Appendix 1

Communities & Third Sector Prospectus 2017-2020 - Principles of Funding

Brighton & Hove City Council and Brighton & Hove Clinical Commissioning Group will invest in:

1. Collaborative arrangements and partnerships between third sector organisations which will result in a <u>developed partnership</u> over the period of funding
2. Partnerships and collaborations that have equality, inclusion and diversity embedded in their activities, and governance and management
3. Core costs and projects which will deliver on the stated outcomes
4. Prevention and early intervention activities related to the outcomes
5. Services that are resilient and well-equipped to meet future needs, with creative and innovative, modern and enterprising business models that attract funding from a range of sources
6. Approaches to achieving the stated outcomes that deliver social value- i.e. : "*Additional benefit to the community from a commissioning/procurement process over and above the direct purchasing of goods, services and outcomes*" which contributes to:
   a) Increased community resilience
   b) Increase in education and training opportunities
   c) Improved employment opportunities and experiences
   d) Increased impact of volunteering
   e) Minimisation of environmental impact
   f) Supporting the Brighton and Hove Living Wage
7. Models that are accountable to their beneficiaries
8. Models that embed and promote principles of safeguarding
9. Models that lead to a decrease in demand for public services
10. Partnerships and collaborations that provide opportunities for public involvement and for volunteering
11. Partnerships and collaborations that promote technology enabled solutions and digital inclusion

Communities and Third Sector Prospectus 2017-2020 Outcomes

Section 1: Strategic Outcomes
Investing in collaborative arrangements and partnerships between third sector organisations that:

1.1.	Enable adults with complex needs and/or long term health conditions, who are at risk of exclusion and social isolation, to fulfil their potential socially and economically in the city, so that they have the tools to self manage their health conditions (where possible) effectively, improve their resilience, independence and connections in the city.

Target groups:
- People who experience additional vulnerability or risk of exclusion linked to their protected characteristics: age, sex, gender identity, sexual orientation, disability, learning disabilities, ethnicity, faith
- People who experience additional vulnerability or risk of exclusion because of language barriers and/orinterpreting needs
- Carers
- Survivors and/or perpetrators of domestic violence & sexual violence
- Individuals in insecure housing or at risk of homelessness or homeless
- Ex-offenders
- People in poverty or on low income
- Individuals not in work or at risk of unemployment

• People struggling with addictions

1.2.	Enable children, young people (0-25 years) and families[1] who have multiple disadvantages and/or complex needs to fulfil their potential and reduce their risk of exclusion and social isolation, by building their resilience, independence and connections, so they can participate in the social and economic life of the city

Target groups:
- Teenage parents and families
- Children in care and/or leaving care
- Children living in-work and out of work poverty
- Households with children and/or adult(s) (including parents) with a disability including ADHD and Autism and learning disabilities;
- Carers and young carers
- Women
- BME children and families
- Refugee and asylum seekers
- LGBT children, young people and families
- Young people at risk of exclusion from school or not in employment, education or training
- Households with individuals with or at risk of mental and physical ill health including self-harm and/or trauma
- Survivors and/or perpetrators of domestic violence & sexual violence
- Family members including children at risk of sexual exploitation
- Families where a child is at risk or on the child protection register or has a children in need plan
- Families and/or young people struggling with addictions

1.3.	Create safe and more inclusive neighbourhoods and community space that encourages greater use and ownership by citizens. Encouraging neighbourliness and community cohesion, the feeling of safety, reduces crime and disorder and promotes and improves health and wellbeing.

Target groups and issues:
- IMD top ranking neighbourhoods;
- Pockets of deprivation;
- Marginalised communities;
- Areas where households will be most affected by the 20k Benefit Cap: Queens Park, East Brighton, Moulsecoomb and Bevendean, Hollingdean and Stanmer, Hangleton and Knoll, Goldsmid, St Peter's and North Laine, and South Portslade.

1.4.	Enhanced community wellbeing, improving people's sense of belonging through greater more inclusive and innovative cultural and leisure opportunities for people that improves people's physical and mental wellbeing and resilience

Target groups:
- People who experience additional vulnerability or risk of exclusion linked to their protected characteristics: age, sex, gender identity, sexual orientation, disability ethnicity, faith, marital status and paternity and maternity status;
- Low income families and individuals – of all ages.

1.5.	Supporting innovative action to make best use of energy, resources and facilities,

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[1] Families include people with no dependents

support positive engagement of people with the environment and enable healthy and sustainable communities	
Themes	
• Supporting vulnerable and at risk of excluded communities and individuals; • Improving the built or natural environment; • Water and energy efficiency and renewable energy; • Recycling / re-use projects, green fuel / affordable transport initiatives • Conservation, wildlife initiatives • Developing local and healthy food inititiatives • Not-for-profit social / environmental enterprise	
Total Funding Available	To be Confirmed

Section 2: Partnership between Third Sector Infrastructure Support, Community Development & Community Engagement

The Council and CCG want to commission Third Sector infrastructure support, community development and engagement that support partnership and collaborative leadership.

By this we mean developing a genuine **partnership** between the Providers and the Council and NHS Clinical Commission Group that recognises the unique role of each but which seeks to find new ways to work together. **Collaborative leadership** refers to cultivating more equal relationships (recognising differences) between the Third Sector and statutory bodies; to skilfully manage relationships in ways that helps organisations to succeed in delivering activities for and with their beneficiaries that have positive impact; to help define and develop shared purposes (whilst recognising differences) for organisations; supporting residents and communities to find solutions and to work with Brighton & Hove City Council & the NHS Clinical Commissioning Group in collaborative, inclusive and innovative ways.

There is recognition in the City Council's Third Sector Policy that the Council's culture and systems need to alter so as to enable a collaborative and productive relationship with the Third Sector so as to make best use of the Third Sector's flexibility, creativity and added value.

This investment seeks to

a) support an increasingly efficient and more effective Third Sector, which is providing services and activities for local communities, able to bid for and deliver public services, brings inward investment to the city
b) deliver capacity building that enables communities to have a role in decision making about public services in the city and supports community resilience and wellbeing through resident and community and voluntary activity

In this section we are requiring a bid that shows how collaborative/partnership working will ensure that the outcomes are achieved across A. **Generic Capacity Building (Infrastructure) Outcomes**, B. **Community Development and C. Community Engagement**

Outcome 2.1 : Partnership arrangements between 2A) generic and specialist capacity building services, 2B) community development and 2) organisations that engage effectively with people, eliminate duplication, maximise different expertise, knowledge, learning, resources and networks, and provide a clear, understandable and accessible pathway of support for different sizes and types of groups and organisations in the city.
As a result of these collaborative arrangements/partnership working arrangements

a	Enable effective work with council services and clinical commissioning/ health and wellbeing structures;
b	Improve the connections between community development organisations, engagement work and generic and specialist capacity building services;
c	Increases inward investment/funding to support the work;
d	Improve the equality standards and diversity practice of organisations which are part of the partnership;
e	Evaluate the impact of working collectively in achieving the outcomes;
f	Provide accessible, inclusive and effective digital platforms and face to face delivery to ensure effective volunteering, staffing and support for community groups, voluntary organisations and resident involvement in neighbourhood and citywide developments".

2A. Generic Capacity Building (Infrastructure) Outcomes
Please make sure you address Outcome 2.1

2A.1.1 Third Sector Organisations and community groups have the capacity (e.g. skills, knowledge, resources) and access to equipment, to deliver public services and sustain their not-for-profit activities to complement and/or jointly deliver outcomes for residents with the Brighton & Hove Council and NHS B&H Clinical Commissioning Group

As a result of the third sector infrastructure, third sector groups and organisations are more efficient and effective and

a. The Sector receives relevant support for the type of organisational structures
b. Increase their knowledge of current local, regional and national government developments affecting their work
c. Improve their governance and management structures
d. Increase the knowledge, skills and qualifications
e. Increase understanding and ability to deliver safe, sustainable, quality services
f. Improve their fundraising and increase income generation from a variety of income sources
g. Improve their ability to evidence and articulate their impact, value for money and social value
h. Improve their equality and diversity practice across all groups and organisations to include a diversity of people in their organisational structures and activities particularly those from BME, LGBT and faith communities and disabled (including carers) people
i. Increase their capacity to effectively use digital, IT and social media

2A.1.2. There are effective and efficient third sector partnerships/collaborations to deliver services, either commissioned by the public sector or funded independently, that meet the needs and ambitions of the city's communities

As a result of the third sector infrastructure services, third sector groups and organisations collaborate with one another and/or with public sector organisations and or businesses to develop effective partnerships and collaborations that

a. Share knowledge, expertise and experience to enable change
b. maximise resources when delivering services and activities
c. maximise effective services and activity for citizens
d. maximise inward investment
e. Sustains and enables trusted relationships and partnerships

2A.1.3 Groups and organisations across the sectors effectively recruit, use and support volunteers in their service delivery and organisational structure

As a result of the Third Sector Infrastructure service, organisations across the sectors:

a. Provide more accessible, high-quality volunteering opportunities for people by addressing particular barriers to volunteering for LGBT people, BME people and disabled people
b. Improve their volunteering recruitment practices, support and co-ordination of volunteers
c. Maximise opportunities for engaging volunteers from businesses
d. Contribute towards meeting the ambitions of the city's Power of Volunteering

Performance and Quality Indicators	Performance Indicators will be measured against the NAVCA Quality Award Standards. Organisations should hold or be working towards the NAVCA Quality Award Volunteer related activity should have or are working towards volunteer centre quality accreditation
What we are looking for	Delivery of a co-ordinated model that enables flexibility and ongoing dialogue with key decision makers in the Council & CCG in relation to the future planning of, and delivery related to, strategic objectives Evidence of a cost effective model that intersects with the community development and engagement outcomes Clear pathways of support that makes sense to community and voluntary organisations Clear pathways of support developed for ward councillors working with community groups and/or voluntary organisations Effective collaboration and understanding between faith based VCS and other parts of the sector. Developing an effective engagement model with the Health and Social Care Faith Forum that enables the CCG and City Council to engage with Faith groups.
What we are NOT looking for	An unco-ordinated infrastructure model which is NOT integrated with all community development providers and community engagement providers and outcomes
Target groups and organisations	To provide flexible support to all Third Sector groups and organisations with a priority on those groups and organisations supporting communities of interest/identity working with ▪ BME people ▪ Disabled people including carers ▪ LGBT people ▪ Parents and families ▪ Third Sector groups and organisations who have not been involved or engaged previously ▪ Faith based groups and organisations supporting social justice and work with the Health and Social Care Forum
Total Funding Available	To be Confirmed

2B. Community Development

Please make sure you address Outcome 2.1

B.1 Delivers high quality outcome led community development provision and resources, using an asset based approach that improves community well-being, resilience and builds social capital
As a result of Community Development, activity shows:
a Improved public sector and resident area asset based approaches – building on skills, abilities and practical assets within communities and neighbourhoods
b Increased and diverse partnership working across sectors to assist and improve delivery of neighbourhood and community priorities
c Increased understanding and practice of inclusion and equality in all community and neighbourhood activity
d Increased support for intersectional identities
e Effective bridging role between communities and cross sector organisations including the council and CCG, without developing dependency.

f	Effective integrated initiatives at neighbourhood and citywide wide level to link with city strategic objectives

B.2. Building the capacity of communities of interest, identity and place to work collaboratively, and to develop groups and services that identify and meet their need - independent of and with public services

As a result of community development:

a.	Complex community agendas are facilitated towards collective solutions where residents are leading the change and solutions
b.	People of identity/interest are able to participate individually and collectively, to address their priorities and drive change at a local level
c.	People and groups learn, use and share skills, knowledge, expertise and abilities through their community activity.
d.	Residents' will have improved access to and use of resources, information and training particularly in relation to digital technologies
e.	Communities will have a clear achievable local plan that set out the vision and priorities for the area. This will include: e.1 health and wellbeing; e.2 Communities run self-sustaining project activities and services that respond to the local plan; e.3 Relationships are improved across all communities and stakeholders, including public sector staff, businesses and councillors
f.	Individuals are supported to be active citizens, volunteers and to take up Public Service volunteer opportunities

B.3 Delivers engagement activity which contributes and shapes neighbourhood based working in conjunction with the City Council and CCG

As a result of community engagement:

a	Communities are supported to research and articulate their needs and issues and feed them into public sector decision-making mechanisms and structures.
b	Individuals participating in engagement are supported to develop their capacity or access other development/capacity building opportunities within or external to the Third Sector group/organisation
c	Engagement activities include working with service providers, citizens and groups to develop further coproduction and collaboration approaches to service development and redesign.

What we are looking for	Community development that enables residents, public services, voluntary sector and businesses to work collaboratively and empower residents and communities to develop solutions and drive change Evidence of a cost effective model that intersects with the infrastructure and engagement outcomes Clear pathways of support that makes sense to communities, small groups and voluntary organisations and ward councillors working with them
What we are NOT looking for:	We do not want community development providers to be leading community work; this is about empowering and supporting individuals and groups to drive change themselves. An uncoordinated community development model which is NOT integrated with infrastructure and community engagement providers and outcomes
Areas	▪ Bevendean ▪ Bristol Estate & Whitehawk ▪ Coldean ▪ Hollingdean ▪ Moulsecoomb & Bates Estate ▪ Portslade & Portland Road ▪ Queenspark & Craven Vale

	- Tarner & Eastern Road - London Road - Hangleton & Knoll - Woodingdean - Hollingbury - Flexible city wide support
Target groups	To provide flexible support to **individuals** and community groups to access community development support. This would include: - BME people - LGBT people - Parents and families - Disabled people and carers - Older People - People who have not been involved or engaged previously - Economically excluded communities - Faith based groups and organisations supporting social justice at a neighbourhood level - Prevention work in relation to crime types both in the public and private sphere
Total Funding available	To be Confirmed

2C. Community Engagement

2C.1 Deliver effective city wide engagement activity that enables communities to evidence and articulate their needs, ambitions, and assets, and support co-designed solutions. To work closely with the CCG and City Council to improve quality of services, make better use of resources and to support the CCG and Council to use feedback to effect change

As a result of community engagement:

a. Communities are supported to research and articulate their needs and issues, and feed into council and Clinical Commissioning Group decision making

b. City Council and CCG are provided with intelligence about community (ies) experience of Council/CCG and Council/CCG commissioned services with actionable recommendations for change

c. Engagement activities include developing potential plans/ activities that enable service providers and/or citizens to find solutions to recommendations

d. Communities improve their understanding of and use of digital media and other appropriate methodologies in relation to community engagement

e. Communities are supported to understand and engage with the mechanisms and structures to enable co-production by target groups in council and CCG decision making and redesign processes

f. People's intersectionality is understood and reflected in the engagement activity, recommendations and solutions

g. There is evidenced engagement of individuals and communities which have not already been involved	
h. There is a sharing of best practice around engagement and collaborative solutions	
i. Individuals participating in engagement are supported to develop their capacity or access other development/capacity building opportunities within or external to the Third Sector group/organisation, and to be involved strategically in CCG/Council workstreams.	

What we are looking for	We encourage collaborative working in all lots
	The development of a clear framework for engagement that supports change and enables feedback loops to be developed
	A capacity building and sustainable approach with the appropriate groups of people
	Peer led approaches that build citizens', voluntary and community sector and public sector's understanding of each others roles
	Participation of engagement organisations in the regular Health & Council Engagement Forum
	Ongoing expansion of reach across the groups, communities and individuals in the city
	Development of intersectionality based approaches
	Good practice examples of where involvement and collaboration has resulted in change for people
	Partnership work within each lot is encouraged
	2 x BHCC themed engagement (topic based with capacity to do solution based work development)
	4x CCG themed engagement (topic based)
	Feedback of key issues for these communities aside from identified topics
	Community engagement activity that is integrated with community development and the capacity building of groups and organisations
	An integrated approach that enables different communities of identity to be involved in engagement processes.
	We are looking for a joint working arrangement that produces and delivers on recommendations that are solution focussed and use community assets, in addition to recommendations aimed at the public sector which support the commission, service redesign and delivery of CCG and Council services.
Target groups	Our priority are: • marginalised groups and communities or those people facing barriers that prevent, or deter them from, being involved • People who have not been involved or engaged previously

	Specific requirements	Total Funding available
Lot 1: Lesbian, Gay, Bisexual and Transgender People,	Please answer Outcome 2.1 A trans led community health	TBC CETS team CCG

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which incorporates a trans led community health engagement and trans awareness programme.	engagement and a trans awareness programme. Up to two CCG themes will be explored over the annual cycle period.	
Lot 2: Black and minority ethnic (BME) people ages 16 plus understanding that there are different communities and experiences	Please answer Outcome 2.1 The approach needs to align to the requirements of Brighton & Hove's BME demographic)Identified BME communities are able to feed into and be involved in CCG and Council service design, delivery and improvement	TBC CETS team CCG
Lot 3: Gypsies and Travellers	To include Outcome 2.1 with focus on neighbourhood based approaches	TBC CETS team CCG
Lot 4: Disabled People	A collaboration between disability organisations that enables the above outcomes to be delivered emphsisng the lived experience of disabled people	TBC CETS team CCG
Lot 5: Carers including young carers & parent carers of children with disabilities	A collaboration between carer organisations that enables the above outcomes to be delivered with an emphasis on the lived experience of all types of carers There is an expectation that the engagement work supporting carers of people with learning disabilities and parent carers of children with learning disabilities will support the Learning Disabilities Partnership Board activity	TBC Generic Carer Outcomes CCG ASC Parent carers of children with disabilities CCG ASC
Lot 6: Deaf and hearing impaired	This funding is to develop a deaf led effective engagement model to ensure deaf and partially hearing people are able to take part in city consultations and develop collaborative solutions by embedding the outcomes above 2 CCG engagement themes and 1 City Council theme.	TBC Adult Social Care & CETS CCG

Lot 7- 9: Community Engagement Health Outcomes

2D.1 Deliver effective city wide engagement activity that enables communities to evidence and articulate their needs, ambitions, and assets and support co-designed solutions. To work closely with the Clinical Commissioning Group to drive up quality of services, and make better use of resources.
As a result of community engagement:
a. Communities are supported to research and articulate their needs and issues, and feed into

Clinical Commissioning Group decision making and where appropriate feed into Council developments as a result of findings

b. CCG are provided with intelligence about community (ies) experience of local NHS services with actionable recommendations for change

c. Engagement activities include developing potential plans/ activities that enable service providers and/or citizens to find solutions to recommendations

d. Communities improve their understanding of and use of digital media and other appropriate methodologies in relation to community engagement

e. Communities are supported to understand and engage with the mechanisms and structures that enable community voice in CCG decision making and redesign processes

f. People's intersectionality is understood, and reflected in the engagement activity, recommendations and solutions

g. There is evidenced engagement of individuals and communities which have not already been involved

h. There is a sharing of best practice around engagement and collaborative solutions

i. Individuals participating in engagement are supported to develop their capacity or access other development/capacity building opportunities within or external to the Third Sector group/organisation, and to be involved in CCG developments

What we are looking for	The development of a clear framework for engagement
	Capacity building, sustainable, approach with the appropriate groups of people
	Peer led approaches that build citizens, voluntary and community sector and public sector's understanding of each others roles
	Participation of engagement organisations in the regular Health & Council Engagement Forum
	Ongoing expansion of reach across the groups, communities and individuals in the city
	Development of intersectionality based approaches
	Good practice examples of where involvement and collaboration has resulted in change for people
	4x CCG themed engagement (topic based)
	Feedback of key issues for these communities aside from identified topics
	Community engagement activity that is integrated with community development and the capacity building of groups and organisations
	An integrated approach that enables different communities of identity to be involved in engagement processes.
	Ideally we are looking for a joint working arrangement that produces and delivers on recommendations that are solution focussed and use community assets, in addition to recommendations aimed at the

	public sector which support the commission, service redesign and delivery of CCG and Council services where relevant.	
Target groups	Our priority are: • marginalised groups and communities or those people facing barriers that prevent, or deter them from, being involved • People who have not been involved or engaged previously	
	Specific requirements	Total funding available
Lot 7: Older People (aged 70+, housebound/isolated/care homes/senior housing).	The defined population are able to feed into, influence and develop solutions related to design, delivery and improvement of local NHS services	TBC CCG
Lot 8: Young People 16-25 years of age	The defined population are able to feed into, influence and develop solutions related to design, delivery and improvement of local NHS services Integration with the emerging developments of youth services across the city and other relevant structures in the city to maximise role of partnership working	TBC CCG
Lot 9: Mental Health Service Users (Adult and Young People)	Mental health service users- both children and young people, are able to feed into, influence and develop solutions related to design, delivery and improvement of local NHS mental health and wellbeing services. Please note that a partnership approach is encouraged for this lot.	TBC CCG

Lot 10: Adults with learning difficulties

2E.1 Deliver effective citywide engagement activity that enables People with Learning Disabilities to evidence and articulate their needs, ambitions, and assets and support co-designed solutions. To work closely with the Clinical Commissioning Group and City Council to use feedback to help improve quality of services, and make better use of resources.

As a result of community engagement:

a. An effective learning disability partnership model is delivered;

b.   Experiences and views of people with Learning Disabilities and their carer's are gathered in relation to the 4 planned agreed themes in the Adult Social Care Learning Disabilities Plan   (linked to the LD strategy) using a variety of mechanisms as appropriate;

c. Key decision makers at the City Council and the CCG are provided with intelligence about people with Learning Disabilities and their carers' views and experiences of Council/CCG commissioned services with agreed actionable recommendations for change;

Updated : 10/06/16

d. Create ongoing opportunities via a network of groups for people with Learning disabilities to develop their leadership and self-advocacy skills in order to contribute to engagement processes, the representation of others and their ability to co-design solutions;

e. People with learning disabilities in the city are supported to have their say about social care, health and other services in Brighton and Hove;

f. People with learning disabilities and carers are involved and supported to understand changes changes to Adult Social Care & Health services;

g. Peoples with learning disabilities intersectionality are understood, captured and reflected in the engagement activity, recommendations and solutions. There is evidenced engagement of individuals or communities which have not already been involved;

h. People with learning disabilities and carers are supported to understand and engage with the mechanisms and structures that enable their voice in the council and CCG decision making and redesign processes;

i. There is a sharing of best practise and engagement and collaborative solutions with other engagement mechanisms across the city;

j. People with learning disabilities and their carers provide feedback to the region wide Transforming Care Plan as appropriate;

k. Individuals participating in engagement are supported to develop their capacity and access other development/capacity building opportunities within or external of the Third Sector.

What we are looking for	The development of a clear framework for engagement Capacity building, sustainable, approach with the appropriate groups of people Peer led approaches that build citizens, voluntary and community sector and public sector's understanding of each other's roles 4 x CCG themed engagement (topic based) 4 planned agreed themes in the Adult Social Care Learning Disabilities Plan Feedback of key issues on health and social care for these communities aside from identified topics Participation of organisations in the regular Health & Council Engagement Forum Ongoing expansion of reach across the groups, communities and individuals in the city Development of intersectionality based approaches Good practice examples of where involvement and collaboration has resulted in change for people

	Community engagement activity that is integrated with community development and the capacity building of groups and organisations Ideally we are looking for a joint working arrangement that produces and delivers on recommendations that are solution focussed and use community assets, in addition to recommendations aimed at the public sector which support the commission, service redesign and delivery of CCG and Council services.	
	Specific requirements	Total funding available
Lot 10: Adults with learning difficulties		TBC ASC CCG

Lot 11: Service user experience with homecare services

To provide a 'lay assessor' perspective on service user experiences with homecare services	
Expected Outcomes	

a. Effective interviewing process with homecare users from specific providers to highlight their experience of the services they are receiving;
b. Effective relationship with City Council Commissioners to identify appropriate providers for interview work to be undertaken with;
c. Reports regularly presented to ASC Commissioner, summarising the reported experiences of people in receipt of homecare services by individual providers and any specific issues raised by the services user or carer during the interview process;
d. The city council will have intelligence about the communities experience of homecare commissioned services;
e. Effective safeguarding and or escalation of concerns investigated by the investigated by the Commissioning Support Unit or dealt with through the most appropriate channel.

What we are looking for	Interviews to be undertaken with a sample of identified homecare users from specific providers. Provider to work with City Council in agreeing the format which will be used to record the service users /or carers experience of the homecare services they are receiving. A process that ensures that following investigation, any outstanding issues will be raised with the homecare provider and any remedial action required monitored by the Commissioning Support Officer.
Total Funding	Adult Social Care TBC

Section 3: Financial Inclusion and Community Banking Partnership

The Financial Inclusion Strategy and this commission are ambitious and complex and the council has therefore adopted a number of delivery approaches which stretch across a number of external partners and processes. The council itself also delivers services which we wish to ensure are integrated with the model.

The outcomes described in this section will form part of a package of integrated services and solutions involving partnership between third sector organisations that achieves the outcomes through a well-co-ordinated, seamless **'Community Banking Partnership' approach that covers the following areas:**

- o **Money Advice:**
- o **Banking: Access to basic banking, bill and debt repayment services**
- o **Credit: Access to affordable loans**
- o **Deposits: Access to savings facilities and incentives to save**
- o **Education: Improving financial capability and money management skills, increased awareness of the dangers of loan sharking and illegal money lending**
- o **Food and Fuel: integrating work round fuel efficiency and healthy food as part of household budgeting**

Community Banking Partnership

3.1 Provision of community banking services to low-income households that are seamless, accessible, high quality, effectively coordinated and sustainable across the ABCDEFF framework.
As a result:
a. The community banking partnership is effectively coordinated and developed to meet resident need. b. Services are branded, advertised and coordinated through a seamless consistent approach c. There are consistent monitoring and evaluation processes that demonstrate impact and a business case that is shared by partners. d. Commissioned and funded organisations come together regularly to ensure joined up working and collaboration. e. Effective working with Credit Unions, Banks and other providers of social welfare advice' and Employment schemes are in place to support a holistic approach to money advice that benefits residents f. A broad range of partners (including small and equalities community groups) are involved throughout the life of the partnership and benefitting from the work in order to reflect the needs of communities most affected by financial inclusion. g. Social media applications are used to communicate with the BME sector h. Services are sustained through the acquisition of additional funding sources.

Investing in a Community Banking Partnership model between third sector organisations that:

3.2 Provides high quality accessible money advice that meets the needs of people and places and reaches communities experiencing the highest levels of financial exclusion in Brighton and Hove.
As a result of advice services:
a. Clients are able to simply and easily access information and advice at times and in places that are suitable to their needs. b. Clients are supported to use the right channel for their needs including face to face, telephone and online. c. Clients are provided with quality accredited one to one support for complex issues and problems. d. Clients are supported to increase their confidence and ability to manage their own financial wellbeing e. Clients are financially better off as a result of reduced expenditure by rescheduling debts and increased income by maximising earnings, benefits and tax credits
3.3 Provides high quality financial capability programmes delivered in areas and or groups experiencing the highest levels of financial and digital exclusion in Brighton and Hove.

As a result of financial capability programme:
a. Clients are more able to 'make ends meet' by being more able to manage money and able to live within means.
b. Clients are more able to cope with unexpected events and make provision for the long term.
c. Clients are more aware of the financial products that are on offer and able to choose those that are most appropriate to circumstances.
d. Clients are more resilient, informed and know (and are able to) get help, support and information.
e. Clients are motivated to change their financial behaviour and sustain this.
f. Clients are supported in relation to income maximisation
g. Clients are more able to use the internet to appropriately support all of these goals.
2.4 Provides a capacity building programme which embeds financial inclusion skills, knowledge, policy and practice in key public, community, voluntary, and private sector organisations.
As a result capacity building:
a. Key organisations, workers and volunteers access financial inclusion awareness and training courses to ensure skills, knowledge and practice are embedded in the city's workforce.
b. Key organisations, workers and volunteers use and promote financial inclusion literature and materials to raise awareness of the issues facing vulnerable people in the city.
c. Key organisations adopt financial inclusion policy and practice.
d. Strategic partnerships in the city have an awareness and understanding of financial inclusion issues.
e. New forms of partnership and collaboration emerge for financial inclusion outcomes.

What we are looking for	Priority will be given to applications that include community organisations in the delivery of the services
	The delivery of a single point (telephone and digital) of contact for initial needs assessment that is accessible to all
Total Funding	TBC

Section 4: Statutory Provision of Healthwatch and NHS ICAS in a Local Authority Area

4.1 Healthwatch Brighton & Hove vision

Healthwatch Brighton and Hove is the local 'watch dog' for health and social care consumers. We recognise that there are many individuals and organisations nationally and locally working to improve Health and Social Care services. Local Healthwatch will not be the only voice nor will it have a monopoly on insight into how services can be improved. Healthwatch does however have three distinct assets:

1. Independence
2. Privileged access to decision makers
3. Statutory powers to carry out our duties

Using its statutory powers[2], and evidence based approach, local Healthwatch is able to act as a 'critical friend' to decision makers, commissioners and providers of most health and social care services. Healthwatch Brighton and Hove will operate with the support of Brighton and Hove Council and the local NHS to:

a. Enable greater patient and public involvement in health and social care services

b. Enable co-productive relationships with City Council and NHS commissioners and the Health and Wellbeing Board. Developing effective relationships with adjoining Healthwatch areas

c. Improve local peoples' access to services

d. Improve health and social care services

e. Improve patient and service user experience

f. Build community and individual resilience.

g. It will be:

  o Clearly recognised, well known and accessible to everyone
  o Welcoming and enabling and easy for people to become involved
  o Inclusive and user-focussed
  o Non-bureaucratic, accountable and non-political. Able to demonstrate value for money and an awareness of social value, fairness, equality and diversity in their activities
  o Well led, well-connected, professionally managed, providing evidence based advice'Independent' but not self-serving, building on existing knowledge and expertise, using partnerships and collaborations to represent health and social care consumers City wide Influential respected and trusted by local people, decision-makers and service providers.

Healthwatch outcomes

Healthwatch will specifically address:

1. Improved patient and service user experience of health and social care services
2. Increased patient and public involvement in health and social care services by:

  • Increasing people's opportunities to take part in decision making
  • Increasing the engagement of patients and care service users in decision making

3. Improved access by local people to health and care services

4. Developing co-productive relationships with commissioners and Health and Wellbeing Boards whilst holding the status of an independent watchdog

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[2] For an overview of these statutory powers see:
http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20130822_a_guide_to_the_legislation_affecting_local_healthwatch_final.pdf

5. Building community and individual resilience by:

- Improving people's understanding of their rights (consumer champion)
- Improved and effective voice within the planning and provision of local health and social care services
- Working effectively with community networks and partnerships to robustly address individual and collective health and social care issues
- Having effective working relationships with regional Healthwatch and Healthwatch England and in the development of the Sustainablity and Transformation Plans

4.2 Independent Health Complaints Advocacy Service

5. Objectives

5.1. The Independent Health Complaints Advocacy Service, (IHCAS), will support Clients with a complaint or grievance related to any aspect of healthcare as described in Health and Social Care Act 2012 including that which falls under the jurisdiction of the Health Service Ombudsman, such as complaints about poor treatment or service provided through the NHS in England.

5.2. The Ombudsman looks into complaints against NHS services provided by hospitals, health authorities, trusts, GPs, dentists, pharmacists, opticians and other health care practitioners. The Ombudsman can also investigate complaints against private health contractors if the treatment was funded by the NHS.

5.3. The Service is not intended to provide on-going advocacy for Clients outside of the health related complaint. If appropriate, referrals will be made back to Healthwatch Brighton & Hove in order for either HWB&H or an advocacy provider to deliver ongoing or related support. ICHAS, also when appropriate make referrals to professional bodies such as the General Medical Council (GMC), and to specialist support such as medico-legal advice, bereavement support, mental health support, etc.

6.1 Known, accessible and responsive Service

6.1.1. People know about the service and find it easy to use if they need it

6.1.2 People understand what the service can and cannot do

6.1.3 People accessing and receiving service reflect local demographic diversity

6.2 Client's experience of B&H Independent Health Complaints Advocacy Service
6.2.1 Clients feel heard, listened to and understood

6.2.2 Clients are encouraged and supported to do things for themselves

6.2.3 Clients have an increased understanding of the health complaints process

6.3 NHS improvement/changes – via HW to CCG/CQC/Other
6.3.1 Changes or recommendations have been made to health services

6.4 System change

- 6.4.1 Health complaints procedures are reviewed and improved