

**Specification**

**Adults & Health**

**KMCAS-159**

**Development of Kirklees Community Anchor  
Network**

**Contract Period: 1<sup>st</sup> July 2021 – 31<sup>st</sup> March 2023**

**We're Kirklees**



# **KIRKLEES COUNCIL**

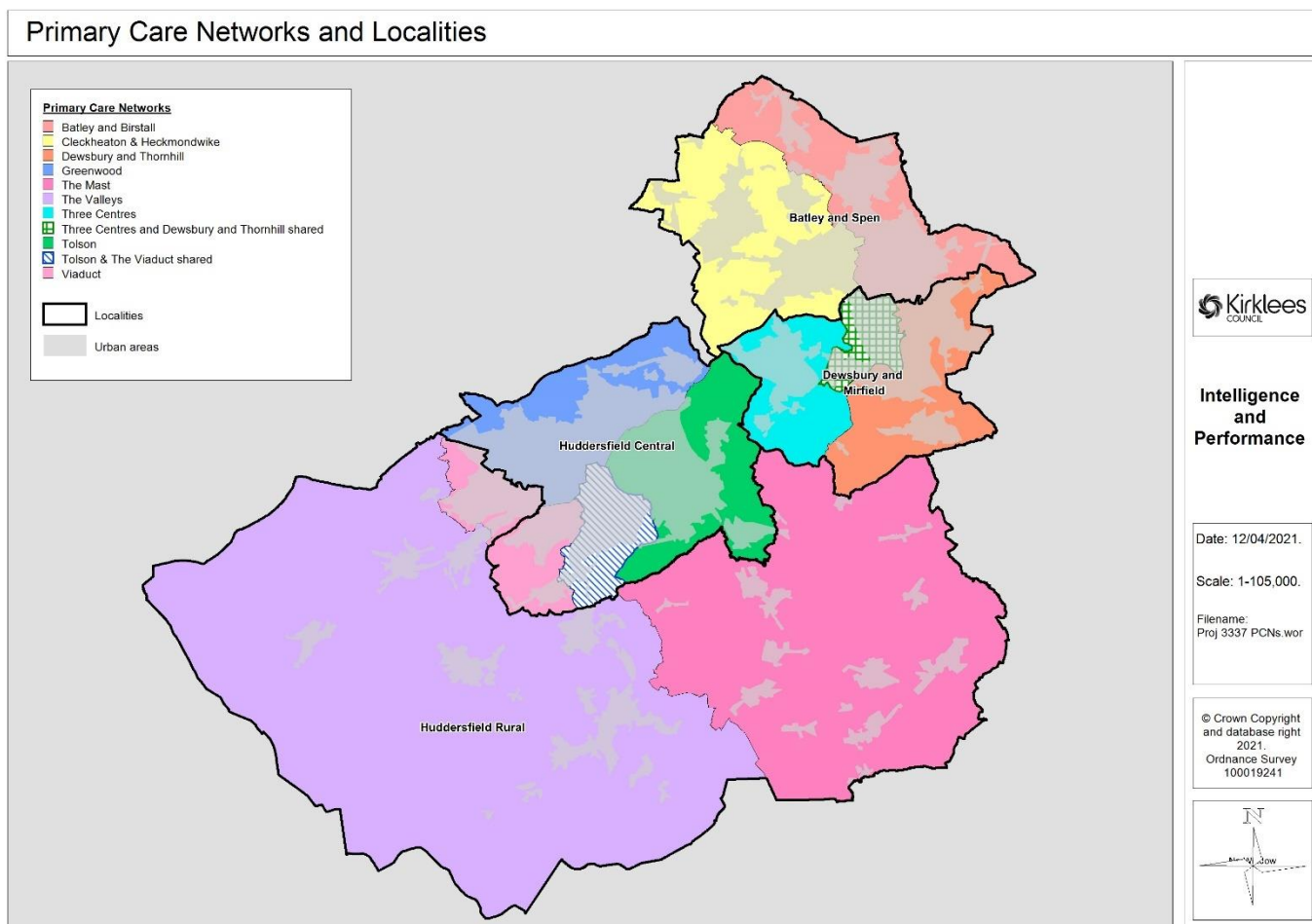
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## 1. INTRODUCTION & BACKGROUND

- 1.1 The Council of the Borough of Kirklees (the “Council”) is one of the larger metropolitan councils in England. Based in West Yorkshire it serves a diverse community of approximately four hundred and twenty thousand (420,000) with twenty-one per cent (21%) of residents from a minority ethnic background and a large influx of UK and overseas students to the area each year.
- 1.2 The borough covers a vast geographical area which includes several towns and significantly more rural areas. The area includes settlements across the approximate two thousand seven hundred square mile (2,700 sq. mile) borough in Batley, Birstall, Cleckheaton, Denby Dale, Dewsbury, Heckmondwike, Holmfirth, Huddersfield, Kirkburton, Marsden, Meltham, Mirfield and Slaithwaite. Much of the outskirts of the borough are rural with the two (2) largest centres in Huddersfield and Dewsbury.
- 1.3 Given the rich diversity within the borough, creative marketing campaigns which reach out to the whole community is at the forefront of the Council’s communication strategy. The borough has both a Gujarati speaking Indian community and a Punjabi/Urdu speaking Pakistani community. For factsheets about the demographic of the Kirklees area please visit: <https://www.kirklees.gov.uk/beta/information-and-data/kirklees-information.aspx> <http://www.kirklees.gov.uk/beta/delivering-services/pdf/corporate-plan-201820.pdf>
- 1.4 Kirklees Local Integrated Partnerships (LIP) Service supports vulnerable people in communities to prevent needs escalating to high end care. We help people live the life they want by supporting carers, families and communities to support themselves. Services within LIP are Community Plus, Wellness and Libraries.
- 1.5 There are 9 NHS Primary Care Networks within Kirklees. Primary care networks are groups of general practices working together with a range of local Providers, including community services, social care and the voluntary sector. Networks are based around local communities of between 30,000 and 50,000 people. They provide care in different ways to match need; focus on prevention and personalised care; use data to assess population health needs and inequalities; make best use of collective resources across practices and other local health and care Providers. [Primary care networks - NHS Kirklees Clinical Commissioning Group \(kirkleesccg.nhs.uk\)](https://www.kirkleesccg.nhs.uk/primary-care-networks) See map on next page
- 1.6 Anchor Organisations (for the purpose of this specification) are defined as independent voluntary and community organisations that are based in geographically defined neighbourhoods. They can be any size or shape from small grassroots organisations to fully constituted social enterprises). What is important is the impact of their particular expertise and knowledge within a local area through being firmly rooted in a sense of place and commitment to positive economic, social or environmental change.

1.7 This contract seeks to build on the success of the momentum created during the Covid-19 pandemic of localised co-ordination longer term through clear linkages between the Anchors and place-based working, and a strengthened voice of the sector at a strategic level; thereby supporting community and citizen involvement in finding local solutions to local needs. The pandemic has fostered an approach that recognises the importance of the anchors and highlighted their importance in tackling health inequalities in the community.



## 2. VALUE, DURATION & SCOPE OF THE CONTRACT

2.1. The total budget available for this contract is £40,000 over the contract period of July 2021 to March 2023. This amount is to cover the costs incurred by the Provider to deliver the requirements of the specification and enable them to build and maintain the infrastructure necessary to allocate Council grant funding to community anchor organisations in Kirklees.

2.2. An amount of £180,000 grant funding for each year (total of £360,000) will be made available to the Provider for the express purpose of awarding grants to support the activity of community anchor organisations in Kirklees which addresses specific locality need (the exact amount may be reduced if it is necessary to continue with some support to existing organisations, whilst the successful provider identifies alternative operators, or changed funding

arrangements). This is initial development funding to build the capacity and resource of anchor organisations through the development of a network of these organisations in accordance with the Kirklees VCSE strategy.

### 2.3 The Provider will either

- **A.** Agree with the council the amounts to be allocated to each Anchor organisation and be responsible for distributing grants to each Anchor organisation on a quarterly basis (see section 6 Reporting and Monitoring requirements) and will provide to the council evidence of the anchor organisations being identified as recipients.
- Establish a “client” bank account for the purpose of holding and distributing these funds.
- Provide to the council information confirming the distribution of those funds.

**Or**

**B.** Agree with the council the amounts to be allocated to each Anchor organisation, and on a quarterly basis (see section 6 Reporting and Monitoring requirements) will provide to the council a schedule of payments due to each the anchor organisations (and other necessary information) to enable the council to make payment to these organisations.

(The Council, as Funder, will remain in control of the funding at all times, and money provided for Anchor organisations may not be used other than for the approved suppliers and for the approved purposes, other than with the specific written agreement of the Council

### 2.4. The Provider will be required to establish and maintain a strong network infrastructure of existing and new place-based anchor organisations to build flexible, resilient community capacity.

- Develop a locally shared plan for each PCN locality that addresses gaps in localities.
- Align activity with the VCS Investment Strategy & Action Plan (*still in development but will be made available on publication to applicants*), and the VCS and Kirklees Council Strategy ([The Voluntary and Community Sector and Kirklees Council: A Strategy for 2015-2025](#))
- Ensure a diverse network of organisations which widens the collective scope and reach across Kirklees.
- Recommend allocation of grant funding to Anchor Organisations to enable them to provide services/activity to address unmet community need
- Use a consistent asset-based approach, which builds on the strengths of communities and community organisations.
- Understand the principles and benefits of social prescribing.
- Develop a competitive, robust, equitable and transparent framework for allocating grant funding to Anchor Organisations; and allocate grant funding to Anchor Organisations to enable them to provide services/activity to address unmet community need. This should be achieved by:
  - Obtaining expressions of interests from a diverse range of potential anchor providers.

- Openly considering the expressions of interest and proposing to the Council which anchor organisations grants should be awarded to.
- Agreeing with each anchor organisation the scope and reach of activity and associated costs.
- Providing clear value for money evaluations of each grant allocation.
- Clearly monitoring the achievements and costs reported by the anchor organisations.
- Advising the Council on the release of grant funding to specific anchor organisations.
- Collating monitoring reports which summarise overall quarterly performance by the anchor organisations.
- Obtaining detailed evidence of anchor organisation's delivery costs and other due diligence items such as holding of appropriate insurances, safeguarding policies, DBS checks etc.

2.5. The Provider shall meet all of the Council' requirements as listed in the General Specification below in section 3.

### 3. GENERAL SPECIFICATION

The following specification is grouped in terms of expectations of the **Provider** (who will take on grant awarding responsibilities) and expectations of the **Anchor Organisations** working with the Provider).

For the Contract duration, **the Provider** will specifically be required to:

- 3.1. Forge strong links with local VCSE anchor organisations, community and neighbourhood level groups, utilising their networks and building on what's already available to gather intelligence and data on community groups and assets.
- 3.2. Develop supportive relationships with local VCSE anchor organisations, community groups and statutory services, to award timely, appropriate and supported grants in order to meet identified local need.
- 3.3. Ensure anchor organisations have up to date and appropriate safeguarding, insurance, information governance, and health and safety, procedures and policies in place; and keep information and appropriate records relating thereto. Where such policies and procedures are not in place, the Provider will support groups to work towards an appropriate standard of due diligence in regard to these important foundations.
- 3.4. Develop an appropriately weighted application framework which ensures a network of anchor organisations with diversity of experience, skills and knowledge. This will be underpinned by robust, transparent and equitable arrangements for recommended grant award criteria, with clear terms and conditions as a key component of this contract.

- 3.5. Work with partners to identify unmet needs within the community and gaps in community provision; making strategic grant awarding decisions which ensure the most sustainable and effective use of local resource, knowledge and expertise.
- 3.6. Have in place a robust and effective arrangements to establish performance criteria and objectives for each Anchor organisation, obtain regular (at least quarterly) performance reports from each Anchor, including outcomes, output, inputs and the utilisation of the finance provided establish a data monitoring system, seek to verify all information, address any under-performance issues with the Anchor to produce quarterly and annual reports for the Council as grant Funder (see section 6 monitoring and reporting).
- 3.7. Working with LIP and PCNs to effectively embed social prescribing with partner organisations.
- 3.8. Oversee the development of PCN locality plans, ensuring alignment with other locally shared plans to facilitate connected resources and avoid duplication.

For the Contract duration, **the Provider** will require the **Anchor Organisations** to:

- 3.9. Use their working knowledge of grassroots community organisations to build flexible, resilient community capacity which addresses unmet need.
- 3.10. Work towards and achieve a recognised quality mark (if not already attained) with support from the Provider where appropriate.
- 3.11. Provide quarterly monitoring and performance reports to the Provider for all grants awarded by the Provider (which the provider will use as a basis for their quarterly monitoring reports for the Council).
- 3.12. Demonstrate due diligence and provide evidence of robust safeguarding, insurance, information governance, and health and safety, procedures and policies; and work with the Provider to ensure these are up to date and fit for purpose.
- 3.13. Develop PCN locality plans ensuring alignment with other locally shared plans to facilitate connected resources and avoid duplication. Plans should be co-produced with other local VCS partners.
- 3.14. Facilitate localised network meetings for VCS partners to share knowledge, best practice and also provide peer support.
- 3.15. Build and sustain a network of community anchor champions who will facilitate creative and practical community solutions to local and individual issues.
- 3.16. Develop a quarterly VCS questionnaire to capture community outcomes and send to all VCS partners supporting social prescribing link worker (SPLW).

- 3.17. Identify social prescribing ambassadors in each of the PCN localities.
- 3.18. Create a map or menu of local community groups and assets by forging strong links with local VCSE partner organisations, community or neighbourhood level groups, utilising their networks and building on what is already available.
- 3.19 Prior to making the award the Provider should obtain detailed information on how the anchor organisation will spend the grant funding and how it will link to desired outputs and outcomes. This will in turn facilitate performance monitoring (see section 6).
- 3.19 Prior to making the award the Provider should obtain detailed information on how the anchor organisation will spend the grant funding and how it will link to desired outputs and outcomes. This will in turn facilitate performance monitoring (see section 6).
- 3.20 The provider will identify any failure to achieve the agreed specification by an Anchor organisation and will agree with the council action to be taken. The provider will be expected to recommend termination of any Anchor arrangement in the event of substantial or persistent default.
- 3.21 The council may also, acting reasonably, instruct, for a reason which it must state, that the arrangement with any Anchor provider must be terminated.
- 3.22 If an anchor needs to be replaced, in accordance with 3.20, 3.21, or for any other reason (such as a closure, failure, or decision that they no longer want to provide services), the provider will use all reasonable endeavours, by way of a competition, or other process agreed by the Council, to identify a new provider, agree the provider to be selected with the council, and the target, outcomes, outputs and financial inputs , and provide all appropriate support to the new provider and monitor their performance.

#### **4.CONTRACT MANAGEMENT & PAYMENT**

- 4.1 Details of the Council's Contract Manager will be provided to the Provider prior to the Commencement Date of the Contract. The Provider will be required to provide details of their nominated Contract Manager to the Council's Contract Manager, following award of the Contract.
- 4.2 The Council aims to work closely with the Provider to ensure levels of complaints are kept to an absolute minimum, and that the Contract runs as smoothly as possible.
- 4.3 The Provider must comply with this Specification, unless otherwise agreed.
- 4.4 The Provider will be paid quarterly in arrears, on receipt of an invoice.

#### **5. PERFORMANCE REVIEW**



- 5.1. The Provider's nominated Contract Manager will be required to attend regular meetings every 3 months to assess its performance under the Contract ("Performance Review Meetings"). Performance Review Meetings will be held online unless the Parties agree to an alternative location. No expenses shall be paid in respect of the Provider's attendance at these meetings.
- 5.2. It is anticipated that the Performance Review Meetings will be held every three (3) months. However, the Council reserves the right to call meetings sooner in the event that a situation needs to be addressed more urgently. It is anticipated that Performance Review Meetings held shortly after the Commencement Date will be held monthly, or more frequently, so that any issues arising following implementation can be resolved quickly. Thereafter it is anticipated that they will be held less frequently.
- 5.3. The Provider's performance will be assessed over a quarterly period (or shorter if performance is not satisfactory).
- 5.4. Where the Provider is failing to meet agreed outcomes, they must take remedial action, and return the provision to a satisfactory level. An action plan will be agreed with the Council and include a timescale (not to exceed one month) for the required improvement to be made. The action plan must be received within one (1) week of the Performance Review Meeting. In the unlikely event of failing to return provision to a satisfactory level, the contract will be terminated, and any grant funding not allocated returned to the Council.

## **6. REPORTING AND MONITORING REQUIREMENTS**

- 6.1. It is the responsibility of the Provider to report to the quarterly Performance Review Meetings. The Provider shall provide the Council with appropriate performance reports seven (7) days prior to the meeting, evidencing how they have met the agreed outcomes.
- 6.2. It is the responsibility of the Provider to develop and implement a regular monitoring process for anchor organisations to measure their sustainability, strength and potential support needs.
- 6.3. It is the responsibility of the Provider to require grant recipients to provide quality performance data (in line with agreed key performance indicators) which can be evaluated by the Provider and reported to the Council.
- 6.4. It is the responsibility of the Provider to ensure that each Anchor Provider makes appropriate proposals for the deployment of funding, such as not more than 10% of available grant funding to be used by recipients to pay for subsistence expenditure eg lighting, heating, rent etc.

## 7. KEY PERFORMANCE INDICATORS AND MILESTONES

KPIs will be developed in collaboration with the successful Provider to reflect the agreed approach of grant awards to anchor organisations and development of the network. Those KPIs will reflect ‘What Good Looks Like’, which this specification defines as people in communities across Kirklees being more able to participate in local solutions that improve their own and others health and wellbeing. This will be demonstrated by evidence that:

- People are supported into training and skills development
- Accessing funding that is invested locally
- Volunteering opportunities and volunteer development
- An umbrella of support for smaller community groups
- A voice for local people and peer support
- Regenerated neighbourhoods and socio-economic development
- Strengthened community involvement

This specification requires that the Provider demonstrates how they will achieve the following key milestones:

Key Dates	Milestone Achieved
21 June 2021	Contract Awarded
21 June 2021 to 30 June 2021	Contract mobilisation period: The Provider will attend a ‘set up’ meeting at which they will demonstrate their readiness to commence activity.
1 July 2021	Contract Start Date
By 31 July 2021	The Provider will have developed a clear and effective competitive process for the identification of network anchor organisations.
31 July – 30 September	The provider will ensure a fair and equitable transition from current arrangements to implementation of any new arrangements under this contract specification by the appointed Provider.
By 30 September 2021	The Provider will have identified the anchor organisations that will form the network and will be actively working on delivery programmes.
	The Provider will have key performance indicators in place and agreed with the anchor organisations
By 31 December 2021	The Provider will have developed the first draft of locally shared plans with the Primary Care Networks.
	The Provider will have a plan in place to ensure that all anchor organisations can achieve a recognised quality mark (consistent across all anchors) within the first year of the contract.
By 30 June 2022	The Provider will have prepared a report for the Council on the first 12 months of the contract covering what has worked well, what could be improved and key achievements in the first 12 months. This report will be a

	key document in shaping the continuation of the contract.
31 January 2023	Draft Report for the Council on the evaluation of the contract.
31 March 2023	Contract Ends – Final Report and Recommendations for the future of the work to ensure continuation of effective and high quality levels of activity.