

# PREVENTATIVE SERVICES MARKET DEVELOPMENT BOARD Annual Report 2015



Neil King, Director  
CERT Ltd  
October 2015  
[neil@cert-ltd.co.uk](mailto:neil@cert-ltd.co.uk)

## Executive Summary

The Preventative Services Market Development Board (PSMDB) was developed by North East Lincolnshire Clinical Commissioning Group in summer of 2013. The aim of the project is to support the delivery of health and social care services by charities, voluntary organisations and social enterprises in North East Lincolnshire, and to develop new organisations that can increase the market supply of third sector providers.



In doing so the project has a number of distinct aims:

- To “shape the market” for the delivery of services towards self-care and independent living (the “shift to the left”)
- To act as a catalyst in the ambitions of the CCG to move towards a charging system for services
- To enable a shift in the voluntary sector towards charging for services and a contract based method of delivery.

The programme offers a mixture of targeted business and workforce development from a leading social enterprise support organisation (CERT Ltd), seed corn funding and linkages to mainstream services.

The Board is made up of community members and CCG staff drawn from a wide range of disciplines and acts as a mechanism for deciding on where investments are made. More importantly they add value to the projects by offering their experience and expertise and opening their networks to applicants.

The project has been successful in developing new projects that contribute to the supply chain of services available to the residents of North East Lincolnshire and attracted considerable external funding to the health and social care sector that would not have been available to the statutory sector.

Somewhat unexpectedly the project has also acted as a catalyst in the development of new areas of work where collaboration between traditional service deliverers and the third sector is making a tremendous difference – attracting new financial resources, sharing overheads and streamlining service delivery.

This report outlines on:

- The contractual outputs
- Social return on investment
- The extra financial revenue attracted
- How projects have developed

It also seeks to demonstrate the lessons learned from the process and to shape future delivery based on that early experience.



## Contents

Executive Summary .....	1
Contents .....	3
Headline information .....	4
Policy objectives .....	5
How the programme works.....	8
Success stories.....	10
<i>Specialist Gym Project</i> .....	10
<i>Time Banking</i> .....	12
Social Return on Investment .....	14
PSMDB Project Outputs.....	15
Community Mental Health Pilot.....	17
Services in Immingham.....	24
The Lessons Learnt .....	26



## Headline information

- ✚ 124 Initial enquiries
- ✚ 26 Applications processed
- ✚ Invested to-date = £212,497
- ✚ Average investment £29,000
- ✚ Additional funding levered in £268,626
- ✚ For every £10 spent by PSMDB it has attracted an additional £10.18
- ✚ 273 Hours of domiciliary care saved
- ✚ Social Return on Investment of £1.8m
- ✚ £80,000 Community Mental Health Pilot attracted to North East Lincolnshire with the potential of a further £250,000 Community Mental Health funding next year
- ✚ New services developed in Immingham to replace those lost through cuts



## Policy objectives

The PSMDB project was established to meet the challenges that changes in policy made to the delivery of health and social care in North East Lincolnshire and seeks to contribute towards a range of Health and Social care objectives including:



### Healthy Lives, Healthy Futures

The strategic plan and delivery of the vision for North East Lincolnshire and North Lincolnshire units of planning revolves closely around our joint programme for transformational change, Healthy Lives, Healthy Futures.

The vision we have set out for the next five years in North East Lincolnshire, working with commissioning partners, local providers, stakeholders and local people is ambitious in its scope and enables local health and social care services to meet the needs of people in the area within the resources available.

A key element of this vision is to enable local people to manage their own health and wellbeing more effectively and to engage with their communities to deliver solutions based on self - care and self- responsibility.

All of our reviews will be driven by national best practice recommendations around the services we offer, to ensure that we develop a health and social care system that delivers safe, high quality and affordable services for many years to come.

Our vision can be described in the diagrams below which are drawn from the programme and reflect a fundamental shift in the distribution of health and care services and position our community for sustainability into the future.

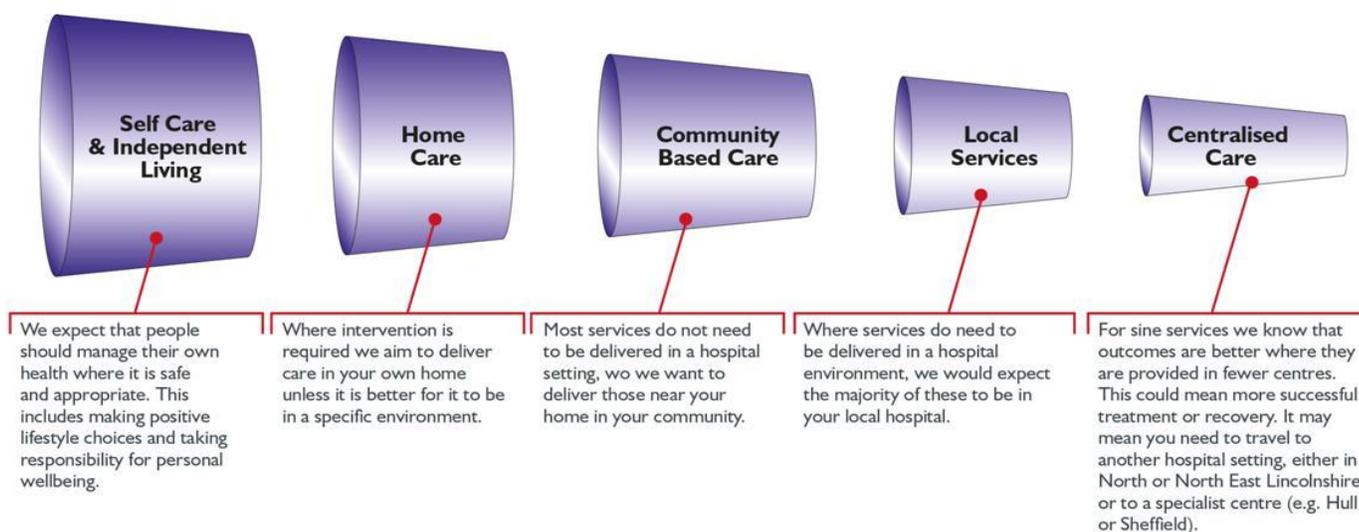
The programme is actively developing and will continue to establish new models of care and new ways of working for the foreseeable future, ensuring the CCG's vision can be delivered.



**NHS**  
North Lincolnshire  
Clinical Commissioning Group

**NHS**  
North East Lincolnshire  
Clinical Commissioning Group

## The Shared Vision



### CARING FOR OUR FUTURE: REFORMING CARE AND SUPPORT (2012 WHITE PAPER)

- People will be given better information and advice to plan ahead to prevent care needs, and will be better connected to those around them.
- More support within communities, better housing options and improved support for carers will help people maintain their independence and avoid a crisis.
- Re-ablement services and crisis response will help people regain their independence at home after a crisis.

### THE ADULT SOCIAL CARE OUTCOMES FRAMEWORK 2013/14

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

### OLDER PEOPLE

A key Government priority for adult social care is to ensure that every older person (aged 65 and older) who receives care and support receives the best quality support, and is cared for with the dignity and respect that they deserve. Keeping older people well and out of hospital, and supporting them to regain their independence after a period of support, are a vital part of supporting older people to live full lives, and to play an active role in their communities.

### QUALITY OF LIFE FOR PEOPLE WITH LONG TERM CONDITIONS AND DISABILITIES

A key aim of adult social care and support is to support those with long-term conditions and disabilities to improve their quality of life, and to empower them to have greater choice and control over their daily lives. The ASCOF supports a focus on these priorities, with direct measures on personalisation and control, as well as measures of employment and accommodation for people with a learning disability and people with mental health problems.

### LONELINESS AND SOCIAL ISOLATION

The White Paper signalled the Government's commitment to support active and inclusive communities, which support people to develop and maintain connections to friends and family.



## How the programme works

The aim of the project is to make the application process as straight-forward as possible for the organisations applying whilst being rigorous enough to ensure that organisations are capable of delivering services to a high standard. Financial sustainability is a key factor in decision making.



## Quality Impact Assessment

In order to qualify for funding under this scheme, applications must meet the following criteria:

- Demonstrate how it will impact on the lives of service users and how the benefits will be realised (e.g. Social Return on Investment, Impact Mapping, Social Audit, Output Monitoring etc.)
- Show how the service will be sustained after the initial funding has been spent. (E.g. Income from earnings, personalised budgets etc.)
- Demonstrate how it will deliver high quality services to service users, guarding safety and within current legislation.

## Applications

Applications are generated from two sources:

- Organisations are made aware of the project through social media, mail shots and through networking events or meetings and approach the PSMDB with their ideas to develop services that meet our aims
- The A3 team supply market information based on un-met need as identified through enquiries to their service

Applicants are asked to complete a simple Initial Application form which assesses the organisations eligibility and outlines the proposed project. This is evaluated by the project manager who presents the idea with a recommendation on eligibility and comments to the Board. The Board make a decision at this point as to whether the applicant should proceed to a Full Application.

There is an option at this stage to invite project sponsors to meet the Board for an informal discussion. This generally occurs where the Board are not clear about some elements of the project, can see ways that they might add value to an idea through their involvement or where a project might benefit from interaction with other service providers.

The Full Application takes the form of a concise business plan and three year cash flow forecast. Where investment is granted organisations are funded subject to achieving agreed milestones and are asked to sign up to terms and conditions that are customised to their project.

### **Reporting**

Successful organisations complete a brief quarterly report based on agreed output targets and are given specialist training to put in place a system to record Social Return on Investment which forms the backbone of the evaluation process and is monitored and updated quarterly.

The PSMDB project is evaluated by the CCGs Care Act Implementation Manager and a copy of the report is appended to this report as Appendix 1



## Success stories

### Specialist Gym Project

The main aim of this project is to offer personalised prevention and wellbeing services to people who, without time limited or ongoing support would be placed at a heightened risk of progressing to higher levels of need in the medium term significantly increasing costs to the NHS for these individuals.



**The key objectives that will deliver health outcomes are as follows:**

- To provide a supportive, relaxed, and non- stigmatised environment to increase access to health related preventative activity for the disabled and disadvantaged communities
- To maintain people at low levels of need and maximise independence.
- To provide opportunities to disabled and disadvantaged community members that will lead to a healthier lifestyle and improved quality of life.
- To increase levels of physical activity reducing the need for health interventions caused by excess weight and obesity
- To reduce the need for longer term health related care and support.
- To develop a financially sustainable service that offers long term health related benefits to the target audience

### Progress to-date

The gym which has been named Warehouse Fitness is now fully operational seven days a week and in addition to open access gym sessions it offers both personal training and a range of fitness classes led by qualified instructors. To date the project has employed 3 staff with another 10 staff working on a self-employed basis delivering sessional classes and personal training.

The service is now in its 15<sup>th</sup> month of operation and without doubt it is now well established within the disabled community, the local East Marsh community and it is also attracting people from the wider community of North East Lincolnshire.

Over the fifteen month period of operation the gym has been accessed by 831 people with over 520 people still attending at least once a month.

During the last quarter over 79 new members enrolled with a mandatory policy that all members undertake an induction where health issues have been identified and each individual is set agreed goals and a personal assistance plan is put in place which is monitored on an ongoing basis by gym staff and updated as health improvements are demonstrated.

Additionally the project has delivered an average of 41 personal training sessions per week and continues to offer a choice of 10 classes –two every evening Monday to Friday with an average weekly attendance of 296 people.

Additionally the warehouse Gym delivers 3 x 2 hour general fitness classes per week during daytime hours specifically for disabled people which has had an average attendance of 14 individual. These sessions complement the weekly gym sessions that Foresight host for disabled people which average around 18 people a session.

The project has always sought to improve access and availability to the disabled community and have been developing a buddying system utilising their volunteer base to provide support on a one to one basis in return for free use of the gym. This system is now fully operational and embedded in their volunteering programme and the Gym currently has 39 people matched with volunteers who are benefiting from the buddying service

Through consultation with parents and families who use the gym Foresight has identified a need to engage with children and young people and they are currently looking to develop gym and fitness sessions for families and junior sessions.

**Project cost to CCG = £30,000**

**Total social Impact = £230,418**

**Benefit to CCG = £200,418**

**Plus an additional £30,768 in funding attracted from other sources**

**Total benefit to-date of £231,186**



## Time Banking

Foresight have developed a social enterprise that offers a personalised prevention and wellbeing service providing older people who, without time limited or ongoing support would be placed at a heightened risk of progressing to higher levels of need in the medium term significantly increasing costs to the NHS for these individuals. It enables people to both receive and give support, creating ways for people to help one another to take advantage of the opportunities of an ageing society and enable all of us to age better.



People regain a sense of purpose by using their skills and abilities to help each other as well as getting the support they need. It increases health and wellbeing, energises and motivates and works against models of learnt dependency. It releases community capacity and engages people who may shy away from traditional methods of support. Once people become visible in their community it reduces their isolation and gives them a voice and influence that is essential when community services are being developed.

## Progress to-date

From a standing start in June 2014 the project has seen phenomenal growth in the range of services that it has facilitated. The current programme includes:

Day of the week	Venue	Activity	Attendees
Monday	St. Michaels , Grimsby	Luncheon club	30-40 per week
	Various	Singing for Fun	14 per week
	Jubilee Club – Wybers Wood	Bingo & lunch	20 per week
Tuesday	St Andrews	Luncheon club	10 per week
	St. Michaels , Grimsby	Tai Chi	10 per week
Wednesday	St. Giles Scartho	Social drop in	10-15 per week
	The Warehouse Grimsby	Curling	18 per week
	St. Michaels , Grimsby	Dance	10-15 per week
Thursday	St. Giles Scartho	Luncheon club	50 per week (90 on Books)*
	Meaking Court - Immingham	Social Group	16 (first event)
Friday	St. Andrews Immingham	Luncheon club	21 per week
	Sydney Sussex Grimsby	Tai Chi	14 per week
Monthly	The Minster Grimsby	Book Group	6 per month
Monthly	Church Hall Scartho	Book Group	12 per month

\*The project has 12 volunteers aged between 75 and 85 Years old working in the kitchens

- All of the time banking projects are now completely self-sufficient and financially sustainable
- The projects offer older people volunteering opportunities that would otherwise be unavailable
- The PSMDB investment initially covered the cost of providing a cook. The projects now fund two posts from earned income and grant support
- Links to the diocese through the church groups has led to the formation of strong mutually supportive networks
- The projects have been able to attract grant funding to support their growth

*The employment of a specialist facilitator was the key to unlocking this latent potential. The facilitator was able to bring together several disparate groups that would not have been able to function on their own but by joining together were able to develop a project that was greater than the sum of the parts.*

*It is also worth noting that the specialist knowledge of the facilities and services in the area that the facilitator brought to the project meant that a range of agencies are now able to focus their services on a cohort of services users that previously had proved hard to reach.*

*Given the capacity built in the sector and the impact the project has delivered, it would be prudent to explore methods of funding this time limited work into future years.*



## Social Return on Investment

One of the key measures of success for projects is the levels of Social Return on Investment that projects are capable of producing.

Social Return on Investment is an analytic tool for measuring and accounting for a much broader concept of value, taking into account social, economic and environmental factors. It is particularly appropriate for the PSMDB project where we are keen to understand the full impact of projects and not only the cash savings that they produce.

This approach produces many benefits including:

- Quantitative analysis of outcomes
- Continuous improvement and monitoring of performance
- The ability to design more effective service provision
- Stakeholder input

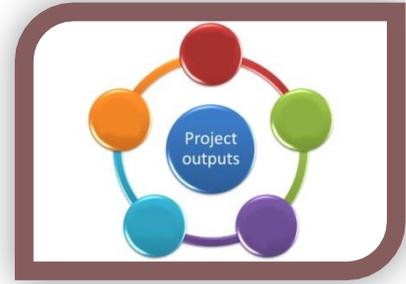
**An example of the Impact Map that collects and reports social impact is appended to this report as Appendix 2**



## PSMDB Project Outputs

The PSMDB project is measured and evaluated by a number of outputs:

- ✚ **Key outputs are the financial value of the social impact created.**
- ✚ **Secondary outputs are the amount of external funding attracted to the project with a target of £150,000**



- Estimated revenue savings in Year 1 against 2011/12 baseline £45,500 (against Year 1 costs)
- Estimated revenue savings in Year 2 against 2011/12 baseline £55,000 (against Year 2 costs)
- Estimated revenue savings in Year 3 against 2011/12 baseline £65,000 (against Year 3 costs)
- Estimated total savings realised by end £100,500
- Diversion from hospital admission - anticipated 22 saved admissions over the period of this project and therefore a saving of £42,876 over the lifetime of the project
- Reduction in visits to A&E –giving a saving of £3,000 p/a

***All of these have been achieved or are on target***

**Benefits to be realised by the PSMDB Board:**

- Reduction of 400 domiciliary care hours (equivalent £236K) financial saving in 2015-16 (*total achieved in first 6 months = 273 hours*)

**Non- financial benefits****Quality – Staff/Patient Experience:**

- Improved physical and mental wellbeing – people feeling more safe and secure
- Increased opportunities for people to be independent and active

**Safety:**

- Reduced re-admissions through supporting referrals for equipment
- Reduced likelihood of serious incidents through fire service checks and hazard house training

**Productivity:**

- Reduced impact on statutory organisations i.e. care home provision

**An unexpected benefit of this programme has been its success in acting as a catalyst in the development of new areas of work, forming partnerships across sectors and encouraging innovative approaches to the issues currently being faced in the health and social care sector.**

**Although this work was never envisaged in the initial project design, the approach taken has meant that PSMDB are able to interact across a wide range of stakeholders and in doing so stimulate new opportunities.**

**Some of these successes are outlined below.**

## Community Mental Health Pilot

### Background

The Government's 2014 Autumn Statement announced an additional £5m in 2015-16 and £15m in 2016-17 for pilot community learning courses to help adults recover from mild to moderate mental health problems, such as depression, anxiety and sleep disorders.



This funding, across the two years, will help up to 80,000 learners as part of their recovery from common mental health problems, including depression, anxiety and sleep disorders. Around a quarter of British adults experience a mental health problem in any one year. Anxiety and depression are the most common disorders, with around eight per cent of the population suffering from anxiety and eight per cent from depression, equivalent to more than eight million people in England alone.

Mental health problems are a major cost to the UK economy. The Centre for Mental Health estimated the wider economic costs of mental health problems in England at £105bn per year in 2009/10. Mental health problems affect people from all backgrounds. People who are disadvantaged socially, educationally and/or economically are particularly vulnerable.

A pilot project sponsored by the Department for Business Innovation and Skills (BIS) and supported by the Department of Health and National Health Service (NHS) was launched in January 2015.

### Purpose

The pilot is the development, delivery, evaluation and sharing of educational approaches to support recovery from mental health problems, in order to identify the potential for sustainability and wider dissemination. Community Learning mental health courses in local settings across England and targets people aged 19 and over who are experiencing mild to moderate mental health problems, such as depression, anxiety and sleep disorders.

The pilot seeks to innovate new support mechanisms that, at a local level, they can support individuals with mild to moderate mental health needs by:

- ✚ developing and delivering educational approaches embracing non-formal courses to support adults aged 19+ to aid recovery from mental health problems
- ✚ developing and delivering workforce development to ensure the teachers, managers and volunteers involved in the pilot are trained to use these approaches effectively.

Pilot activity also includes:

- ✚ identifying and testing different approaches to outreach and referral of eligible individuals
- ✚ working with external evaluators to identify the impact and cost benefits of different types of course
- ✚ collecting data and evidence about the impact of using educational approaches to help people manage, and recover from, mild to moderate mental health problems.

### **PSMDB involvement**

The PSMDB Board were approached by the project managers (CERT Ltd) to gauge local interest in developing a bid to become a pilot project area. The Board was keen to see new approaches of tackling mental health issues and felt that this approach complemented the PSMDB approach to innovating new services.

As a result of the involvement of the Board CERT was able to bring together a range of health professionals to inform the bid and to work in partnership should the bid be successful.

The project was developed in conjunction with the North East Lincolnshire CCG I.A.P.T. and used their market information to shape the proposal. The main sources of clinical information were drawn from the Community Mental Health profiles 2013 by the North East Public Health observatory and the Planning4Care: Mental Health strategic needs assessment for North East Lincolnshire. This statistical information was been further informed through consultation with CCG staff responsible for on the ground delivery.

Navigo, Open Minds and the Care & Independence section of the North East Lincolnshire Clinical Commissioning Group helped to inform the bid and will work with the third sector partners in delivering the work.

Two other providers (Foresight North East Lincolnshire and YMCA) were brought into the partnership in order to extend the reach of the activity to more marginalised service users.

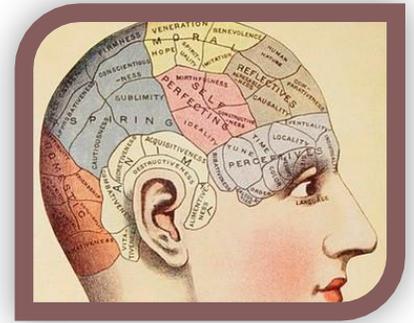
CERT and the Humber Learning Consortium applied for the pilot fund and were awarded the project, scoring the highest out of all of the local authority areas across the East Midlands. Particular comment was made on the local approach to joint working and the early involvement of health professionals.



## Pilot Activity

### Project staff

The initial work of the pilot programme was to ensure that delivery staff were fully equipped to work with service users and were able to make speedy referrals to other organisations should issues arise. A package of training and support was provided for relevant staff members and volunteers from both HLC and the delivery partners.



### Training content and ongoing support for non-health professionals

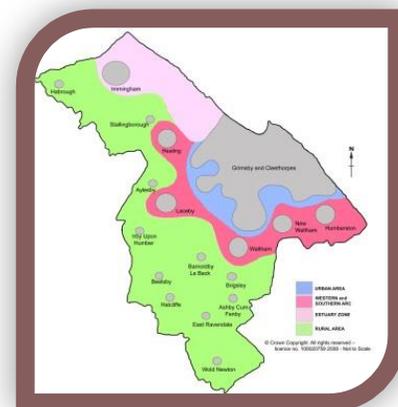
- ✚ Anxiety and depression assessment tools
- ✚ Assessment and management of risk
- ✚ Confidence building and assertiveness
- ✚ Cultural perspectives on mental health
- ✚ Emotional resilience
- ✚ Information, advice, and guidance
- ✚ Introduction to the mental health act 1983
- ✚ LGBT mental health awareness
- ✚ Managing challenging behaviour
- ✚ Mental health awareness and understanding
- ✚ Mental health needs of refugees and asylum seekers
- ✚ Mental health and substance / alcohol misuse
- ✚ Personalisation and good practice in learning
- ✚ Recovery philosophy
- ✚ Recovery star (using the)
- ✚ Sleep Disorder Awareness
- ✚ Sources of further mental health support (participant progression)

## Target Areas

The pilot is targeted at individuals living in the most deprived wards in North East Lincolnshire, however we are keen to ensure that the programme is accessible to anyone who could benefit, irrespective of the ward they live in.

## Target Groups

The project targets the 19-54 age group (male and female) because these groups are identified as being the most in need for Common Mental Health Disorders (CMDs) in particular those that are unemployed or living in non-settled accommodation.



## Outreach and Engagement

As a relatively small-scale pilot the project strikes a balance between raising awareness of the learning programme and managing community expectations and demand. Outreach activities are conducted by the 3 delivery partners in partnership with the CCG (IAPT) and HLC. As community-based organisations the delivery partners all have grass roots approaches and existing links to the target groups through their core services. For example Foresight is located within the most deprived wards and works with disabled communities. YMCA Humber offer housing and support to care leavers. CERT run a wide range of learning programmes including employability programmes for those in the final stages of mental health recovery. We run a number of supportive and informal taster days in target wards to encourage people with mental health problems to enrol on the programme. These tasters will represent approximately 10% of overall programme content.

## Referral and Progression

We have varied referral routes at our disposal, e.g. delivery partners (including cross-referral), GP practices in target wards, the IAPT team, local community groups and self-referral. We have created a simple self-diagnostic, based on the recovery star and Learn2B model that enables individuals and those supporting them to readily identify the most appropriate courses. This is available on HLC's website, posters/leaflets, and an on-line programme prospectus.



**The future**

Should the pilot prove successful the indicative investment in the service for next year is £250,000.

This is funding that would not have been attracted to the area without the intervention of PSMDB and the partnership that it facilitated.

## Services in Immingham

The PSMDB Board was made aware of a shortage of activities for people with health and social care needs in Immingham.

There were further concerns that pressures on budgets could see the closure of the few facilities that were currently on offer.

As project Managers CERT were asked to put out a call for potential project sponsors. Over 300 organisations were offered the opportunity to develop projects that had the potential to receive investment and support from PSMDB. Unfortunately responses were limited and no appropriate projects could be developed.

The Board then asked CERT to contact Foresight, a current provider under the project who had no connections to Immingham.

Foresight accepted the challenge and committed considerable resources (at their own cost and risk) in order to try and develop new provision. The work they carried out included:

- ✚ Determining need
- ✚ Sourcing venues
- ✚ Building partnerships between organisations
- ✚ Developing a programme of activities to meet the identified needs of local residents

Foresight then approached Care Plus Group who delivers a limited range of services in Immingham. Care Plus raised a range of concerns about the implementation of new services and at that stage development stalled.

Foresight then applied to PSMDB for a small investment and at that meeting care Plus group again raised its concerns. After a long discussion the investment was provisionally approved, but subject to an understanding that Foresight and Care Plus Group come to an understanding and avoid duplication of delivery and produce complementary services.



Both parties met and toured the proposed venues and met the partnership that Foresight has pulled together and very quickly agreed a way forward that was not only complementary but that also added considerable value to both parties initiatives. Even more positively the Care plus Group is now offering a memorandum of Understanding to Foresight so that they can undertake joint project delivery across North East Lincolnshire.

A real catalyst in the pulling together of the partnership was Julie Donn (Vicar at St. Andrews Church) who worked tirelessly with Foresight.

In its first three weeks of operation the project has already:

- ✚ Established activities in several centres in Grimsby thus extending choice and ensuring that services are socially inclusive. These include Haven Mere and Kensington care homes and Meakin Court sheltered accommodation as well as St Andrews Church.
- ✚ Attracted Big Lottery funding to provide kitchen equipment to one of the venues
- ✚ Created a spirit of partnership between several organisations who are now supporting each other
- ✚ Are planning 5 day a week service provision in Immingham by December 2015

## The Lessons Learnt



- ✚ Relatively small investments in the development of new programmes led by the third sector can lead to significant savings and improved outcomes for service users
- ✚ The PSMDB approach is effective in leveraging in new resources and income that would otherwise not be available to the health and social care sector
- ✚ Organisations that are capable of making the transition to a more enterprising approach to service delivery are very effective and are capable of delivering and developing innovative services that make a real contribution to the health and social care sector
- ✚ The health and social care sector tends to work in silos and it is important that when developing new initiatives organisations start a dialogue to ensure complementarity and avoid duplication
- ✚ By working in a spirit of true partnership the public sector and third sector can innovate solutions to issues that could not be solved working alone
- ✚ The journey way from grant funding to a charging model is a very difficult one for some organisations and impossible for a minority. This isn't always obvious and so a limited project failure rate should be anticipated
- ✚ It is essential that organisations exploring this approach are given intensive advice and guidance and if possible on-going mentoring



**NEL PSMDB (Preventative Services Market Development Board)**

Date: 05 08 2015  
Updated by Emma Overton V5



**1. Project Governance:**

Exec Sponsor:  
Lisa Hilder, Assistant Director for Strategic Planning, NEL CCG

Operational lead:

Clinical lead:

Project Manager:  
Neil King, CERT Ltd

The Preventative Services Market Development Board is accountable for this project and receives progress reports on a quarterly basis at the following times:  
• *March, June, September, December*

Programme Board: Partnership Operational Group

**2. Project Brief/Description:**

**Background:**

The PSMDB manages funding to support a social enterprise approach in delivering a range of new services that will enable people in need to avoid hospital admissions, stay in their own homes longer and ensure that people can lead as normal a life as possible during an illness or as a result of incapacity.

**Aim and Objective:**

The aim is to support the reduction in NHS costs whilst ensuring that people are cared for in settings they choose, delivered by providers they know and trust and to a high quality.

The fund exists to provide help to establish innovative and financially sustainable services that are capable of delivering these ambitions by investing in them at an early stage.

**Scope:**

The PSMD scheme is open to local small social enterprises and provides: start up funding, business start-up advice and guidance, help in putting a bid together, on-going support, training and development for managers and staff, and sign posting to other funding sources.

**3. Key Performance Indicators:**

Delivery indicators:

- Number of applications received
- Number (%) of applications received through A3 referral
- Number (%) of applications accepted
- Number of projects in the pipeline

**4. Process and Timeline:**



The project is running for a period of 3 years from April 2013 to March 2016.

Applications for funding are managed on an as and when received basis and generally take a period of 12 weeks from receipt to final decision utilising the process described above.

Project milestones:

- Start up – April – June 2013
- Delivery year one - June 2013 – April 14
- Delivery year two - April 14 – April 15
- Delivery year three - April 15 – April 16
- Managed close down – March – April 2016

**5. Risk Log:**

Risk	RAG Status	Mitigation
Insufficient market intelligence to identify gaps to be targeted	Red	Working with A3 team and Services4All to identify gaps and improve market intelligence. Seeking agreement to secure additional supporting data from PH
Provider interest not translated into sufficient high quality bids	Green	Increased marketing and publicity undertaken.
New services do not achieve required social impact	Amber	Monitoring and evaluation of project is undertaken on an on-going basis and assistance and guidance offered to failing organisations
Providers unable to sustain new service beyond project	Amber	Initial funding decisions are based on a realistic expectation of sustainability and monitoring takes place throughout the project lifetime Approach being reconsidered inc increasing milestones and KPIs, and altering payment arrangements (e.g. payments made incrementally only where KPIs reached)
Users do not engage or are not satisfied with new services	Green	Remedial support to assist service delivery is available to projects. Service user feedback is positive!

**6. Quality Impact Assessment**

In order to qualify for funding under this scheme, applications must meet the following criteria:

- Demonstrate how it will impact on the lives of service users and how the benefits will be realised (e.g. Social Return on Investment, Impact Mapping, Social Audit, Output Monitoring etc.)
- Show how the service will be sustained after the initial funding has been spent. (E.g. Income from earnings, personalised budgets etc.)
- Demonstrate how it will deliver high quality services to service users, guarding safety and within current legislation.

**7. Financial Delivery Plan**

Investment total £400,000

Year	Value of awards	Additional funds levered	Total combined funds invested in community health
13-14	£153,497	£128,538	£282,035
14-15	£30,000	£30,768	£60,768
15-16			

Key outputs are the financial value of the social impact created. Secondary outputs are the amount of external funding attracted to the project with a target of £150,000

- Est. revenue savings in Year 1 against 2011/12 baseline £45,500 (against Year 1 costs)
- Est. revenue savings in Year 2 against 2011/12 baseline £55,000 (against Year 2 costs)
- Est. revenue savings in Year 3 against 2011/12 baseline £65,000 (against Year 3 costs)
- Est. total savings realised by end £100,500

Diversion from hospital admission - anticipate 22 saved admissions over the period of this project and therefore a saving of £42,876 over the project  
Reduction in visits to A&E –giving a saving of £3,000 p/a

**Benefits to be realised by the Board:**

- Reduction of 250 domiciliary care hours (equivalent £147K) financial saving in 2014-15
- Reduction of 400 domiciliary care hours (equivalent £236K) financial saving in 2015-16

**8. Non-financial Benefits**

Impact maps are prepared for each project to outline the benefits achieved, both financial and non-financial. Current projects offer a range of benefits, for example:

**Quality – Staff/Patient Experience:**

- Improved physical and mental wellbeing – people feeling more safe and secure
- Increased opportunities for people to be independent and active

**Safety:**

- Reduced re-admissions through supporting referrals for equipment
- Reduced likelihood of serious incidents through fire service checks and hazard house training

**Productivity:**

- Reduced impact on statutory organisations i.e. care home provision

**9. Communication Plan**

This is a targeted scheme with the ambition to provide market intelligence via the A3 team which will indicate potential gaps/opportunities in the market.

The scheme is also marketed through the Services4me website. Promotion of the scheme to potential project deliverers is through CERTs extensive database of over 3000 organisations including voluntary sector infrastructure organisations who in turn cascade information. CERT also operate a social enterprise network of 300 organisations to whom information is disseminated.

<i>Stakeholder</i>	<i>Inputs</i>	<i>Outputs</i>	<i>Outcomes</i>				<i>Attribution %</i>	<i>Deadweight %</i>	<i>Impacts</i>
Who we have an effect on  Who has an effect on us	<b>Finance (a contract) time skills etc</b>	<b>Summary of activities (contract outputs)</b>	<b>Things that happen AS A RESULT of you delivering the outputs. Try to focus on things that wouldn't happen if other organisations delivered the outputs</b>				<b>Has anyone else contributed to the delivery of these outcomes?</b>	<b>Would they have happened anyway without us</b>	<b>Outcomes MINUS attribution and deadweight</b>
			<b>Description</b>	<b>Indicator</b>	<b>Quantity</b>	<b>Fin Proxy</b>			
Care Plus Group Employability Scheme	Time	Apprenticeships/Traineeships	Job Seeker's Allowance Fiscal benefit from a workless claimant entering work	Staff time sheets	1	£8,831	25%	0	£6,623
Service Users		Improved health and well being	Less visits to GP	Evaluation personal fitness plan	120 per year	£60	50%	0	£3,600
Volunteers	Time, Support	Financial savings	Savings in staffing at minimum wage(£6.50)	Time sheets	80 hrs week	£6.50 per Hour	0	0	£27,040
			<b>General savings</b>						
			Hospital inpatients - average cost per episode (elective and non-elective admissions)	Evaluation personal fitness plan	10 per year	£1779	50%	0	£8,895
			Reduction in obesity	Evaluation personal fitness plan	30	£16,688	50%	0	£25,032
			Reduced social isolation	Evaluation personal fitness plan	120 week users– 250 members	£900 per annum	50%	20%	£67,500

