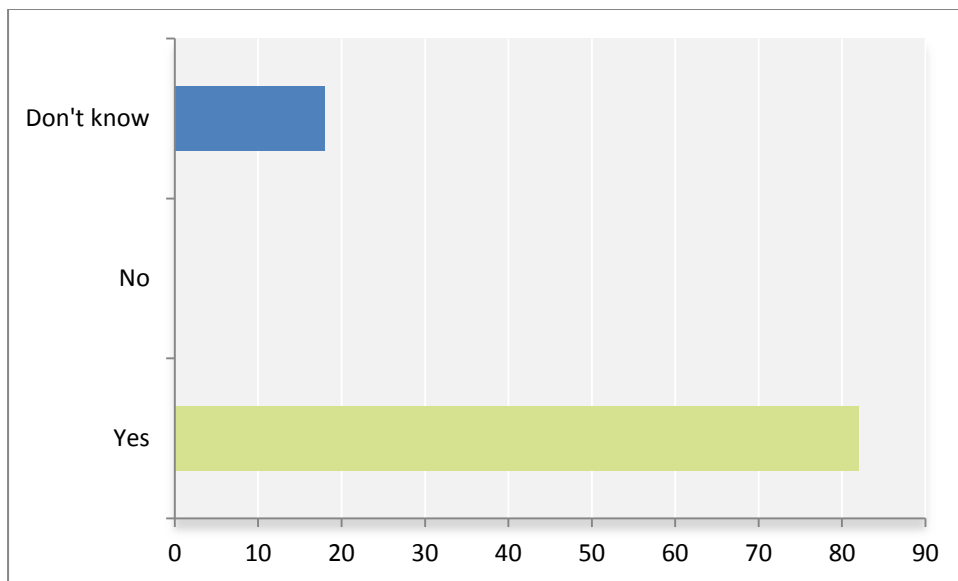
As you can see illustrated above the most frequent comment was about supporting people on an individual level but also supporting carers as there may be more support required from them if people are to remain independent of statutory services.

Question 8- is anything missing in the priorities identified in theme 2?

Support Think Groups Needs Derby Costs

As you will see the comments above reference the needs of different groups and how they are different. It was illustrated that it is important to support the groups across Derby but also look at the costs involved in providing effective support.

Question 9- Do you think the voluntary, community or faith sector services could assist people to achieve one or more of the above outcomes?



As you can see from the graph above most people felt that the voluntary, community or faith sector could assist people.

Question 10- many people responded with services that they knew of that is already delivering services to promote control, independence and responsibility

CamTAD Individuals **Derby** Grant **Services**
Centre **Group** Health **Clients**

As you will see from the comments above, there were comments about specific services. Services like CAMTAD can offer complimentary supportive services to the statutory sector and assist people in understanding their condition and how to help themselves.

Theme 3- The development of strong and resilient individuals and communities

Question 11– people were asked to prioritise how important they thought the priorities were for local people.

Grant aided services should:						
Answer Options	5 (highest)	4	3	2	1 (lowest)	Response Count
Develop the capacity of the voluntary organisations that support these outcomes	23	7	5	5	6	46
Support their service users to access other services within the community	13	16	5	7	5	46
Support service users to develop supportive networks within their friends, family and community – where users can receive support and provide support to others	17	8	10	11	0	46
Support the development of 'recovery and wellbeing' networks that support people with a mental health problem to gain the skills and confidence the need to overcome their illness	15	12	12	5	2	46
Support 'hard to reach' and excluded communities including those who find it difficult to access mainstream information and prevention services	21	9	4	3	8	45
<i>answered question</i>						46
<i>skipped question</i>						4

As you will see illustrate in the chart above, most people felt that developing the capacity of the voluntary organisations was the highest priority.

Question 12- People were asked to comment on the reasons for their responses.

Sector Benefit **Hard to Reach** Mental Health Services **Ensure Priority**

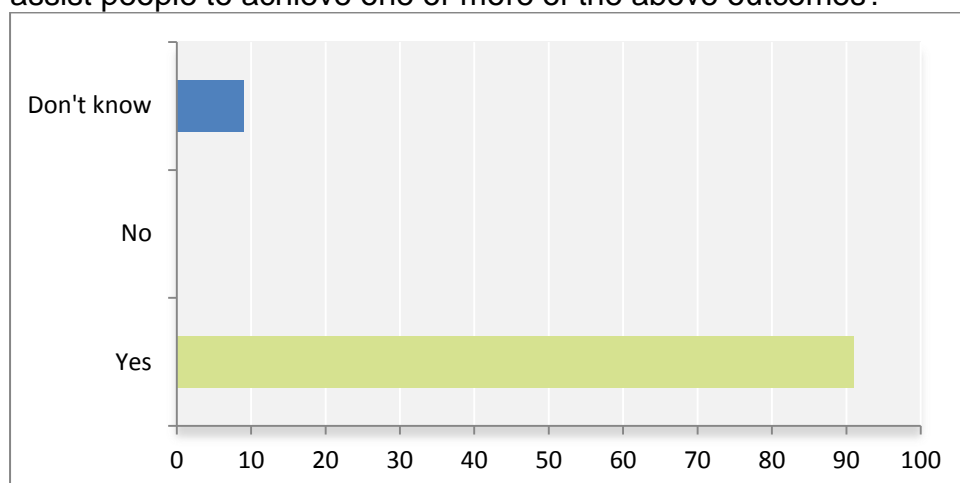
The comments above highlight work needs to be concentrated on the 'hard to reach' communities. It also illustrates the need to offer clear services from the voluntary sector and that there should be priority groups with mental health being highlighted as a key group.

Question 13- is anything missing in the priorities identified in theme 3?

Community **Range** Groups **Access Grant**

The comments above illustrate the importance of building community resources and to work through groups of people that can offer a range of services and open up access to information and support.

Question 14- Do you think the voluntary, community or faith sector services could assist people to achieve one or more of the above outcomes?



As you can see from the graph above most people felt that the voluntary, community or faith sector services could assist people to achieve one or more of the above outcomes.

Question 15- many people responded with services that they knew of that develop strong and resilient individuals and communities.

Groups **CamTAD** Community **Advice** Support **Outcomes** Derby **Funding**

As you will see from the comments above, many people felt that this is an area that the sector already delivers on through community advice and support. Some groups were used as an example. There were some comments made about the necessary funding requirements to ensure these services can be delivered effectively.

Theme 4: Provide effective, value for money services

Question 16– people were asked to prioritise how important they thought the priorities were for local people.

Grant aided services should:						
Answer Options	5 (highest)	4	3	2	1 (lowest)	Response Count
Develop the capacity of the voluntary organisations that support these outcomes	23	7	5	5	6	46
Support their service users to access other services within the community	13	16	5	7	5	46
Support service users to develop supportive networks within their friends, family and community – where users can receive support and provide support to others	17	8	10	11	0	46
Support the development of 'recovery and wellbeing' networks that support people with a mental health problem to gain the skills and confidence the need to overcome their illness	15	12	12	5	2	46
Support 'hard to reach' and excluded communities including those who find it difficult to access mainstream information and prevention services	21	9	4	3	8	45
<i>answered question</i>						46
<i>skipped question</i>						4

As you will see from the responses above most people that responded to the question felt that developing the capacity of the voluntary organisations should be a priority.

Question 17- People were asked to comment on the reasons for their responses.

Sector Achieve Grant Outcomes Money Organisations

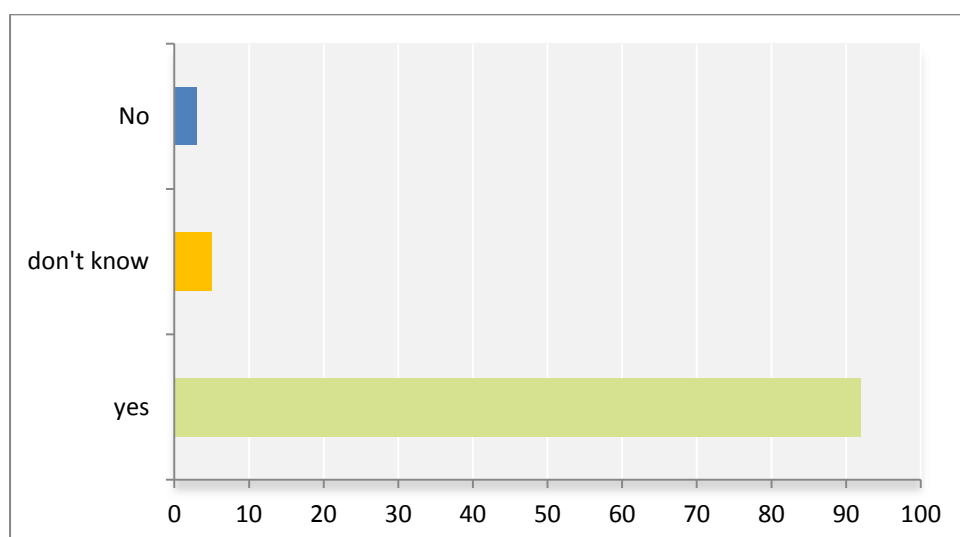
Effective value for money - Many people that responded felt that their organisations and the sector as a whole could offer value for money services through the grant aid process.

Question 18- is anything missing in the priorities identified in theme 4?

Support Training Service Users Groups

As illustrated above the feedback highlighted the importance of meeting the needs of Service Users and that the sector offers a great deal of support. Other comments were around working as groups and also the need for training.

Question 19- Do you think the voluntary, community or faith sector services could assist people to achieve one or more of the above outcomes?



Question 20- many people responded with services that they knew of that provide effective, value for money services

Age UK Derby and Derbyshire Local Organisations Value for Money Volunteers Groups who Work Advice Deaf CamTAD

As illustrated in the comments above, there are already organisations that are felt to offer value for money services utilising the support of volunteers.

Question 21- asked if there are any groups of people that we should prioritise for preventative services?

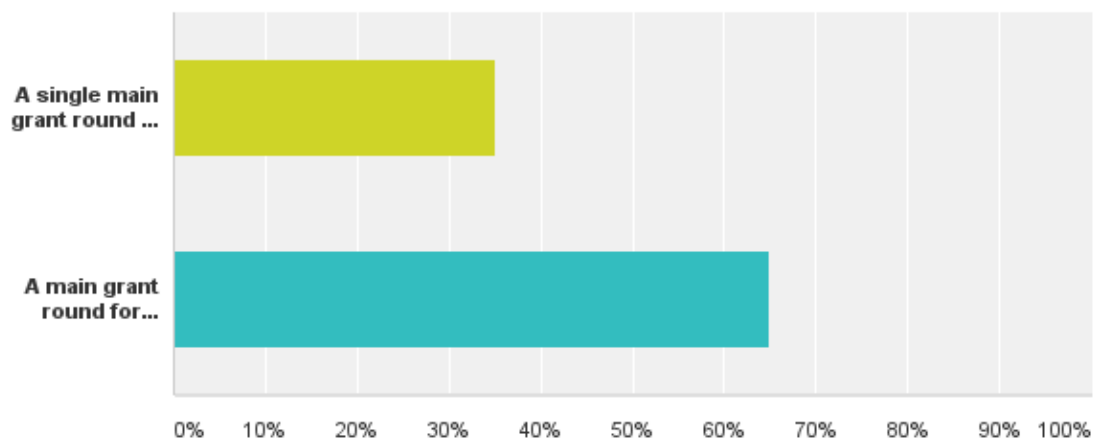
Risk Derby Community Illness Learning
Disability Ethnic Minority Mental Health
Deaf BSL Users Services Quality of Life
Conditions Good Support Advice
Dementia Speak Individuals Society

As illustrated above, there were a number of groups that were highlighted as priority areas.

Question 22- asked the preference for the grant bidding process

Q22 There are three options for the grant bidding process. Please tick your preferred option

Answered: 40 Skipped: 10



There are three options for the grant bidding process. Please tick your preferred option		
Answer Options	Response Percent	Response Count
A single main grant round for up to 3 years of funding	35.0%	14
A main grant round for larger projects who seek funding for over £1000 for up to 3 years and an annual small grant round using a simpler process for projects seeking less than this	65.0%	26
Other (please specify)		12
<i>answered question</i>		40
<i>skipped question</i>		10

As you will see the preference for the Grant Aid processes is a main grant round for larger projects and an annual round for smaller projects.

Question 23- asked why people felt that this is the best option for local people.

Money Security Voluntary Circumstances

Organisations Resources Services

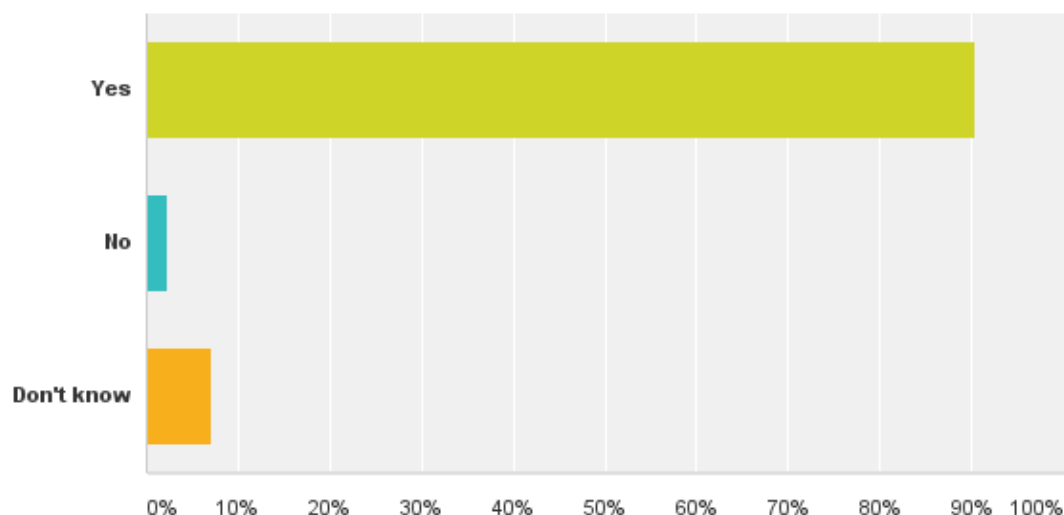
Involved Groups Flexibility

As illustrated above, the reasons the different rounds were suggested are reflected in the different needs of the groups and organisations. There needs to be flexibility and an understanding that the groups are voluntary so may not be able to bid for the larger grants.

Question 24- asked if organisations should be asked how funding could work for them.

Q24 Should we ask organisations to tell us if their project could be funded for 1, 2 or 3 years duration?

Answered: 42 Skipped: 8



As illustrated above, it was felt that organisations should tell commissioners if their project could be funded for 1, 2 or 3 years.

Question 25- asked why people felt that this is the best option for local people.

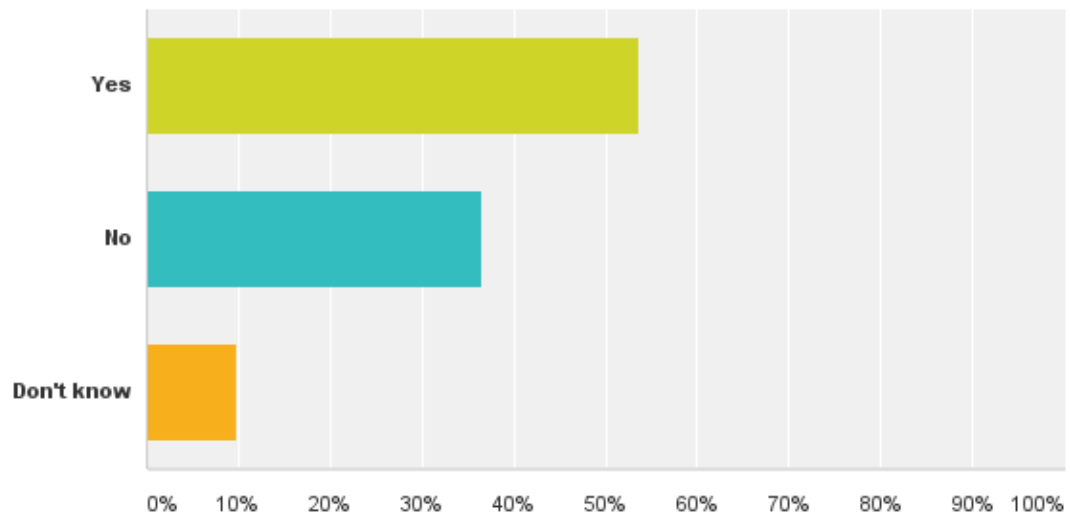
Gives Flexible Project NHS Changes Funding
Success Organisations Planning

As illustrated above people felt that discussing the options of funding durations could offer organisations flexibility and allow for project based work when that was appropriate.

Question 26- asked if organisations should be asked about tapered funding for their projects.

Q26 Should we ask organisations to tell us if their project could be suitable for tapered funding (that reduces year by year as each year passes)?

Answered: 41 Skipped: 9



As illustrated above, the majority of people felt that organisations could be asked about tapered funding.

Question 27- asked why people felt that this is the best option for local people.

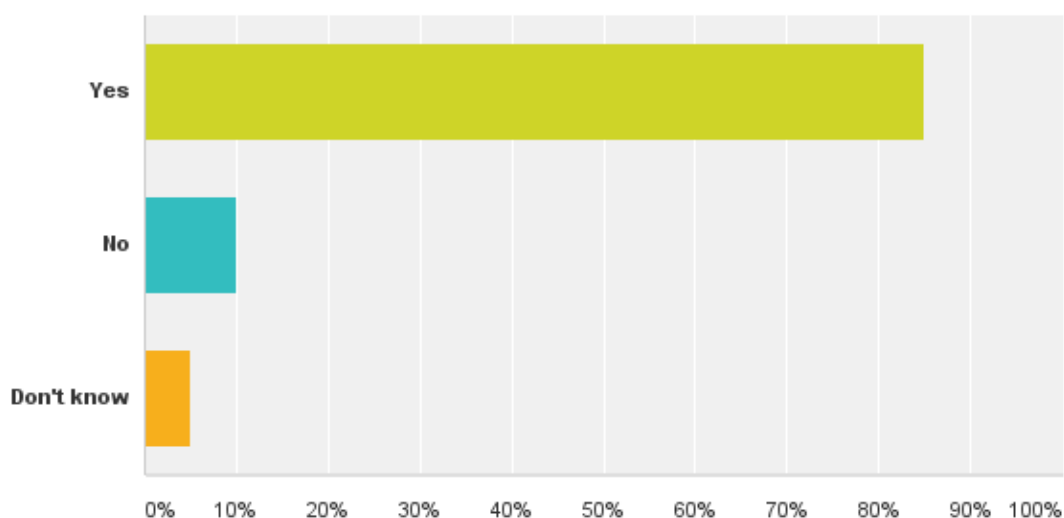
Depends Value Plan Group Projects Encourage
Funding Money Costs Self Sustaining
Mechanisms

The response above illustrates that there is some uncertainty about tapered funding. It illustrates the importance of funding projects and understanding costs but also references that projects should be looking towards being self-sustained.

Question 28- asked organisations whether the project they propose could be developed to be larger, or smaller than their original proposal?

Q28 Should we ask organisations whether the project they are proposing could be developed to be larger, or smaller than their original proposal?

Answered: 40 Skipped: 10



As illustrated in the graph above, most people felt it would be appropriate for commissioners to discuss developing or amending original proposal.

Question 29- asked why people felt that this is the best option for local people.

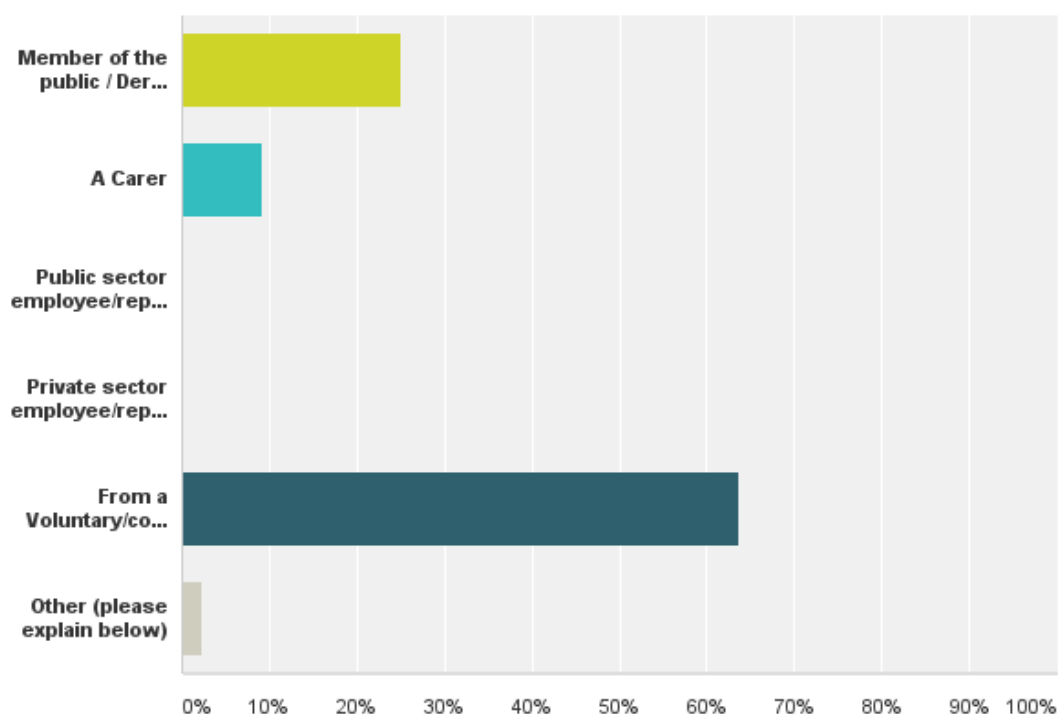
Funding Derby Organisations Scope
Projects Flexibility Option Considered Develop

The responses above illustrate that discussions about project proposals need to be relevant to the different organisations and the projects with a focus on options and development.

Who responded to the online questionnaire?

Q30 Are you a:

Answered: 44 Skipped: 6



Which are of the city do you live?

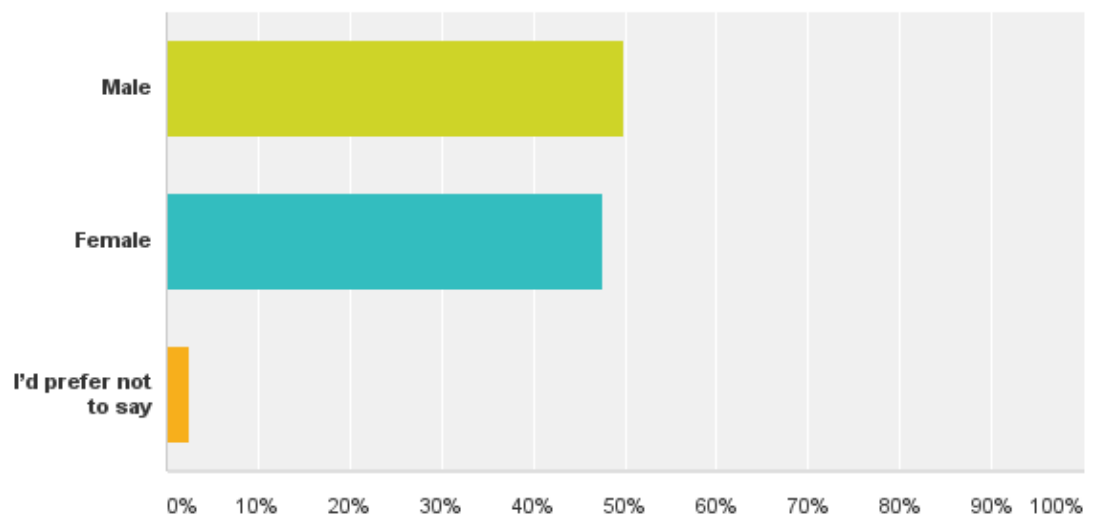
Derbyshire Chellaston Littleover Outside
Ashbourne Darley Abbey Normanton
Chaddesden Allestree

What was your age on your last birthday?

The age of people responding ranged from 36 to 90.

Q33 What is your Gender/Sex?

Answered: 40 Skipped: 10

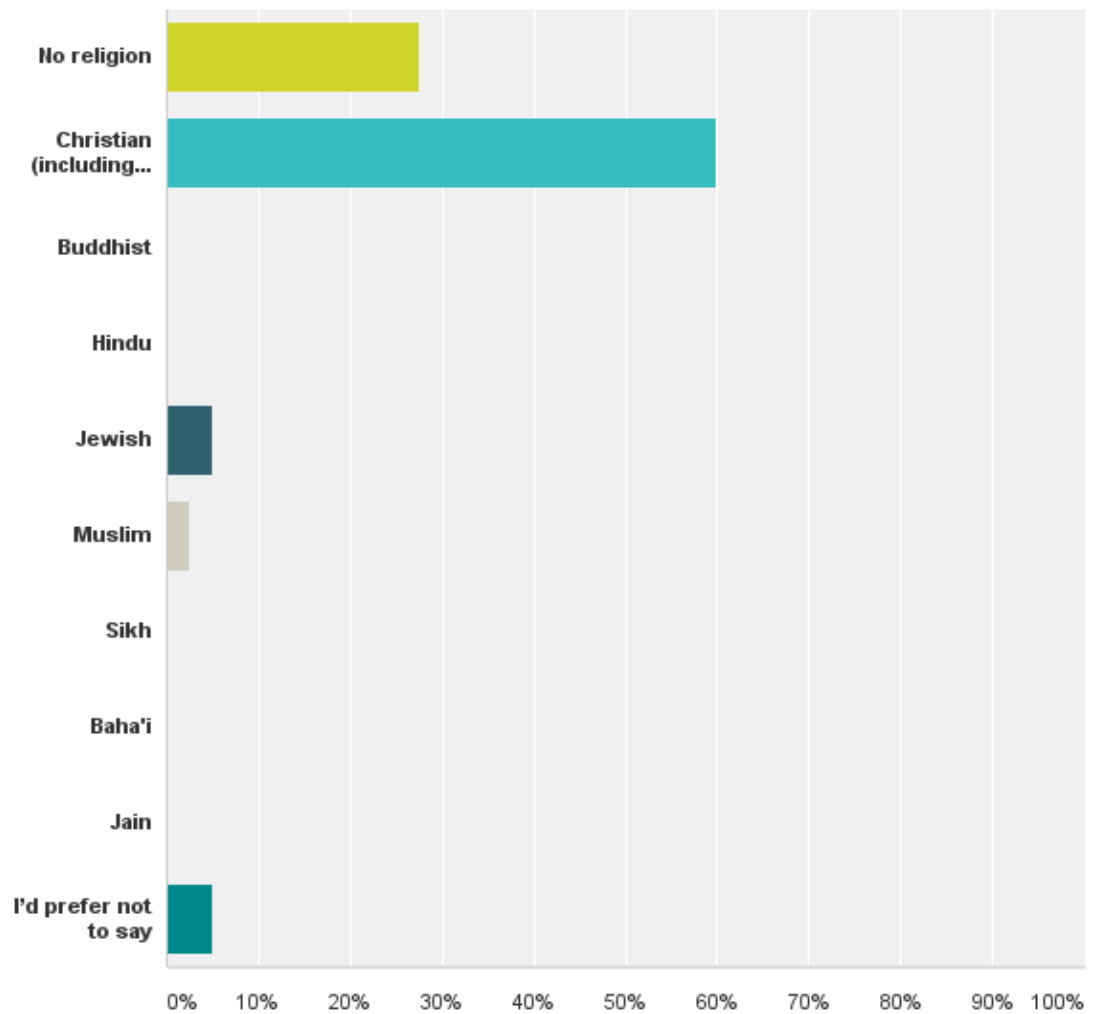


What are the first 4 letters of your postcode?

DE22 **DE23**

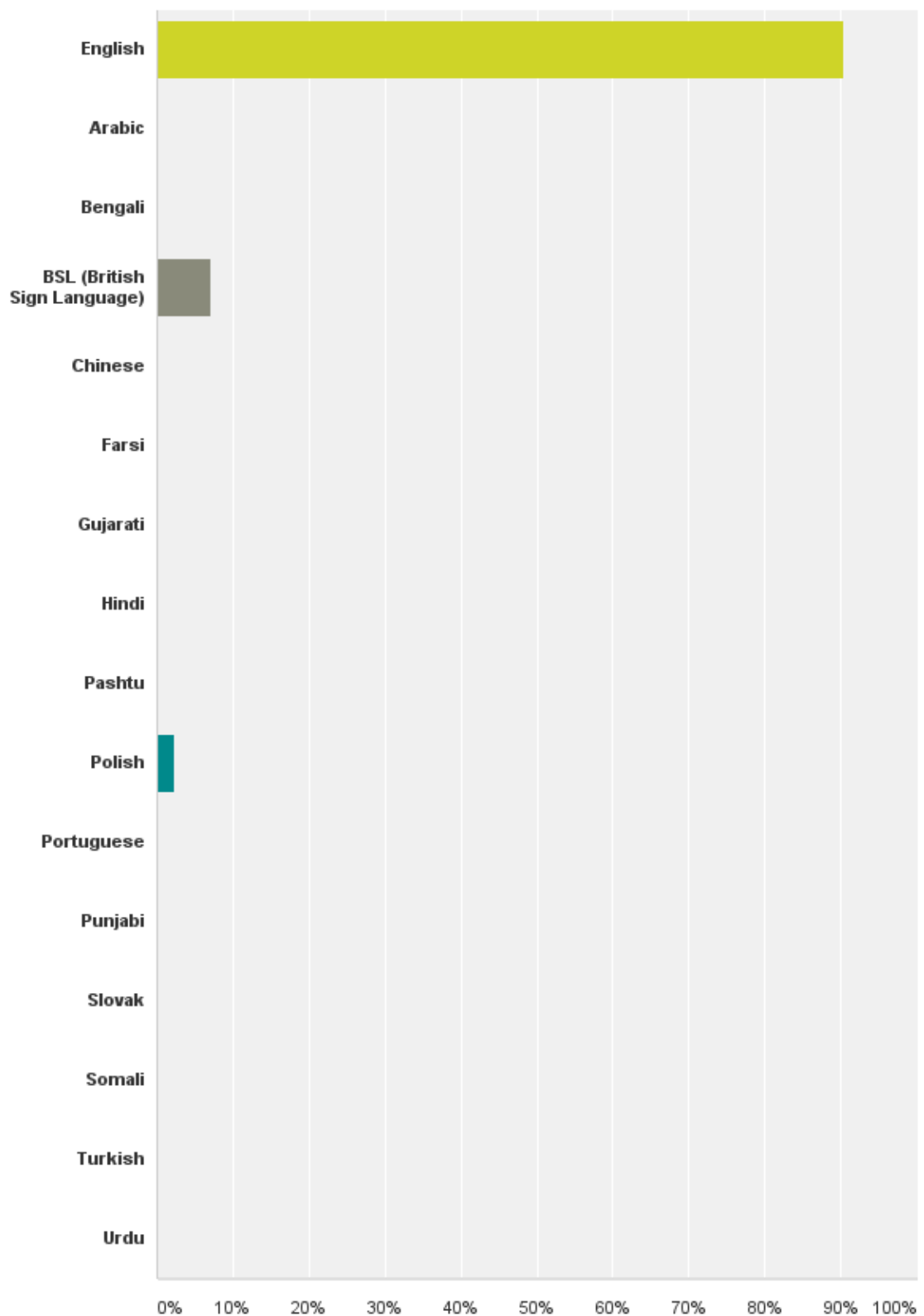
Q36 Please choose one option that best describes your religious identity:

Answered: 40 Skipped: 10



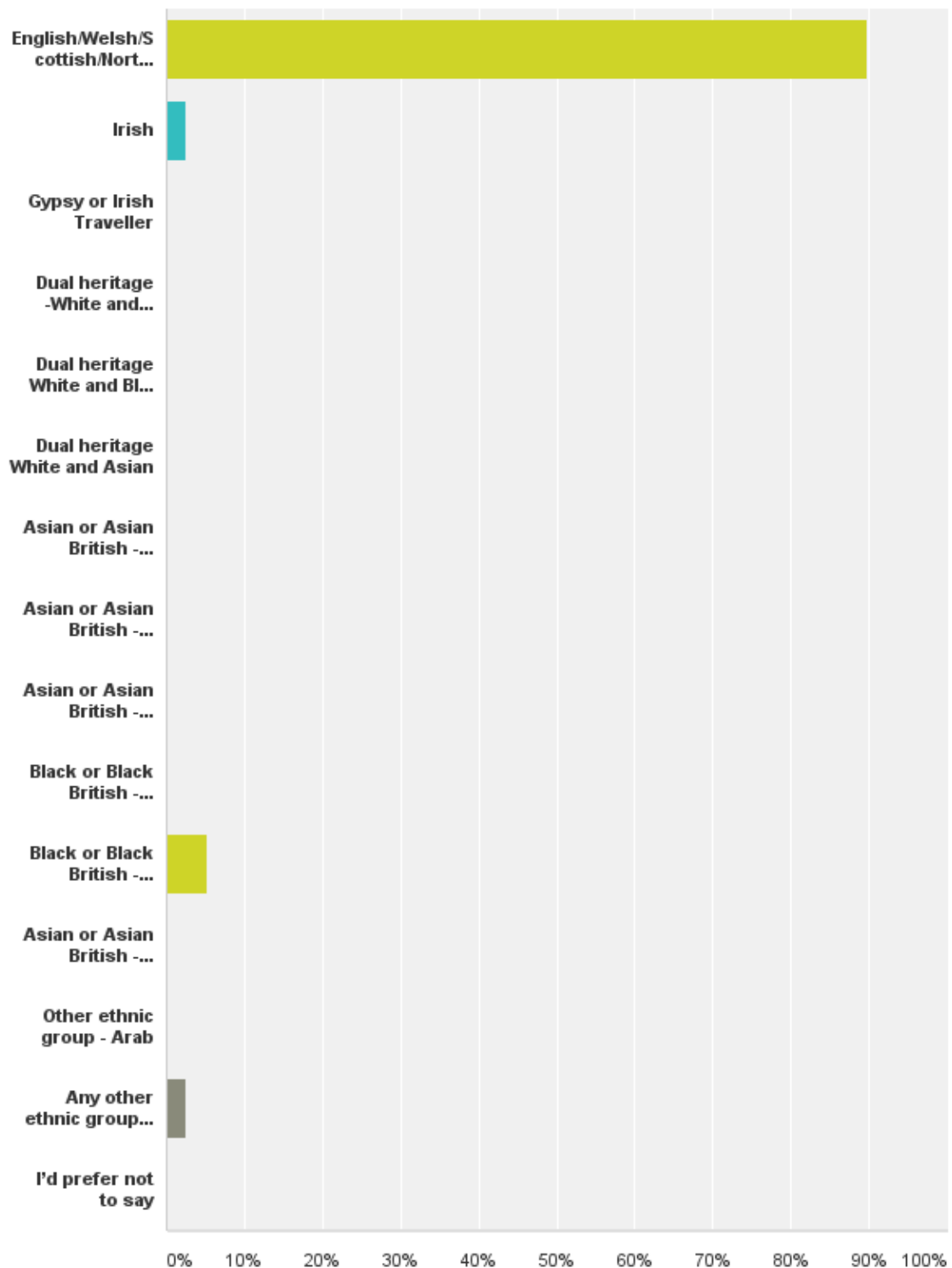
Q37 Please choose your preferred language option for communicating and interpreting information:

Answered: 42 Skipped: 8



Q38 Please choose one option that best describes your Ethnic Group or Background?

Answered: 39 Skipped: 11



Where are you from?

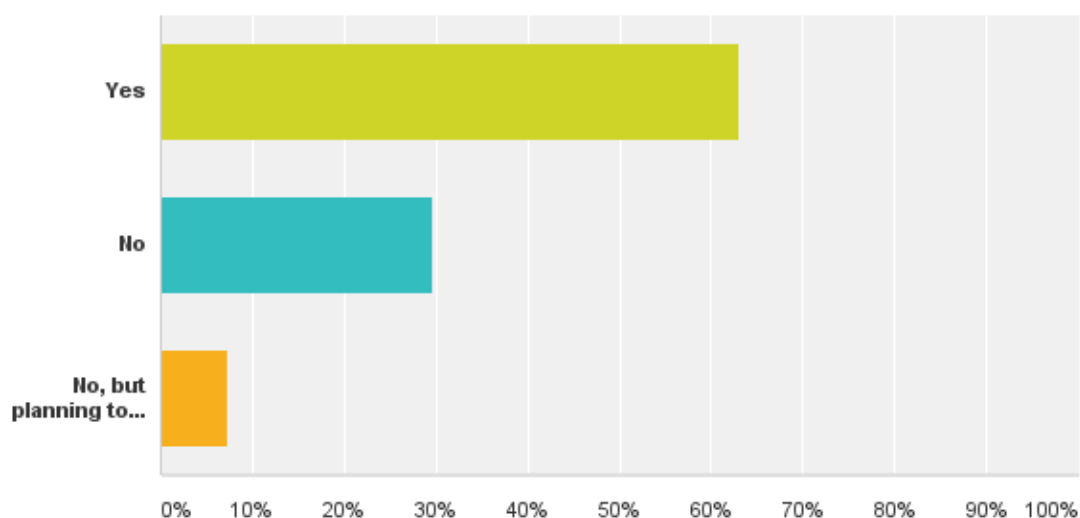
Southern Derbyshire Trust Chief Executive
Health CamTAD Worker Derby Project
Chair Trustee Manager

If you are from an organisation, what type of services do you provide and to who?

People with Hearing Loss Sign Hearing Aids Assist
Activities Sessions Advice Equipment
Health Club Derby Networks Care Children
and Young

Q41 If you are from an organisation, do you currently receive grant aid (please tick)

Answered: 27 Skipped: 23



Appendix 1: Draft outcomes used in the consultation exercise.

The outcomes reflect changes in the role that grant aid plays in supporting the Council and SDCCG to achieve their objectives and the focus on preventative services that support health and wellbeing for adults. These outcomes will support the following priorities:

- The Derby Plan, promoting self-reliance and resilience in communities so that people are less dependent on public services
- The Health and Wellbeing Strategy, currently being consulted on, including:
 - Objective 1 Health and Social Care transformation – developing a common purpose and providing strong and effective leadership
 - Objective 2 Shift care closer to the individual – ensuring individual choice and control and delivering services in a joined up way
 - Objective 3 Narrow the health inequalities gap – by tackling social inequalities and increasing opportunities for healthy lifestyle choices
- The implementation of the Care Act by supporting the provision of preventative services and high quality information and advice in Derby

This shared set of outcomes will be used to guide commissioning and other initiatives that promote preventative, non-clinical, services for adults within the Voluntary, Community and Faith sector. Preventative services are those that support the health, wellbeing and independence of adults, whether they are eligible for social care support or not.

The Council and SDCCG are consulting on the outcomes and priorities, seeking feedback on:

- Do we have the right set out outcomes for preventative grant aided services for adults?
- Can Voluntary Community and Faith Sector organisations deliver these services?
- What sort of Voluntary Community and Faith Sector services successfully provide these services and how do they do this?
- Which sections of the community should preventative services be provided to?

The Council and SDCCG are also consulting on how it arranges the grant aid bidding process for voluntary sector grants.

The outcomes for preventative grant aided services are grouped into broad themes, these are:

Outcome Theme 1: Prevention and early intervention.

Services that support this priority outcome will:

- Reduce or remove the need to contact health and social care services for support
- Reduce planned and unplanned admissions to hospitals and care homes
- Support people to help themselves to develop healthier lifestyles by providing information, support and education

- Support people to reduce the risk of a health or other crisis that would affect their ability to be independent, support them to recover from a crisis and/or manage a long term health condition

Outcomes Theme 2: Promote control, independence and responsibility

Services the support this priority will:

- Person centred and organised around the needs of individual service users
- Support service users to develop their own ways to improve their health and wellbeing
- Find out about their service users skills, interests and abilities and the relationships that support them and work with the service users to build on these to support their health and wellbeing
- Services should be designed together with users of services and their carers

Outcome Theme 3: The development of strong and resilient individuals and communities

Services that support this priority will:

- Develop the capacity of the voluntary organisations that support these outcomes
- Support their service users to access other services within the community
- Support service users to develop supportive networks within their friends, family and community where users can receive support provide support to others
- Support the development of 'recovery and wellbeing networks' that support people with a mental health problem to gain the skills and confidence they need to overcome their illness
- Support 'hard to reach' and excluded communities including those who find it difficult to access mainstream information and prevention services

Outcome Theme 4: Provide effective, value for money services

Grant aided services will be able to demonstrate that they add additional value and deliver effective, high quality services by:

- Accessing the skills and experience of volunteers and providing cost effective services
- Support strategies and initiatives developed by the Council and SDCCG that also support these outcomes for example: Safeguarding, Dementia Friends, Health awareness programmes, Carers support services
- Support access to other initiatives, funding and resources within the voluntary sector and in their locality for example Information and Advice Network and Derby Information and Advice Partnership Quality Standards, First Contact, other local and national projects
- Support services that actively consider equality issues and how they can make their services more accessible

Priority Groups

The Council and SDCCG are consulting on which sections of the community should be considered a priority for preventative services, and why this section of the community needs additional support. These sections of the community may be vulnerable or disadvantaged, they may find it difficult to access mainstream information and preventative services. This may include people who are: older, have learning and other disabilities, physical and sensory impairments, long- term health conditions or mental health issues, are from minority ethnic communities and other vulnerable groups.

Grant Aid Process

The Council and SDCCG are consulting on a range of possible alternates to make the grant aid process more adaptable to the changing needs of the community and future developments in the way that voluntary and statutory services are delivered.

Appendix 2 Consultation Questionnaire and Supporting Information

Refreshing the Outcomes for Voluntary, Community and Faith Sector Grant Aid

Supporting Information for the consultation

The Council and South Derbyshire Clinical Commissioning Group (SDCCG) are updating the grant aid outcomes for adult preventative services. These outcomes may be used in a grant aid process later this year when we will ask local organisations apply for grant aid. The Council and SDCCG will confirm whether there will be a grant aid process in March 2015. The consultation starts on 8 January and ends on the 18 February 2015.

For the Council these outcomes will update the 2011-15 Voluntary Community and Faith Sector Grant Aid Strategy.

The outcomes have been jointly developed by the Council and Southern Derbyshire Clinical Commissioning Group, the health organisation responsible for planning and arranging clinical health services in Derby and across the whole of Southern Derbyshire.

This shared set of outcomes and priorities will be used to guide commissioning and other initiatives that promote preventative, non-clinical services within Voluntary, Community and Faith sectors. Preventative services will support the health, wellbeing and independence of adults, whether they are eligible for social care support or not.

The Council and SDCCG are facing significant financial challenges, but recognise that grant aid remains an effective way to support value for money and preventative services that will promote community health and wellbeing and support people to remain independent.

The outcomes suggested reflect changes in the role that grant aid plays in supporting the Council to achieve its objectives and the focus on preventative services that support health and wellbeing for adults. These outcomes will support the following priorities:

- The Derby Plan, promoting self-reliance and resilience in communities so that people are less dependent on public services
- The Health and Wellbeing Strategy, currently being consulted on, including:
 - Objective 1 Health and Social Care transformation – developing a common purpose and providing strong and effective leadership
 - Objective 2 Shift care closer to the individual – ensuring individual choice and control and delivering services in a joined up way
 - Objective 3 Narrow the health inequalities gap – by tackling social inequalities and increasing opportunities for healthy lifestyle choices
- The implementation of the Care Act by supporting the provision of preventative services and high quality information and advice in Derby

(The Council and SDCCG are also asking for comments on their Health and Wellbeing Strategy, this is on the Your City Your Say page of the Council's website.)

Outcomes and priorities for grant aided preventative services for vulnerable adults.

The Council and SDCCG would like your views on:

- Do we have the right set out outcomes for preventative grant aided services for adults?
- Can Voluntary, Community and Faith Sector organisations deliver these services?
- Are any existing Voluntary, Community and Faith Sector services successfully providing these services and how they do this?
- Which sections of the community should be a priority for preventative services and why?

The Council and SDCCG are also consulting on how it arranges the grant aid bidding process for voluntary sector grants. We need to ensure that the grant aid process will support the Council and SDCCG to respond to the changing needs of the local population new opportunities and other local service developments.

We want to make sure that our grant aid helps to improve the lives of people who may be vulnerable and/or disadvantaged such as, older people, people with learning disabilities, physical and sensory impairments, long- term health conditions or mental health issues, people with disabilities and people from minority ethnic communities.

We want to support services that assist vulnerable and disadvantaged people to improve their health and wellbeing and manage risks to their independence. These risks may arise from one or a combination of factors, for example physical and mental health issues, unhealthy lifestyle, a fall, financial problems, isolation or a breakdown in the network of support they receive from friends, family and their community.

We want to support services that consider both the needs of individual service users and their capacity to assist themselves. Services that build on an individual's skills, knowledge, relationships and ability to support themselves and to develop their own ways to ensure their health, wellbeing and retaining independence.

The outcomes for preventative grant aided services are grouped into broad themes. Grant aided services will support the delivery of the following:

- Prevention and early intervention
- Promote control, independence and responsibility
- The development of strong and resilient individuals and communities
- Provide effective, value for money services

The online questionnaire and supporting documents are available on Southern Derbyshire Clinical Commissioning Group's 'Have your Say' webpage.

Or you can use this link:

<http://www.southernderbyshireccg.nhs.uk/have-your-say/consultations/refreshing-the-outcomes-for-voluntary-community-and-faith-sector-grant-aid/>

Or return questionnaire to:

Freepost RTHL-EYRS-YTSR

First Floor North Point

NHS Southern Derbyshire CCG

Cardinal Square

10 Nottingham Road, Derby DE1 3QT

Questionnaire

Refreshing the Outcomes for Voluntary, Community and Faith Sector Grant Aid

The Council and Southern Derbyshire Clinical Commissioning Group (SDCCG) are updating the grant aid outcomes for adult preventative services. These outcomes may be used in a grant aid process later this year when we will ask local organisations apply for grant aid. The Council and SDCCG will confirm whether there will be a grant aid process in March 2015.

For the Council these outcomes will update the 2011-15 Voluntary Community and Faith Sector Grant Aid Strategy.

The outcomes have been jointly developed by the Council and Southern Derbyshire Clinical Commissioning Group, the health organisation responsible for planning and arranging clinical health services in Derby and across the whole of Southern Derbyshire.

Before you fill in this questionnaire, please read the 'Refreshing the Outcomes for Voluntary, Community and Faith Sector Grant Aid' supporting Information as this explains what we are trying to achieve.

The consultation ends on the 18th February 2015.

If you have any queries about the consultation or questionnaire, or need this information translated or want further information contact Ian Chennery:

Telephone: 01332 642753

E-mail: VoluntarySectorTeam@derby.gov.uk

If you already have a funding agreement please contact the officer who manages your grant funding for further information.

Section 1- Grant Aid Outcomes/Priorities

We would like your views about the proposed outcomes and priorities of the grants we agree to fund. An outcome is the difference or change it will make to the people who use the service.

For each of the outcomes/priorities identified below, please let us know how important you think they are for local people. Each statement should receive a different score with 5 being the highest and 1 being the lowest.

Theme 1: Prevention and early intervention

Grant aided services should:	Order of priority- (one number per statement) with 5 being the highest priority and 1 being lowest.
Reduce or remove the need to contact health and social care services for support	
Reduce planned and unplanned admissions to hospitals and care homes	
Support people to help themselves to develop healthier lifestyles by providing information, support and education	
Support people to reduce the risk of a health or other crisis that would affect their ability to be independent, and/or recover from a crisis and/or manage an long term health condition	

Do you have any comments about the outcomes? Please comment below

Are we missing anything? Please comment below

Do you think the voluntary, community or faith sector services could assist people to achieve one or more of the above outcomes?

Yes ☐ No ☐ Don't know ☐

If you have said yes, do you know of any services already delivering this type of work? If no, why do you think that is? If don't know, can you tell us why? Please comment below.

Theme 2- Promote control, independence and responsibility

Grant aided services should:	Order of priority- (one number per statement) with 5 being the highest priority and 1 being lowest.
Person centred and organised around the needs of individual service users	
Support service users to develop their own ways to improve their health and wellbeing – building on skills, interests, abilities of their service users and the relationships that support them	
Services should be designed together with the users of services and their carers	

Do you have any comments about the outcomes? Please comment below

Are we missing anything? Please comment below

Do you think the voluntary, community or faith sector services could assist people to achieve one or more of the above outcomes?

Yes ☐ No ☐ Don't know ☐

If you have said yes, do you know of any services already delivering this type of work?
If no, why do you think that is? If don't know, can you tell us why? Please comment below.

Theme 3- The development of strong and resilient individuals and communities

Grant aided services should:	Order of priority- (one number per statement) with 5 being the highest priority and 1 being lowest.
Develop the capacity of the voluntary organisations that support these outcomes	
Support their service users to access other services within the community	
Support service users to develop supportive networks within their friends, family and community – where users can receive support and provide support to others	
Support the development of 'recovery and wellbeing' networks that support people with a mental health problem to gain the skills and confidence the need to overcome their illness	
Support 'hard to reach' and excluded communities including those who find it difficult to access mainstream information and prevention services	

Do you have any comments about the outcomes? Please comment below

Are we missing anything? Please comment below

Do you think the voluntary, community or faith sector services could assist people to achieve one or more of the above outcomes?

Yes ☐ No ☐ Don't know ☐

If you have said yes, do you know of any services already delivering this type of work? If no, why do you think that is? If don't know, can you tell us why? Please comment below.

Theme 4: Provide effective, value for money services

Grant aided services should:	Order of priority- (one number per statement) with 5 being the highest priority and 1 being lowest.
Access the skills and experience of volunteers and provide cost effective services	
Support Council and SDCCG strategies and initiatives that support these outcomes for example: Safeguarding, Dementia Friends, Health awareness programmes, Carers support services	
Use other initiatives, funding, and resources within the voluntary sector and their locality for example the Information and Advice (Forum) Network and Derby Information and Advice Partnership (DIAP) Quality Standards, First Contact, other local and national projects	
Actively consider equality issues and how they can make their services more accessible	

Do you have any comments about the outcomes? Please comment below

Are we missing anything? Please comment below

Do you think the voluntary, community or faith sector services could assist people to achieve one or more of the above outcomes?

Yes ☐ No ☐ Don't know ☐

If you have said yes, do you know of any groups already delivering this type of work? If no, why do you think that is? If don't know, can you tell us why? Please comment below.

Priority Groups

Do you think that there are any groups of people that we should prioritise for preventative services? Why do you think they need additional support? Please comment below

Grant Aid Process

We would like your views on our suggestions for a proposed grant bidding process. Can we make the process more flexible, to support a range of different projects and work with organisations to adapt bids to more effectively meet local needs?

There are three options for the grant bidding process. Please tick your preferred option.

- ☐ A single main grant round for up to 3 years of funding
- ☐ A main grant round for larger projects who seek funding for over £1000 for up to 3 years and an annual small grant round using a simpler process for projects seeking less than this
- ☐ Other (please explain below)

Why do you think this is the best option for local people? (please explain below)

We would like your views on some changes in the way that grants are allocated in order to:

- support long term and short term projects and provide potential capacity in subsequent years to fund new projects to meet changes in local circumstances, and
- support projects that have clear plans to become independent of grant funding in the long term

Should we ask organisations to tell us if their project could be funded for 1, 2 or 3 years duration?

Yes ☐ No ☐

Why do you think this is the best option for local people?

Should we ask organisations to tell us if their project could be suitable for tapered funding (that reduces year by year as each year passes)?

Yes ☐ No ☐

Why do you think this is the best option for local people?

Should we ask organisations whether the project they are proposing could be developed to be larger, or smaller than their original proposal?

Yes ☐ No ☐

Why do you think this is the best option for local people?

Who has responded?

We want to make sure we have received responses from a range of organisations and individuals. Please help us by telling us something about you.

Are you:

- ☐ A member of the public / Derby Resident
- ☐ A Carer
- ☐ Public sector employee/representative that provides services in Derby
- ☐ Private sector employee/representative that provides services in Derby
- ☐ From a Voluntary/community sector organisation that provides services in Derby
- ☐ Other (please explain below)

Please tell us which area of the city you live in (e.g. Littleover, Peartree etc)

What was your age on your last birthday? Please tell us your age in years. ☐

Male ☐ Female ☐ prefer not to say ☐ (please tick)

Please choose one option that best describes your religious identity

No religion		Christian (including Church of England, Catholic, Protestant and all other Christian denominations)			
Buddhist		Hindu		Jewish	
Muslim		Sikh		Baha'i	
Jain		I'd prefer not to say		Any other religion, please describe:	

Please choose your preferred language option for communicating and interpreting information

English		Arabic		Bengali	
BSL (British Sign Language)		Chinese		Farsi	
Gujarati		Hindi		Pashtu	
Polish		Portuguese		Punjabi	
Slovak		Somali		Turkish	
Urdu					
Any other preferred language, please describe:					

Please choose one option that best describes your Ethnic Group or Background?

English/Welsh/Scottish/Northern Irish/British	
Irish	
Gypsy or Irish Traveller	
Any other White background, please describe:	
Dual heritage -White and Black Caribbean	
Dual heritage White and Black African	
Dual heritage White and Asian	
Any other mixed/multiple ethnic background, please describe:	
Asian or Asian British - Indian	
Asian or Asian British - Pakistani	
Asian or Asian British - Bangladeshi	
Any other Asian background, please describe:	
Black or Black British - African	
Black or Black British - Caribbean	
Any other Black/African/Caribbean background, please describe:	
Asian or Asian British - Chinese	
Other ethnic group - Arab	
Any other ethnic group, please describe:	
I'd prefer not to say	

If you are from an organisation, please explain your role and where you are from below

If you are from an organisation, what type of services do you provide and to who?

If you are from an organisation, do you currently receive grant aid (please tick)

☐ Yes
 ☐ No
 ☐ No, but planning to apply in the future

Would you be happy for us to contact you to discuss any of your responses in more detail? If yes please provide your contact details.

Thank you for your time in completing this survey.

Please return to:

Freepost RTHL-EYRS-YTSR
First Floor North Point
NHS Southern Derbyshire CCG
Cardinal Square
10 Nottingham Road
Derby DE1 3QT