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**NHS Community Mental Health Transformation Programme:**

**Community Funds**

**Overview**

North Cumbria Clinical Commissioning Group (NC CCG) has established three NHS Community Mental Health Transformation Programme funds with Cumbria Community Foundation to provide community-based wrap around services for adult service users with Severe Mental Illness (SMI) delivered by the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector.

The programme comprises three community grant making funds and cover the following areas of transformation:

1. **Positive Changes Fund:** To work with service users from underserved backgrounds or groups, to help them engage with mental health statutory services and develop a community support plan where required. Matching individuals with the required community services to help them live well in their communities. We will focus primarily on the following areas: underserved areas, Gypsy Romany Travellers, veterans, refugees, ethnically diverse people, and LGBTQ+, and male (aged 15-50) service users. This will also help link to the CCG’s health inequality work.

**Fund launch: April 2022**

*NB: Projects must meet the Positive Changes Fund Service Scope and performance measurement requirements*

1. **Healthier Lifestyle Fund:** To improve the physical health needs of the SMI population in North Cumbria, specifically targeting health risks such as smoking, obesity, and frailty. Any work should be focused on meeting both physical and psychological needs of the service users in relation to these health risks. **Fund launch: April 2022**

*NB: Projects must meet the Healthier Lifestyles Fund Service Scope and performance measurement requirements.*

1. **Disordered Eating Fund:** To support adult service users with SMI and eating disorders by providing community-based support which wraps around the clinical pathways. The details of this will be refined as we work through the clinical model needs in the relevant task and finish group. **Fund launch: May-June 2022**.

*NB: Projects must meet the Healthier Lifestyles Fund Service Scope and performance measurement requirements.*

It is feasible for organisations to develop projects that will meet objectives across the Positive Changes Fund and Healthier Lifestyle Fund.

**Appendix 1**

**Positive Changes Fund: Service Scope**

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| **Fund:** | **NHS Community Mental Health Transformation: Positive Changes Fund** |
| **Fund Objective:** | To improve accessibility to services users who may have previously been disenfranchised or had limited access to statutory and community mental health services.  To work with service users from underserved backgrounds or groups, to help them engage with mental health statutory services and develop community support plans where required. Matching them with the required community services to help them live well in their communities.  Focus is primarily on the following areas: high deprivation areas, Gypsy-Romaine- Travellers (GRT), veterans, refugees, ethnically diverse people, and LGBTQ+, and male (aged 15-50) service users. |
| **Program principles:** | In line with the transformation framework, we are prioritising funding for Lived Experience Organisations (LERO) or VCFSE organisations who can demonstrate a deep working with people with lived experience.  All organisations need to demonstrate how they will honour the North Cumbria Transformation Principles: -   * Be service user centred * Be transformative and take risks when designing new community-based service model of care. * Involve a diverse range of service users * Collect and utilise a wide variety of data to make evidence-based decisions and evaluate progress. |
| **Target Service User Cohort:** | The Community Mental Health Transformation programme of work is targeting service users within North Cumbria who experience Severe Mental Illness (SMI). It is targeted at adults to take care of both their physical and mental wellbeing.  The phrase severe mental illness refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI.  All successful organisations should be able to demonstrate their exclusive impact on this cohort of service users. It is not necessary to have a diagnosis of schizophrenia or bipolar disorder however the services users should meet the broader definition of SMI as outlined above. |
| **Project Scope Definition:** | See below sub-project scope definitions for the following SMI cohorts:   1. LGBTQ+ 2. Refugee 3. Areas of high deprivation 4. Veterans 5. Gypsy, Romaine, Traveller (GRT) 6. Ethnically diverse people 7. Underserved areas 8. Adult male |
| **Project Requirements:** | * The project should demonstrate high levels of co-production and engagement with people with lived experience to develop a clear point of view about their needs, barriers which may prevent them from accessing services and any service development needed. With this in mind, partnership applications will be welcomed to achieve this outcome. * The project should engage with relevant statutory services to understand current landscape and any interdependencies. * The project should look at how it can transfer learnings to staff within statutory services to develop more awareness about the needs of this cohort of service users. * The project should be structured to collect, analyse, and report on a range of metrics which are both quantitative and qualitative. * The project should aim to improve engagement and trust with this cohort of service users in statutory mental and physical health services, as well as ensure they have the provisions to promote self-care and access personal and community care. |
| **Project Boundaries:** | This project must operate within the framework of the Community Mental Health Transformation and align with current service provisions and any proposed changes within mental health transformation.  This project must work to the principles of the transformation programme of work. |
| **Project Deliverables:** | * Clear evidence must be provided to inform and demonstrate the needs of this cohort of service users. Including understanding of barriers which prevent people from accessing services. This may include but not be limited to social, physical, psychological, and logistical barriers. * Successful organisations must adhere to the reporting schedule as outlined in appendix 3. * A full project plan should be developed and submitted including a full costing plan. * Organisations must be able to demonstrate how they have developed this work in line with our co-production ambitions and utilised the roles of service users with lived experience. * A full risks and issue log should be maintained thought out the project. |
| **Project Constraints** | It is hoped that once awarded, organisations will be able to quickly mobilize. We would hope that project development and research would take no longer than 3 months and that they could move into implementation by the second quarter of the award.  There will be no increases to the awards during the year so costings should be fully developed at proposal stage. If there are unknown costing this should be clearly identified at the point of proposal. |
| **Project Assumptions** | * Projects must be delivered within 12 months of award. * Organisations have the required resources, skills, knowledge, and time to deliver against their proposal * Any support organisations may need to help deliver their project will be clearly outlined in their project bid. So that we can identify how we can support. |
| **Project Interdependencies** | Projects must align to changes being made within the system regarding: -   * Local Authority reorganization * Integrated Care System (ICS) development * Community Mental Health Transformation * NHS Long Term Plan |
| **Reporting** | See appendix 4 for reporting schedule.  Any organisation at requires assistance to be able to meet this should detail this within their project application as additional help maybe provided.  If an application is received from several organisations working together, the identified lead organisation will be responsible for reporting. |
| **Project Governance** | All proposals should outline their governance structure for the delivery of this project. |
| **Safeguarding** | All proposals should outline their safeguarding processes. |
| **Data Security & Information Governance & sharing** | All proposals should outline what information is kept about their service users and how that is shared and protected. |
| **Scheduled Milestones** | The successful VCSE organisation will be required to submit a full project plan including detailed budget within 30 days of the award. This should outline key milestones for project delivery and should be reviewed and agreed with Community Mental Health Transformation project team to ensure alignment across the transformation program of work. |
| **Funding Source and Limitations** | A full review of the success of this project will take place 10 months from the award date and a decision will be made regarding further funding for FY23/24. All successful projects will be considered for NHS baseline funding from FY24/25 onwards.  Funding can be used for all aspects of project development and delivery. Except for any capital expenditure. Also, in gathering data/co-production activities we do not permit the financial reward of service users. However, it is permissible to cover expenses such as travel and any out of pocket costs. Also, it is permissible to cover the cost of hosting co-production events.  It can offer remuneration to people with lived experience in the service delivery of this project. |
| **Quality Assurance** | Quality assurance will be secured through the reporting process as outline in appendix 3.  The North Cumbria CCG wants to be active partners with VCSE organisations undertaking work in the Community Mental Health Transformation. Therefore, we would like to reserve the right to conduct quarterly visits to assess the service offered and the progress of the project as well as understand any challenges the organisation may be facing and work together to address these. These visits will be arranged through Cumbria Community Foundation and organisations will be given 30 days’ notice. Equally any organisation may request additional meetings with The Community Mental Health Transformation project team at any time. |

1. **Sub Project – SMI LGBTQ+ cohort**

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| **Project Scope Definition:** | To improve engagement and trust in community and statutory mental health services for LGBTQ+ Service Users with SMI. To understand what prevents high levels of engagement and inclusion. Develop projects which will both help staff within health provide a better service for these service users and help service users engage in and access services to help them live well in their communities. |

1. **Sub Project – SMI Refugee cohort**

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| **Project Scope Definition:** | To improve engagement and trust in the community and statutory mental health services for SMI service users who are also refugee’s, living in North Cumbria.  We understand that there may be physical, emotional, psychological and language barriers that may prevent service users from this cohort engaging with mental health and physical health services as well as community-based support services.  We want to understand what prevents high levels of engagement and inclusion and develop projects which will both help staff within health provide a better service for this cohort and support service users to engage in and access services to help them live well in their communities. |

1. **Sub Project – SMI cohort within underserved areas**

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| **Project Scope Definition:** | To improve engagement and trust in the community and statutory mental health services for SMI service users who also live in high areas of deprivation within North Cumbria.  We know that within North Cumbria health inequalities exists and we have underserved areas. This not only impacts the general population within these areas, but significantly adversely impacts service users with SMI. Such health inequalities lead to poorer health outcomes for a cohort that already experiences a lower life expectancy of 12-15 years when compared to the general population.  Throughout the health system inequalities exist in: -   * Socio-economic and environmental factors, including income, employment, housing, occupation, and education. * Lifestyle and health behaviours such as smoking, diet, alcohol intake and levels of physical activity. * Access to services such as healthcare   Addressing these issues with this cohort could lead to an increase in life expectancy.  We want to understand what prevents high levels of engagement and inclusion for this cohort and develop projects which will both help staff within health provide a better service for this cohort and support service users to engage in and access services to help them live well in their communities. |

1. **Sub Project – SMI Veterans cohort**

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| **Project Scope Definition:** | To improve engagement and trust in the community and statutory mental health services for SMI service users who are also veterans and living within North Cumbria.  We know that 7.3% of military veterans in North Cumbria have SMI when compared to 2% of the population within the CCG. We also know that there is increased risk that service users can fall through the gap as they transition from the care of Ministry of Defence to the NHS.  We want to understand what prevents high levels of engagement and inclusion and develop projects which will both help staff within health provide a better service for this cohort and support service users to engage in and access services to help them live well in their communities. |

1. **Sub Project – SMI Gypsy, Romaine, Traveller (GRT) Cohort**

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| **Project Scope Definition:** | To improve engagement and trust in the community and statutory mental health services for SMI service users who are also members of the Gypsy, Romaine, Traveller (GRT) communities within North Cumbria.  We know that member of this cohort have low levels of engagement with statutory mental health and physical health services. We also know that members of this community generally face significant health inequalities, including higher rates of mortality, morbidity and long-term health conditions and a higher prevalence of anxiety and depression compared to the settled population.  We understand that accommodation insecurity, poor living environment, low educational attainment, economic exclusion, community isolation and discrimination all have a negative impact on services users from GRT communities physical and mental health. For those service users who also have SMI this can lead to even greater levels of health inequalities.  We want to understand what prevents high levels of engagement and inclusion and develop projects which will both help staff within health provide a better service for this cohort and support service users to engage in and access services to help them live well in their communities. |

1. **Sub Project – SMI ethnically diverse cohort**

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| **Project Scope Definition:** | To improve engagement and trust in the community and statutory mental health services for SMI service users from ethnically diverse communities within North Cumbria.  We understand that there is a link between health inequalities and ethnicity, often leading to ethnically diverse people having poor health outcomes when compared to the general population. There is also evidence that members of ethnic minorities have a higher prevalence of SMI in the UK and struggle to access services in a way that is meaningful to them.  We want to understand what prevents high levels of engagement and inclusion and develop projects which will both help staff within health provide a better service for this cohort and support service users to engage in and access services to help them live well in their communities. |

1. **Sub Project – SMI adult male cohort**

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| **Project Scope Definition:** | To improve engagement and trust in the community and statutory mental health services for adult male SMI service users within North Cumbria.  Although mental health problems and SMI affect both men and women, we see significantly higher rates of suicide in men. They are also less likely to access psychological therapies, they have increased levels of homelessness and substance abuse and are more likely to be victims of violence and end up detained (sectioned).  We want to understand what prevents high levels of engagement and inclusion and develop projects which will both help staff within health provide a better service for this cohort and support service users to engage in and access services to help them live well in their communities. |

**Appendix 2**

**Healthier Lifestyle Fund: Service Scope**

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| **Fund:** | **NHS Community Mental Health Transformation: Healthier Lifestyle Fund** |
| **Fund Objective:** | To improve the physical health needs of the SMI population in North Cumbria, specifically targeting health risks such as smoking, obesity, and frailty. Any work should be focused on meeting both physical and psychological needs of the service users in relation to these health risks. Substance abuse will be addressed through the mental health rehabilitation work being undertaken in FY 22/23. |
| **Program principles:** | In line with the transformation framework we are prioritising funding for lived experience organisations (LERO) or VCSE organisations who can demonstrate a deep working with people with lived experience.  All organisations need to demonstrate how they will honour the North Cumbria Transformation Principles: -   * Be service user centred * Be transformative and take risks when designing new community-based service model of care. * Involve a diverse range of service users * Collect and utilise a wide variety of data to make evidence-based decisions and evaluate progress. |
| **Target Service User Cohort:** | The Community Mental Health Transformation program of work is targeting service users within North Cumbria who have Severe Mental Illness (SMI). It is targeted at adults to take care of both their physical and mental wellbeing.  The phrase severe mental illness refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI.  All successful organisations should be able to demonstrate their exclusive impact on this cohort of service users. It is not necessary to have a diagnosis of schizophrenia or bipolar disorder however the services users should meet the broader definition of SMI as outlined above. |
| **Project Scope Definition:** | We know that within North Cumbria health inequalities exists and we have areas of high deprivation. This not only impacts the general population within these areas, but significantly adversely impacts service users with SMI. Such health inequalities lead to poorer health outcomes for a cohort that already experiences a lower life expectancy of 12-15 years when compared to the general population.  Throughout the health system inequalities exist in: -   * Socio-economic and environmental factors, including income, employment, housing, occupation and education. * Lifestyle and health behaviours such as smoking, diet, alcohol intake and levels of physical activity. * Access to services such as healthcare   Addressing these issues with this cohort could lead to an increase in life expectancy.  SMI service users in North Cumbria show a far higher prevalence of lifestyle risk factors than the population without such a diagnosis. They are more likely to be overweight/obese. Smoking rates are also higher among those with SMI. People in this cohort also suffer from additional long-term conditions. While 53% of the population without SMI are living free from any long-term conditions, only 9% of patients with SMI are. Many are experiencing between 2-4 long term conditions excluding their SMI diagnosis.  We want to help service users with SMI prioritise their physical health and have access to services which will support them in this endeavour and be meaningful to them. We specifically want to prioritise this work with SMI service users who are impacted by health inequalities. We want to understand what prevents high levels of engagement and inclusion and develop projects which will both help staff within health provide a better service for this cohort and support service users to engage in and access services to help them live well in their communities. |
| **Project Requirements:** | * The project should demonstrate high levels of co-production and engagement with people with lived experience to develop a clear point of view about their needs, barriers which may prevent them from accessing services and any service development needed. * The project should engage with relevant statutory services to understand current landscape and any interdependencies. * The project should look at how it can transfer learnings to staff within statutory services to develop more awareness about the needs of this cohort of service users. * The project should be structured to collect, analyse, and report on a range of metrics which are both quantitative and qualitative. * The project should aim to improve engagement and trust with this cohort of service users in statutory mental and physical health services, as well as ensure they have the provisions to promote self-care and access personal and community care. |
| **Project Boundaries:** | This project must operate within the framework of the Community Mental Health Transformation and align with current service provisions and any proposed changes within mental health transformation.  This project must work to the principles of the transformation program of work. |
| **Project Deliverables:** | * Clear evidence must be provided to inform and demonstrate the needs of this cohort of service users. Including understanding of barriers which prevent people from accessing services. This may include but not be limited to social, physical, psychological, and logistical barriers. * Successful organisations must adhere to the reporting schedule as outlined in appendix 3. * A full project plan should be developed and submitted including a full costing plan. * Organisations must be able to demonstrate how they have developed this work in line with our co-production ambitions and utilised the roles of service users with lived experience. * A full risks and issue log should be maintained thought out the project. |
| **Project Constraints** | It is hoped that once awarded any organisation will be able to quickly mobilize. We would hope that project development and research would take no longer than 1 quarter and that they could move into implementation by the second quarter of the award.  There will be no increases to the awards during the year so costings should be fully developed at proposal stage. If there are unknown costing this should be clearly identified at the point of proposal. |
| **Project Assumptions** | * Projects will be able to be delivered within 12 months of award. * Organisations have the required resources, skills, knowledge, and time to deliver against their proposal * Any support organisations may need to help deliver their project will be clearly outlined in their project bid. So that we can identify how we can support. |
| **Project Interdependencies** | Projects must align to changes being made within the system regarding: -   * Local Authority reorganization * Integrated Care System (ICS) development * Community Mental Health Transformation * NHS Long Term Plan |
| **Reporting** | See appendix 4 for reporting schedule.  Any organisation who require assistance to be able to meet this should detail this within their project proposal submission. As additional help maybe provided.  If a proposal is received from several organisations working together. The identified lead organisation will be responsible for reporting. |
| **Project Governance** | All proposals should outline their governance structure for the delivery of this project. |
| **Safeguarding** | All proposals should outline their safeguarding processes. |
| **Data Security & Information Governance & sharing** | All proposals should outline what information is kept about their service users and how that is shared and protected. |
| **Scheduled Milestones** | The successful VCSE organisation will be required to submit a full project plan including detailed budget within 30 days of the award. This should outline key milestones for project delivery and should be reviewed and agreed with Community Mental Health Transformation project team to ensure alignment across the transformation program of work. |
| **Funding Source and Limitations** | A full review of the success of this project will take place 10 months from the award date and a decision will be made regarding further funding for FY23/24. All successful projects will be considered for NHS baseline funding from Fy24/25 onwards.  Funding can be used for all aspects of project development and delivery. Except for any capital expenditure. Also, in gathering data/co-production activities we do not permit the financial reward of service users. However, it is permissible to cover expenses such as travel and any out of pocket costs. Also, it is permissible to cover the cost of hosting co-production events.  It can offer remuneration to people with lived experience in the service delivery of this project. |
| **Quality Assurance** | Quality assurance will be secured through the reporting process as outline in appendix 3.  The North Cumbria CCG wants to be active partners with VCSE organisations undertaking work in the Community Mental Health Transformation. Therefore, we would like to reserve the right to conduct quarterly visits to assess the service offered and the progress of the project as well as understand any challenges the organisation may be facing and work together to address these. These visits will be arranged through Cumbria Community Foundation and organisations will be given 30days notice. Equally any organisation may request additional meetings with The Community Mental Health Transformation project team at any time. |

**Appendix 3**

**Disordered Eating Fund: Service Scope**

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| **Fund:** | **NHS Community Mental Health Transformation: Disordered Eating Fund** |
| **Fund Objective:** | To support adult service users with SMI and eating disorders by providing community-based support which wraps around the clinical pathways. The details of this will be refined as we work through the clinical model needs in the relevant task and finish group. |
| **Program principles:** | In line with the transformation framework we are prioritising funding for lived experience organisations (LERO) or VCSE organisations who can demonstrate a deep working with people with lived experience.  All organisations need to demonstrate how they will honour the North Cumbria Transformation Principles: -   * Be service user centred * Be transformative and take risks when designing new community-based service model of care. * Involve a diverse range of service users * Collect and utilise a wide variety of data to make evidence-based decisions and evaluate progress. |
| **Target Service User Cohort:** | The Community Mental Health Transformation program of work is targeting service users within North Cumbria who have Severe Mental Illness (SMI). It is targeted at adults to take care of both their physical and mental wellbeing.  The phrase severe mental illness refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI.  All successful organisations should be able to demonstrate their exclusive impact on this cohort of service users. It is not necessary to have a diagnosis of schizophrenia or bipolar disorder however the services users should meet the broader definition of SMI as outlined above. |
| **Project Scope Definition:** | Our focus with regards to SMI service users who have an eating disorder, is to prioritise early intervention, securing timely access to treatment and provide wrap around support and education in the community.  We know that parents and carers of people with eating disorders report noticing behavioural changes around food approximately 9 months before the service user presents to primary care (Rosello et al 2021).  Also, nationally on average it takes individuals over a year to seek help after noticing 1st signs of an eating disorder (BEAT). And adult wait times are twice as long as those under 19 (BEAT).  We want to help service users with SMI and an eating disorder by: -   * Supporting service users and their support systems to gain access to treatment and community-based services in a timely manner. Securing referrals to appropriate services and to help support the service users outside of their episodic care needs. * Engage with service users support systems to enable them to be supported and ensure the service users is actively engaging with statutory and community-based services. * Using a lived experience approach to increase awareness & educate on eating disorders and the needs of these service users within the health, VCSE and Third Sector.   We want to understand what prevents high levels of engagement and inclusion and develop projects which will both help staff within health provide a better service for this cohort and support service users to engage in and access services to help them live well in their communities. |
| **Project Requirements:** | * The project should demonstrate high levels of co-production and engagement with people with lived experience to develop a clear point of view about their needs, barriers which may prevent them from accessing services and any service development needed. * The project should engage with relevant statutory services to understand current landscape and any interdependencies. * The project should look at how it can transfer learnings to staff within statutory services to develop more awareness about the needs of this cohort of service users. * The project should be structured to collect, analyse, and report on a range of metrics which are both quantitative and qualitative. * The project should aim to improve engagement and trust with this cohort of service users in statutory mental and physical health services, as well as ensure they have the provisions to promote self-care and access personal and community care. |
| **Project Boundaries:** | This project must operate within the framework of the Community Mental Health Transformation and align with current service provisions and any proposed changes within mental health transformation.  This project must work to the principles of the transformation program of work. |
| **Project Deliverables:** | * Clear evidence must be provided to inform and demonstrate the needs of this cohort of service users. Including understanding of barriers which prevent people from accessing services. This may include but not be limited to social, physical, psychological, and logistical barriers. * Successful organisations must adhere to the reporting schedule as outlined in appendix 3. * A full project plan should be developed and submitted including a full costing plan. * Organisations must be able to demonstrate how they have developed this work in line with our co-production ambitions and utilised the roles of service users with lived experience. * A full risks and issue log should be maintained thought out the project. |
| **Project Constraints** | It is hoped that once awarded any organisation will be able to quickly mobilize. We would hope that project development and research would take no longer than 1 quarter and that they could move into implementation by the second quarter of the award.  There will be no increases to the awards during the year so costings should be fully developed at proposal stage. If there are unknown costing this should be clearly identified at the point of proposal. |
| **Project Assumptions** | * Projects will be able to be delivered within 12 months of award. * Organisations have the required resources, skills, knowledge, and time to deliver against their proposal * Any support organisations may need to help deliver their project will be clearly outlined in their project bid. So that we can identify how we can support. |
| **Project Interdependencies** | Projects must align to changes being made within the system regarding: -   * Local Authority reorganization * Integrated Care System (ICS) development * Community Mental Health Transformation * NHS Long Term Plan |
| **Reporting** | See appendix 4 for reporting schedule.  Any organisation who require assistance to be able to meet this should detail this within their project proposal submission. As additional help maybe provided.  If a proposal is received from several organisations working together. The identified lead organisation will be responsible for reporting. |
| **Project Governance** | All proposals should outline their governance structure for the delivery of this project. |
| **Safeguarding** | All proposals should outline their safeguarding processes. |
| **Data Security & Information Governance & sharing** | All proposals should outline what information is kept about their service users and how that is shared and protected. |
| **Scheduled Milestones** | The successful VCSE organisation will be required to submit a full project plan including detailed budget within 30 days of the award. This should outline key milestones for project delivery and should be reviewed and agreed with Community Mental Health Transformation project team to ensure alignment across the transformation program of work. |
| **Funding Source and Limitations** | A full review of the success of this project will take place 10 months from the award date and a decision will be made regarding further funding for FY23/24. All successful projects will be considered for NHS baseline funding from Fy24/25 onwards.  Funding can be used for all aspects of project development and delivery. Except for any capital expenditure. Also, in gathering data/co-production activities we do not permit the financial reward of service users. However, it is permissible to cover expenses such as travel and any out of pocket costs. Also, it is permissible to cover the cost of hosting co-production events.  It can offer remuneration to people with lived experience in the service delivery of this project. |
| **Quality Assurance** | Quality assurance will be secured through the reporting process as outline in appendix 3.  The North Cumbria CCG wants to be active partners with VCSE organisations undertaking work in the Community Mental Health Transformation. Therefore, we would like to reserve the right to conduct quarterly visits to assess the service offered and the progress of the project as well as understand any challenges the organisation may be facing and work together to address these. These visits will be arranged through Cumbria Community Foundation and organisations will be given 30days notice. Equally any organisation may request additional meetings with The Community Mental Health Transformation project team at any time. |

**Appendix 4**

**Performance Measurements**

Below are the general performance measurements that will be secured for each VSCE project awarded a grant. The wording may change given the specificity of the project; however, it will align to the schedule below. We have used the accessibility and diversity ambition as the example for this appendix.

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| **Objective**  To work with service users from disadvantages backgrounds or groups, to help them engage with mental health statutory services and develop a community support plans where required. Matching them with the required community services to help them live well in their communities. We will focus primarily on the following areas: high deprivation areas, Gypsy Romany Travellers, veterans, refugees ,ethnically diverse communities ~~ethnic minorities~~, and LGBT+ service users. | | | |
| Activity | Measurement | Reasoning | Frequency |
| Workforce | * Staffing profile * Filled -V- vacancy rate * Recruitment overview * Hrs used in agreed period * Labour turnover rates * Capacity | Given the workforce pressures in the system. There is a need to understand the staffing of the funded project and if this is impacting the delivery of service. Also, to secure agreement on any underspend due to attrition or recruitment gaps.  We also need to be able to analyse the resources needed to sustain the service to allow us to be able to accuracy plan for the future. | Monthly  Quarterly  Annually |
| Service User Activity | * Number of service users utilising this service * Length of intervention (# of sessions) * # starting intervention * # ending intervention * Completion rates | To be able to measure if the service is having the desired impact and understand how they are working with the service users. | Monthly  Quarterly  Annually |
| Engagement Rates | * Details on engagement with statutory service provisions, qty, service & reason. * Details on engagement with other VCSE services provisions, qty, service & reason. * Referrals – details on if referrals are needed into other services. What service, why, date of referral, treatment start date. | To be able to measure if the service is having the desired impact and understand how they are working with the service users.  To understand if we are improving access to statutory services and the impact on VCSE sector.  To understand if we are helping prevent unnecessary referrals into secondary care. | Monthly  Quarterly  Annually |
| Service User Experience | * Capture service user engagement levels at start, 6-month mark and end of intervention. * Service user feedback on quality, accessibility, and impact of the service. | To capture the impact this is having on the SMI cohort identified. Being able to evaluate the service from the service user’s perspective and understand how the VCSE organisation is working with feedback to aid service development.  To measure the service users, trust, and engagement with stator services. | Annually and at end of intervention |
| Staff Experience | * Staff members feedback on quality of the service, the impact the service is having and needs of the service moving forward. | Being able to evaluate the service from the staff members perspective to inform service development. | Annually |
| Costs | * Costs and expenditure on staffing costs, project delivery costs, central costs, and partner costs * Outline of any unplanned costs or underspends. | Ensure that we are maintaining fiscally responsible oversight.  Ensure that we understand the costs associated with service and can align this with work across the rest of the system. Also ensure that we can accurately plan for FY24/25 when it may be absorbed into baseline funding. | Quarterly  Annually |
| Risks and Issues | * Detailed risk and issues log. | To maintain oversight of any risks and issues which may impact service delivery as well as analyses any support the VCSE organisation may need. | Monthly  Quarterly  Annually |
| Safeguarding | * Overview of any safeguarding issues and actions taken arising from it. | Ensure that service users’ safety is a priority and we are aware of any issues and have oversight of any changes that may be required in service delivery. | Monthly  Quarterly  Annually |
| Project Plan | * Detailed project plan | Ensure that the VCSE has a robust plan to achieve their funding submission and it is achievable. As well as be aware of any slippage that may affect service delivery. | Quarterly  Annually |
| Budget Plan | * Detailed budget plan and actuals. | Ensure that the VCSE has a robust financial plan to achieve their submission. As well as be aware of any under/overspends that may affect service delivery. | Quarterly  Annually |