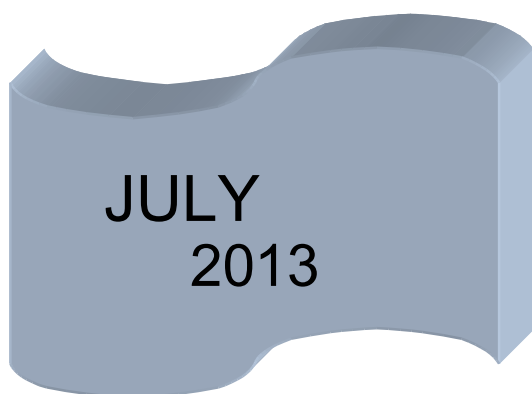


Herefordshire Commissioning Prospectus

Funded opportunities to support
Disabled Children, Young People
and their Families.

A new approach to Commissioning

- Service User, Parent and Carer shaped outcomes for short breaks and respite care.
- A focus on collaboration to identify safe, reliable, effective person centred opportunities for children and young people.
- Action learning approach to support development of future procurement opportunities



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Foreword

Welcome to the 2013 Commissioning Prospectus published by Herefordshire Council and Herefordshire Clinical Commissioning Group. Together we are taking forward a new approach to funding voluntary, community, private and independent organisations to deliver services and achieve better outcomes for disabled children and young people in Herefordshire.

The outcomes have been developed from our local joint commissioning plans and produced with the involvement of service users, carers and other stakeholders.

This is our first year of piloting the Commissioning Prospectus and we are seeking to invest £1.1 million per year for three years to support the delivery of services in our local communities. This investment is intended to achieve better outcomes for children, young people and families. We are sure you will agree that being able to set aside this investment is significant in these challenging economic times.

The procurement process will place equal importance on:

- quality,
- building social capital and
- delivering value for money.

We will evaluate this year's Commissioning Prospectus as part of our commitment to continuously improving the way we commission services.

PART A: BACKGROUND

INTRODUCTION

Herefordshire Council and Herefordshire Clinical Commissioning Group (CCG) are committed to working in partnership with the voluntary, community, private and independent sectors to support their growth and development. In exchange, we want local people to experience greater independence, choice and a sense of belonging. The Commissioning Prospectus presents a wide range of opportunities by awarding contracts that will deliver services and activities that make a real difference in the lives of local people.

This Prospectus allows organisations to plan ahead for new services or activities which are expected to commence on 6th January 2014. We want to cultivate a climate that encourages innovation and development. The Prospectus aims to balance fair and transparent competition with the benefits of working together to achieve greater outcomes. It is a process that is in step with the Modernising Commissioning Green Paper, seeking to increase the role of charities and social enterprises in public service delivery and the Social Value Bill which asks commissioners to consider environmental and social factors alongside price. The emphasis on social capital reflects the Localism Bill, focusing on greater community empowerment, choice and quality.

Part A provides the background to the tender. Section 1 of this Commissioning Prospectus describes our priorities and outcomes that will be delivered through this process. We give a definition of Short Breaks in section 2 linking our priorities for children, young people and families in section 3.

The Commissioning Process is detailed in Section 4 and how we want to deliver this through working with organisations to build social capital is explained in Section 5. We outline our Public Sector Equality Duties in Section 6.

Part B considers the evidence of need, described in Section 7.

Part C introduces the service specification. We describe the services we require in Section 8, share the outcomes, in Section 9, and describe how we manage performance and quality indicators in Section 10. Through this process we will be continuing to involve our parents and carers ensuring the services commissioned through the prospectus make a difference to the lives of our children and young people with disabilities and complex health needs. Section 11 describes the available budget and process we will use for allocating this.

Part D takes you through the Tender Process where we outline the way the tender will be undertaken. We explain what you need to consider, implications for Value Added Tax and insurances in Section 12 before introducing the Selection and Tender questionnaires process in section 13. Application will be accepted via the PROACTIS portal and we guide you through this, explaining our evaluation scoring and weighting criteria at Section 14.

In part E we cover contract awards and funding allocation. The management of the funding agreement is described in Sections 15 and 16 and the dates you will need to have to hand are given in Section 17. Section 18 provides you with some useful contacts that you might wish to utilise. As this prospectus has some potential implications for TUPE we describe this in Section 19.

The key outcomes that have driven the development of the Prospectus are:

- To ensure an approach to commissioning personalised support that will improve the lives of local people, focusing on outcomes;
- To further develop our partnership arrangements with our providers, working towards more sustainable and innovative models that demonstrate high-quality provision and excellent value for money; and
- To ensure choice and control for local people and link this to the social capital that exists in our diverse communities.

1. OUR PRIORITIES

The outcomes that will be delivered through the Prospectus will help meet Council and local Clinical Commissioning Group priorities. Part of Herefordshire Council's and Herefordshire Clinical Commissioning Group's promise is to support the most vulnerable people and encourage personal and community responsibility by working in partnership with service users and providers by making the best use of resources across the diverse communities in Herefordshire.

The following priorities will help deliver this promise:

- Improve user and carer choice and control about how their needs are met, promoting the universal offer, including signposting;
- Commission collaboratively to stimulate a diverse local market and ensure services are developed and improved in response to locally identified needs.

The Herefordshire Review of services for children and young people with disabilities and complex needs undertaken in 2010/11 identified the availability of short breaks and respite care as a significant support to children, young people and their families. A specific recommendation from the Review was to commission a continuum of short breaks provision and to pool resources across partner agencies to prevent overlap and support best value.

Under the Children and Young Person Act 2008, the Local Authority must offer short breaks as part of a preventative model. The responsibility of the Local Authority to provide short breaks for carers of disabled children came into effect on 1st April 2011 (Breaks for Carers of Disabled Children Regulations 2011). These regulations place a duty on Local Authorities to have regard to the needs of carers who:

- would be unable to continue to care for their disabled child without a short break or would be able to care more effectively if breaks are given,
- to look after other children in the family more effectively,
- to take part in training, education or leisure activities, or
- to carry out day to day tasks in running the household.

Our understanding of need is shaped by our local understanding of:

- The number of families with disabled children;
- The different types and levels of needs;
- The choices and preferences expressed by families.

We access this information from:

- Databases used by the local authority and health partners
- Monitoring information from service providers
- Needs assessments and case audits of children and families
- Regional and national research
- Consultation and feedback from parents/carers and children.

We use this knowledge to plan and commission services ensuring there is sufficient provision to meet demand and to make sure these services are located in the right geographical areas matched to needs.

The procurement process will result in the award of contracts for a short break and respite service for children and young people aged 0-19 years. The contract with each provider will be awarded for an initial three year term commencing on 6th January 2014 with the option, at the discretion of the contracting Commissioner, to extend each of the contracts for a further period of up to 2 years.

The Local Authority is broadening its personalisation offer to parents and carers of children with disabilities. In line with this, we will talk to parents, carers and providers in the 2nd year of the contract to encourage participation and support in developing personalisation within Herefordshire.

It is recognised that short breaks and respite care need to take into account transition into adulthood. The short breaks and respite care that are offered to young people (13+) would need to reflect the need to offer positive experiences that help young people to prepare for independent living, where possible, and which offer a seamless transition into adulthood.

2. WHAT IS A SHORT BREAK?

Consultations with local families gave rise to the following definitions of a Short Break.

- A wide range of opportunities, activities and support so children and families have choices.
- An activity which becomes an ordinary part of life for children and young people with disabilities and their families.
- Anything from a couple of hours to overnight stays.
- The opportunity to have fun and take part in enjoyable experiences that contribute to personal and social development.
- Support for day to day tasks at home.
- Learning new skills and becoming independent.
- Opportunities to develop new interests and take part in different activities.
- Opportunities for children and young people to have something to do – especially at weekends and during the school holidays. They can see their existing friends at the Short Break and make new friends.
- Enable parents and families to have a break from their caring responsibilities.
- Enables parents to support families, catch up with everyday activities as well as having more time with their other children, their friends and hobbies.
- Flexible, responsive to need and able to offer support at times of urgent need.

3. CHILDREN, YOUNG PEOPLE AND FAMILIES

The Children and Young People Partnership Forum, a multi-agency partnership of statutory and voluntary partners agreed priorities for action through the development of the 'Yes We Can Plan' with four key priorities. These are:

1. Helping families, parents and carers to help themselves, particularly in the early years of their children's lives.
2. Promoting health and wellbeing.
3. Achieving success in life, learning and future employment.
4. Protecting children from harm.

The outcomes that we want to achieve through the Commissioning Prospectus support these aspirations. We want children young people and families living with disability and complex needs to be able to live ordinary lives.

4. THE COMMISSIONING PROCESS

Commissioning is a process that identifies best value and delivery of positive outcomes that meets the needs of local people and communities. The diagram below, developed by the Institute of Public Care and others, helps to describe the Herefordshire commissioning cycle.

All stakeholders involved in commissioning have a role at every stage in the commissioning cycle. The Joint Strategic Needs Assessment, national strategies, local priorities, performance data and wider stakeholder feedback are used to develop a local picture of need. Our priorities to address identified need are described in our joint commissioning and plans.

Review: managing relationships, monitoring and reviewing performance and seeking further performance improvement.

Do: ensuring that services and interventions are delivered as planned in ways that effectively and efficiently deliver the established priorities.



Analyse: understanding the needs, available resources and potential capacity within the local community, through local markets and through specialist providers to deliver those needs.

Plan: identify the gaps between what is needed and what is available, establishing priorities and establishing strategies to address those gaps.

The Prospectus implements the 'Do' section of the commissioning cycle as it will commission providers to deliver services which fulfil our outcomes and objectives. It requires organisations to propose service models or activities that will address these outcomes and objectives in the most efficient and effective way, identifying how the particular project helps build social capital and meets local need.

The Commissioning Prospectus builds on the views of local people which have shaped our strategic plans and the recommendations from the Review of Services for Children and Young People with Disabilities and their Families (2010). Meeting the needs of our growing and diverse local population is of particular interest for local commissioners, and this is reflected in the commissioning objectives, and linked to national strategies and local plans.

The documents listed below have informed the commissioning outcomes:

- The National Service Framework (NSF) for Children, Young People and Maternity services: disabled children and those with complex health needs – standard 8
- The national 'Healthy Child' Strategy
- The national Green Paper on SEN and disability - Support and aspiration: a new approach to special educational needs and disability: a consultation (March 2011)
- 'Yes We Can' – the Herefordshire plan to support children, young people and families 2011-2015
- Understanding Herefordshire 2012: An integrated Needs Assessment
- The Herefordshire Review of Services for Children and Young People with Disabilities and Complex Needs 2010

5. WORKING WITH ORGANISATIONS TO BUILD SOCIAL CAPITAL

The Council and Herefordshire Clinical Commissioning Group want people in Herefordshire to benefit from the added social value brought to services through the building of social capital.

Social capital is generally understood to be the connections among people and their social networks, a willingness to do things for each other and a sense of trust that comes from this.

At a local level these connections give rise to a feeling of 'belonging' and wellbeing, sometimes developed through collective action in the form of community participation or voluntary action. This is often known as civil society and is distinct from the state and the private sector. The organisations that make up civil society provide both the structure and the opportunity for people to become more engaged and active in their communities. This results in bonds and networks being formed between diverse people and organisations which have a shared goal or interest.

Through the Prospectus, Herefordshire Council and Herefordshire Clinical Commissioning Group wish to ensure that Herefordshire has a thriving provider sector which can help people to help each other, and where there is a 'social return' on investment made. We want to commission organisations that can change people's lives for the better through the building of trust rooted in strong communities. This can be supported through making the best use of local:

- Knowledge and experience
- Community engagement
- Service user and/or carer-accountable structures, for example, user-led organisations
- Networks
- Volunteers
- Access points or bases.

6. PUBLIC SECTOR EQUALITY DUTY (PSED)

National

Equality Impact Assessment is not only a valuable tool in shaping policies; it also contributes to wider achievement of the aims of the Public Sector Equality Duty (PSED). The Public Sector Equality Duty is not a new concept, but existing duties in respect of Race, Disability and Gender have been rationalised and extended to cover all of the Protected Characteristics of the 2010 Equality Act. As a result a single Equality Duty for the Public Sector now exists. This lists three aims:

- To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- To advance equality of opportunity between persons who share a relevant Protected Characteristic and persons who do not share it.

- To foster good relations between persons who share a relevant Protected Characteristic and persons who do not share it.

Public bodies are required to have “Due Regard” (which means consciously to consider) these aims in their day to day work – in shaping policy, in service delivery and in relation to its own employees. Completed Equality Impact Assessments include analysis, recommendations and actions which are essential in understanding and addressing inequality as required by the Public Sector Equality Duty.

Herefordshire

The Council and Clinical Commissioning Group are mindful of the need to have “Due Regard” to the three aims of the Public Sector Equality Duty in the planning, commissioning and delivery of their services. The potential services which would be provided through the Commissioning Prospectus have been screened for their potential relevance for people who have more of the Protected Characteristics (defined in the Equality Act, 2010).

The Protected Groups most affected in this instance are Age, Disability and Gender.

Relevant findings and recommendations will be made available to and contribute to the decision-making process and decision-makers will have “Due Regard” to the aims of the Equality Duty.

Our Equalities Offer

To support the development of equality and diversity, a workshop was provided in April 2013 for organisations who welcomed support in developing this aspect of their working.

Impact Assessment

Each provider will be asked to provide an Impact Assessment six months before their contract is due to terminate.

PART B: EVIDENCE OF NEED

7. EVIDENCE OF NEED

7.1 Current services and their provision

Current providers offer the following services, some of which is not funded directly through the short breaks budget. These services are in addition to overnight respite care service.

Activity	Age range	Location	Referral route	Times & availability
Youth Club	11-19 years	Hereford city based – County wide access	Self referral or Professional referral (e.g School, Health professional, Social Worker)	Thursdays term time 3.30 – 5.30pm
*Buddying	11-19 years	Hereford City based	Self-referral or professional referral e.g School, Health professional, Social Worker)	Individual times/days
Transitional Support (support to develop skills, confidence and opportunities to enter employment)	16-25 years	County wide access	Professional Referral only (e.g School, Health professional, Social Worker)	
Saturday Play Days	3-19 Years	Leominster and Ross on Wye	Self-referral or Professional referral (e.g School, Health professional, Social Worker)	
Easter & Summer 2013 Holiday Play schemes	3-19 years	Ross, Leominster & Hereford	Self-referral or Professional referral (e.g School, Health professional, Social Worker)	
*Buddying/Sessional Support	5-19 years	Ross on Wye & Leominster	Professional referral/self referral (e.g School, Health professional, Social Worker)	Individual times/days
Boxing/Keep fit sessions/courses boys & girls	6-19 years	Hereford, Leominster, Kington, Bromyard, South Herefordshire	Self-referral or Professional referral (e.g School, Health professional, Social Worker)	Varied programmes of days/times
*Sessional/buddying support Domiciliary Care	0-18 years	Countywide access	Professional referral only (e.g School, Health professional, Social Worker)	Individual times/days
Youth Club (one evening per week for 2 hours)	14-18 years	Hereford with Countywide access	Self referral or Professional referral (e.g School, Health professional, Social Worker)	Thursdays 6-8pm
Sessional & Domiciliary Care	3-16 years	Countywide access	Professional Referral only (e.g School, Health professional, Social Worker)	Times flexible
Mechanical Horse	5-25 years	Countywide access	Self-referral or Professional referral (e.g School, Health professional, Social Worker)	Times flexible
Summer water & sports activities	6-12 years	Countywide access: Hereford Leisure Pool Leominster Leisure Centre Bromyard Centre Ledbury Swimming Pool Ross swimming pool	Self Referral	Daily.
Youth Club (Tuesdays term time only)	4-19 years	Leominster based Countywide access	Self Referral	3.15 – 5pm

Children and young people who currently access the services have the following declared disabilities/needs, though many of those self-referring chose not to disclose their child/young person's disability so this information will only be partial:

Autistic Syndrome Disorder	Attention Deficit Hyperactivity Disorder
Challenging behaviour	Epilepsy
Global delay	Profound Learning Difficulty
Asthma	Multisensory impairment
Anger issues	Downs syndrome
Moderate Learning Difficulties	Incontinence
Severe Reynaud's syndrome	Scoliosis
Fragile X syndrome	Musculoskeletal
Other physical	Juvenile idiopathic arthritis
Behavioural & Emotional Difficulties	Physical Disability
Dyspraxia	Visual Impairment
Other health	Hearing Impairment
Specific Learning Difficulties	Asperger's Syndrome
Obesity	Anti-social behaviour
Speech Language & Communication Needs	Technology dependent health need

Services delivered to children with disabilities and complex needs through short breaks and respite care were mapped for the period April 2012 to December 2012.

This information provides an overview of the services.

The services were also mapped on a matrix (page 11) which considered:

- Where the children and young people who accessed the service lived;
- The frequency of the provision
- The age the activity was for/the age of the child/young person accessing the service
- The time of the activity

These aspects were mapped against the type of provision.

Numbers/totals at the bottom don't totally add up – this is due to the fact that some children and young people accessed a number of services while others only accessed one.

The table below gives the service overview.

Type of short break	Number of children receiving services 2012- 13 (April - December)	Number of sessions accessed April – December	Hours being received 2012-13 (April - December)	Day or night
Number of children accessing services	365			
Number of children accessing more than one service	166			
Overnights in residential units	38		2079 per month	Overnight
Daytime in residential units	44		2207.5 per month	Daytime
Overnights by contract carers/foster carers/care in child's own home. E.g. personal assistant for night care in child home or with consistent foster placement	Service A 1	15 sessions	180hrs	Overnights
	Service B = 1	15 sessions	180hrs	Daytime
	Service C = 2			
Individually supported short breaks/respite care (outreach workers, buddy etc.) e.g. Buddy or personal assistants for outings and supported activities in or out of the child's home	Buddying service D = 9		252 hours	
	Sessional service E = 18			
	Transitional service F = 22			
	Buddying service G = 9	114 session	342 hours	

	Service H = 1		X hours/sessions	
	Service I = 29		3780hrs	
	Service J = 11		54 hours	
	Service K = 19		2187 hours	
	Service L = 1		280 hours	
	Service M =3		320 hours	
School holiday programmes e.g. week or day provision during any of the school holidays, which may be in school or elsewhere.	Holiday play scheme N= 58	240 sessions	1080 hours	
Group-based Short breaks - specialist settings e.g. after school groups, playschemes or youth schemes specifically for disabled children	Service P = 6	119 sessions	238hrs	
	Service Q = 48	44 sessions	2112 hours	
	Service detailed above (taster sessions) = 71	426 sessions	426hrs	
	Youth Club = 54		1782 hours	
	Service R = 22		572 hours +	
	Saturday service = 39	150 sessions	675 hours	

It can be seen that the most accessed/used services are those which occur frequently i.e. weekly or monthly (these are mainly the taster sessions) or those that occur in the holidays. Also there is little for children aged 0-5 to access.

7.2 Identified needs

It is recognised that the mapping exercise above only illustrates usage against current services. In order to understand whether this will meet future needs, commissioners have talked to parents and carers and considered the data available to them to inform commissioning intentions.

The services commissioned through the prospectus will:

- Meet the varying needs of the children and young people with disabilities and complex needs
- Cover the geographical spread within the county
- Meet the full age range
- Are offered at times which suit the needs of the parents/carers, children and young people

The February 2012 Department for Work and Pension figures show 1,430 Disability Living Allowance claimants aged 5-24 years living in Herefordshire.

The 2012 Spring School Census showed the following numbers of children with Special Educational Needs (SEN) within the SEN categories:

- 2,622 at School Action
- 1,885 at School Action Plus
- 559 with a Statement of Special Educational Needs

In 2008, the Thomas Coram Research Unit was commissioned to undertake a survey of all Directors of Children’s Services in England to collect and analyse data on the numbers and characteristics of disabled children and the services provided to them.

Following analysis of the published figures, Coram was able to put a lower and upper bound on the number of disabled children in each local authority, based upon the number of children with a Statement of Educational Needs (SEN) and in receipt of Disability Living Allowance (DLA). If the Coram calculation is applied to the data above, the lower bound would become 1,430 while the upper bound becomes 2,601. Coram concludes that the true figures for the number of children with disabilities would lie within these upper and lower bounds.

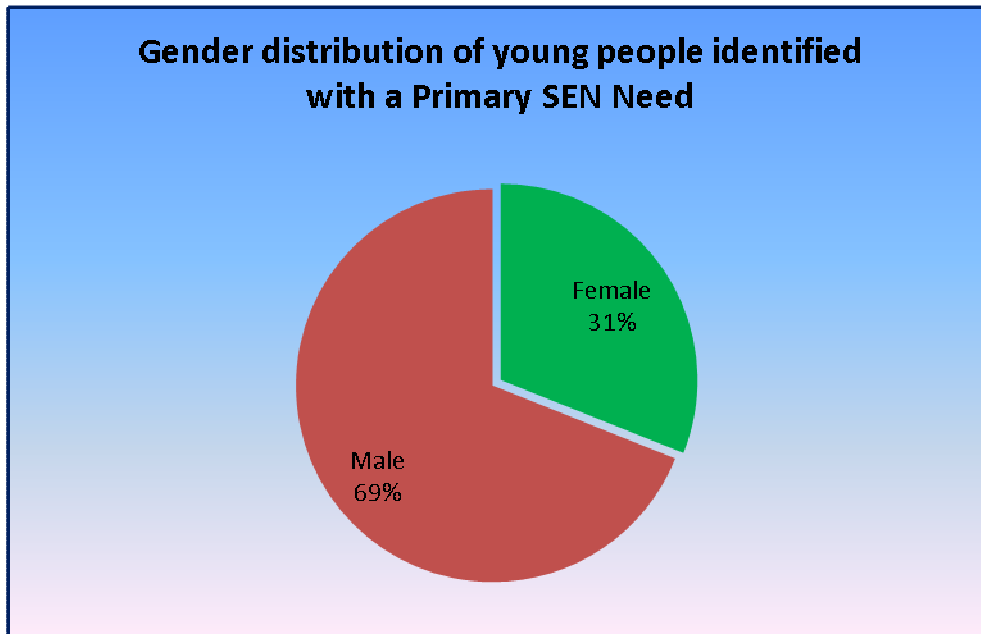
The breakdown of the 2012 Spring Census details for the 2,444 children recorded with Special Educational Needs provision at School Action Plus and a Statement of Special Educational Needs is given below.

	SEN type	Primary Need	%
BESD	Behaviour, Emotional and Social Difficulties	576	23.57
SPLD	Specific Learning Difficulty	518	21.19
SLCN	Speech, Language and Communication Needs	415	16.98
MLD	Moderate Learning Difficulty	292	11.95
OTH	Other Difficulty/Disability	182	7.45
SLD	Severe Learning Difficulty	177	7.24
ASD	Autistic Spectrum Disorder	107	4.38
PD	Physical Disability	66	2.70
HI	Hearing Impairment	60	2.45
PMLD	Profound and Multiple Learning Difficulty	30	1.23
VI	Visual Impairment	18	0.74
MSI	Multi-Sensory Impairment	3	0.12
	All pupils with primary need	2,444	

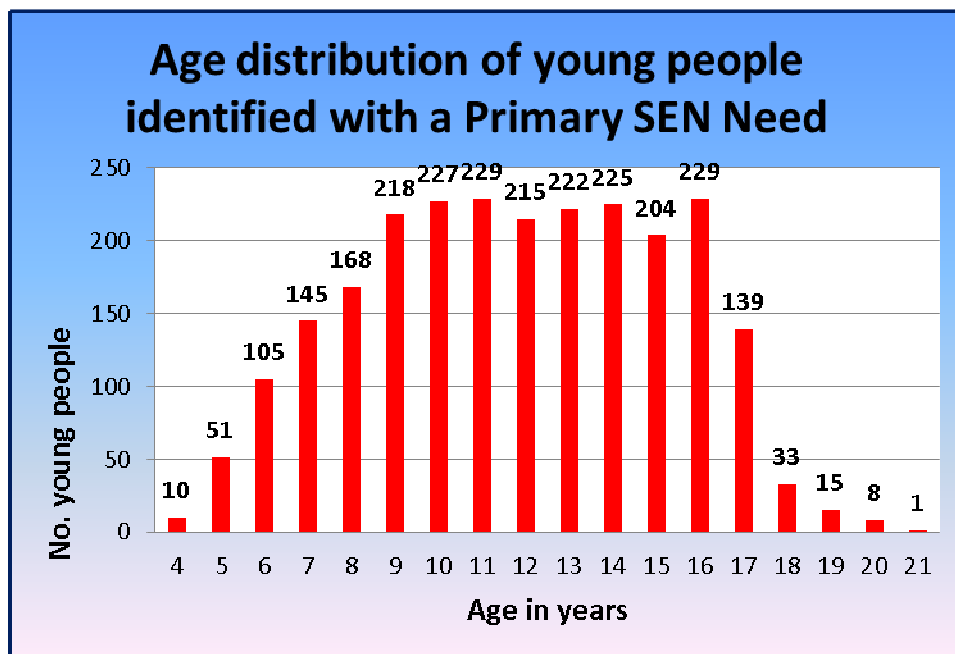
These figures reveal that Behavioural, Emotional and Social Difficulties (BESD) and Specific Learning Difficulty (SPLD) together account for over 20% of the total identified primary need. **It should be remembered that we are looking at special educational needs which cannot align directly with disability.** At the same time however, it is fair to say that around 1,000-1,500 of these children are likely to meet the threshold for short breaks and respite care services. Many of these children and young

people will access universal services but it is recognised that universal provision in Herefordshire needs developing.

Significantly both ASD and BESD show a large imbalance in the proportion of boys and girls identified with the need. In the case of ASD there are more than 6 boys identified for each girl and for BESD the ration is almost 3 to 1 in favour of boys. From the SEN statistics, it is noted that almost 70% were boys. *Information above taken from Children with Disabilities in Herefordshire: Understanding our cohort report, Improvement Team, September 2012.*



Most children and young people identified with a Primary SEN need are aged between 9 and 16. This is illustrated in the following chart.

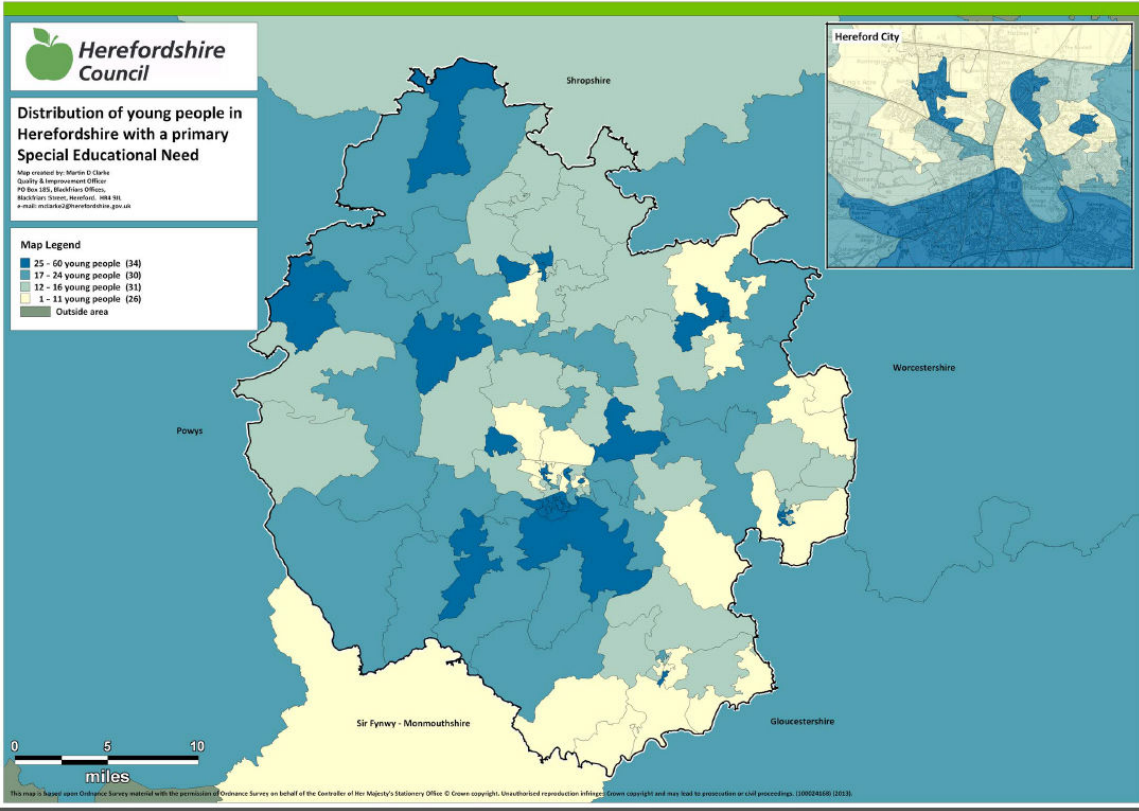


Appendix A provides an excel spreadsheet specifying additional information that will advise potential providers about the needs, age, gender and geography (using Lower Super Output Area) for our Short Break and Respite Care population.

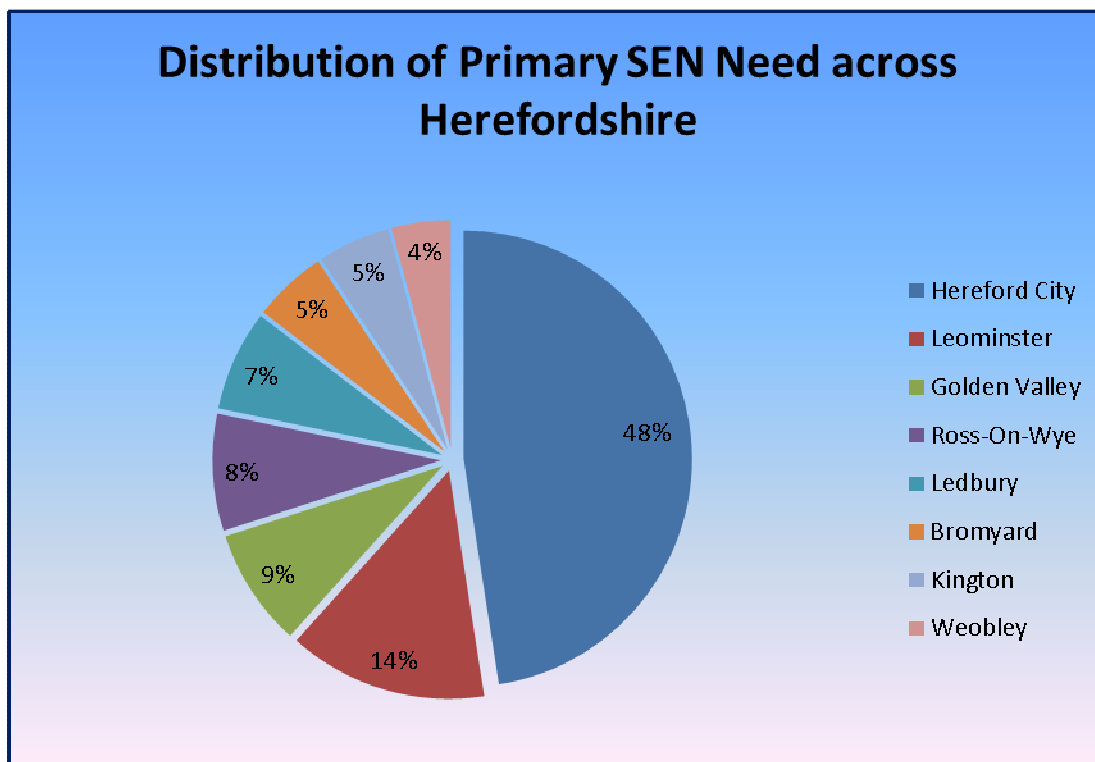
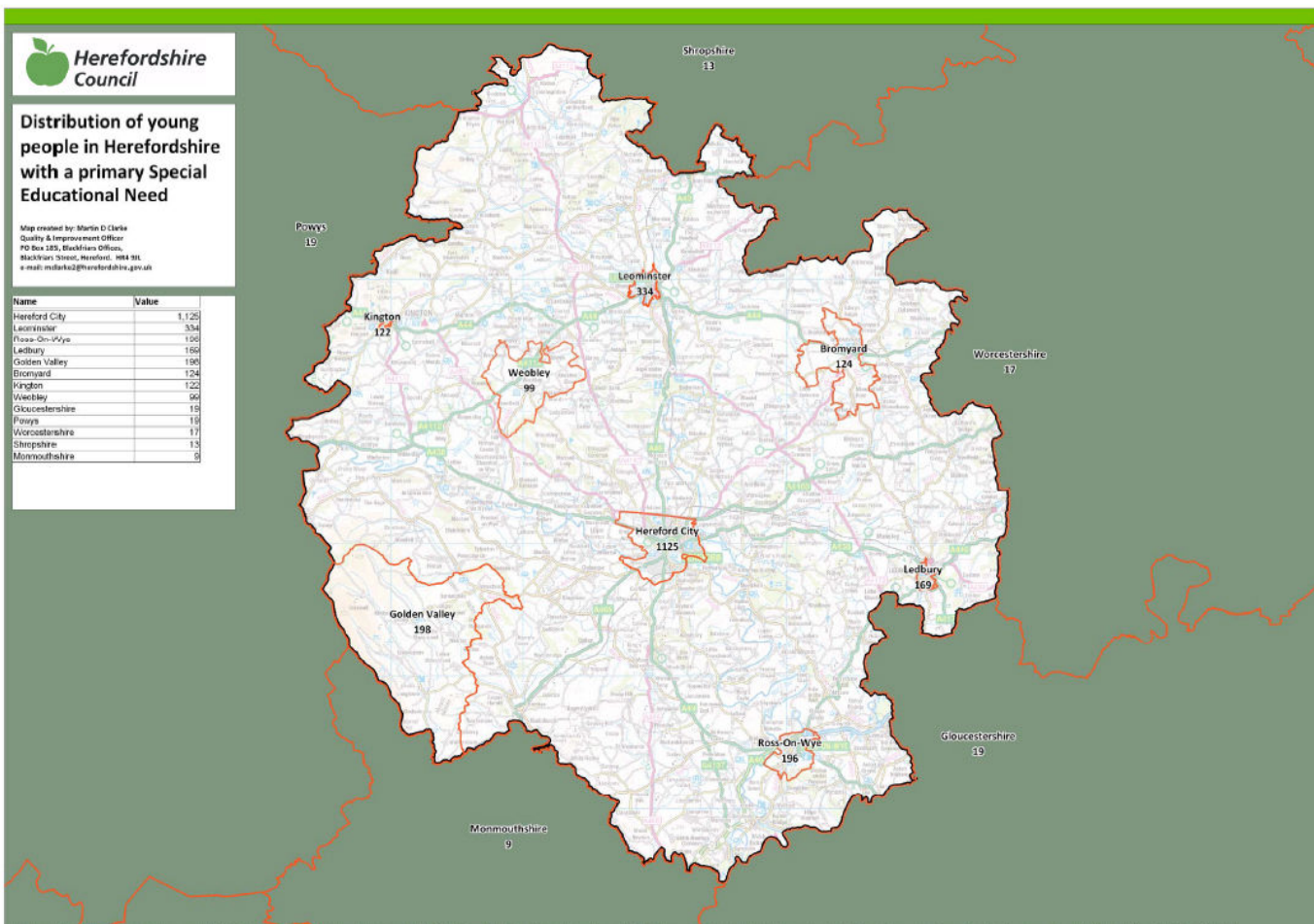
Lower Layer Super Output Areas (LSOA) are a method for collecting and publicising small area statistics. They were originally built using 2001 Census data and had a minimum size of 1,000 residents and 400

households, but average 1,500 residents. There are 116 LSOAs in Herefordshire. By comparing areas of similar size it is much easier to appreciate distribution across the total area because in effect you are comparing like with like in terms of population size.

The map below illustrates the distribution of children and young people in Herefordshire with a primary Special Educational Need. It shows the density of groups of children and young people across the county and can be used by providers to inform their service delivery venues. This map is downloadable as Appendix B.



Appendix C shows the children and young people by primary Special Educational Need but grouped according to market towns in Herefordshire. The map can be found on page 16 or is available to be downloaded.



The tables in the spreadsheet found in Appendix A also give information relating to rankings and the Index of Multiple Deprivation (See page 17 for description of the index).

Appendix A also provides information relating to the Index of Multiple Deprivation. The Index of Multiple Deprivation (IMD) has been calculated since the 1970s and the increasing availability of administrative data at local levels has driven developments in the definition and measurement of deprivation. The latest version of the index is the English Indices of Deprivation 2010. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The English Indices of Deprivation attempt to measure a broader concept of multiple deprivation, made up of several distinct dimensions, or domains, of deprivation.

For those LSOAs in Herefordshire showing the greatest numbers of young people with a Primary Special Educational Need (SEN), the corresponding rank (out of the 116 LSOA's in the county) is shown. Whether the area is in the top 10%, 20% or 25% of most deprived areas in the county is also shown alongside the rank.

Both the ranks and IMD figures are found to the right hand side of the first table showing the LSOAs.

7.3 Future services: evidence of need

Identified gaps in provision within Herefordshire reflect national shortages for short breaks and respite care. These are:

1. For a diverse range of activities offered for all children and young people in referred and non-referred services;
2. Not enough 1:1 personal assistants, particularly personal assistants who are younger e.g. 20-30 and could relate to teenagers if the service is one for buddying;
3. For overnight short breaks or respite care with foster carers in the foster carer's home;
4. For 0-4 year olds during the day and at weekends;
5. For youth activities/groups which occur slightly later in the day rather than straight after school and for these to include school and non-school providers;
6. For activities for young people with challenging behaviour;
7. For universal setting activities which can be accessed by children/young people with a disability or complex need.

PART C: THE SERVICE SPECIFICATION

8. SERVICES REQUIRED

8.1 The services we wish to commission

We want to commission short break and respite care services that meet the needs of children and young people with:

- Complex health and/or care needs
- Significant health and/or care needs
- Additional needs.

These services, which will meet the outcomes described in this service specification, may be delivered in various ways to those who meet the eligibility criteria. We require services which offer a mixture of:

- weekend/week day respite care
- overnight respite care
- clubs and activities
- youth groups which happen after straight after school and those which allow young people to go home and come out to them in a different venue
- domiciliary care (morning and evening)
- holiday daytime activities
- playschemes for the holidays
- holiday overnight activities
- Saturday clubs and events
- weekend activities and clubs
- year round weekday/weekend sessional support

Children, young people and their families want **regular** activities so weekly, fortnightly or monthly are very much needed as well as holiday activities and overnight respite. We are particularly keen to include providers who can offer all-year-round services.

Children and young people wish to have taster sessions available to all activities and we would expect to see how you intend to offer these included within your application.

Providers are expected to charge parents/carers a small/nominal charge or contribution for their activity and this amount must be included within the budget forecast within the application. Providers will also be expected to help equality of access to their provision that ensures no child, young person or family is disadvantaged due to inability to pay.

Our Short Breaks and Respite Care services need to meet our identified gaps:

1. For a diverse range of activities offered for all children and young people in referred and non-referred services;
2. Not enough 1:1 personal assistants, particularly personal assistants who are younger e.g. 20-30 and could relate to teenagers if the service is one for buddying;
3. For overnight short breaks or respite care with foster carers in the foster carer's home;
4. For 0-4 year olds during the day and at weekends;
5. For youth activities/groups which occur slightly later in the day rather than straight after school and for these to include school and non-school providers;
6. For activities for young people with challenging behaviour;
7. For universal setting activities which can be accessed by children/young people with a disability or complex need.

We also need to make sure that we have coverage across the county. Although families accept some travel implications may exist, we require a geographical spread, particularly focusing on:

- Leominster
- Hereford
- Ross-on-Wye

We would also like to include other significant population areas:

- Golden Valley
- Ledbury
- Bromyard
- Kington
- Weobley

Age appropriate activities need to be made available for all children and young people.

8.2 Target Group and access to services

Children and young people resident in Herefordshire or registered with a Herefordshire GP who have an identified disability, complex health need, profound or multiple learning difficulty/difficulties, or challenging behaviour associated with disability that significantly limits access to 'ordinary' activities.

Service providers must meet the needs of our children and young people who have:

- Complex health and/or care needs
- Significant health and/or care needs
- Additional needs

Access to services commissioned through this prospectus will be:

- following an assessment by a social worker;
 - through professional referral via the short breaks panel;
 - self-referred by the family,
- ... dependent upon which service is accessed.

Professional referrals include (but are not restricted to) referrals from:

- GP
- School
- Multi-agency group
- Paediatricians
- Portage
- CWD Social Care team
- Children's Centres
- School Nurse
- Youth Worker
- CAMHS

Children and young people with complex health and/or care needs

For those children with **complex health and/or care needs** access to a short break or respite care will be via the short breaks panel, and usually include an assessment by a social worker from the Children with Disabilities team. There are approximately 50 to 70 children and young people who would meet the eligibility criteria.

By complex health and/or care needs, we refer to children and young people who:

- Have complex health and/or care needs
- Have a statement of Special Educational Needs (SEN)
- Are claiming higher level Disability Living Allowance (DLA) / Enhanced Personal Independence Payments for mobility and/or care;
- Attend a special school or receive specialist educational support at home.

They may also

- Be Looked After Children (LAC) with complex health needs
- Have social care involvement
- Have technological dependency
- Have very challenging behaviour
- Have mental health needs

Children and young people with significant health and/or care needs

For those children with **significant health and/or care needs** access to a short break or respite care will be either through the short breaks panel or by self-referral. There are between 350 and 400 children and young people who would meet the eligibility criteria.

For those children and young people who would be **referred by professionals** to the panel, they will:

- Attend special school
- Have a statement or are home educated due to the complexity of their need
- Are claiming higher level Disability Living Allowance (DLA) / Enhanced Personal Independence Payment for mobility and/or care needs

They may also

- Be Looked After Children (LAC) with a disability
- Have challenging behaviour
- Have a multi-sensory impairment

Our parents, carers and universal services have described the need to have access to support for children and young people which will help families to manage times of increased stress. These needs are not significant enough to require a referral through to Social Care but would help families to manage the period of stress and either then step back into accessing universal short breaks or lower level significant need short breaks (please see the description below relating to these terms).

As such, we are looking for providers who would like to deliver services for children and young people with significant care needs who can offer:

- Ongoing provision to meet these needs and/or
- Time-fixed support of 6 weeks (which might be increased to 8 weeks in discussion with the commissioner)

This support is intended to help the families through periods of high stress. Access to these services would be using the short breaks referral form.

It is expected that, should support be required beyond this period, requests would then be submitted to the panel.

Those children and young people who will be **self-referred**, i.e. who can apply directly to the service provider for their service, may:

- Attend a mainstream school but have a statement of Special Educational Needs (SEN)
- Be home educated due to their disability
- Claim lower level Disability Living Allowance (DLA) / Standard Personal Independence Payment for mobility and/or care needs
- They may also have a multi-sensory/sensory impairment.

Children and young people with additional needs

For those children with **additional needs** they will be able to self-refer to the service provider for their service.

In the future, these children and young people would be expected to be able to access universal services within the community, but it is acknowledged that these services require development. Herefordshire Council and Herefordshire Clinical Commissioning Group have committed funding to develop the universal market to stimulate its growth over a three year period.

Children and young people who have additional needs will:

- Be at School Action Plus for reasons that include Autistic Spectrum Disorder, Behavioural emotional or Social Needs, have Language and Communication Difficulties/disorder

They may also have a sensory impairment.

These children and young people with additional needs will be restricted to three of our commissioned activities over the year to ensure everyone has an opportunity available to them. There is no restriction on these children and young people accessing other universal services.

We will ensure our successful providers are fully informed regarding the process for this and how children and young people will access the services.

The referral route will be reviewed during the course of the contract period to reflect the development of personalisation. Providers will be kept fully informed of all changes that affect them as they occur.

9. OUTCOMES

The Commissioning Prospectus will enable children, young people and families living with disability and complex needs to live ordinary lives – this is the overarching outcome.

Our outcome-based commissioning means we have shifted the emphasis from the outputs a provider meets (i.e. numbers attending an activity, who these attendees are) to the outcomes these services will actually deliver. The outcomes in the prospectus were developed with our parents/carers, children and young people. We will still have to collect some outputs but our intention is to really focus on how the short breaks and respite care services help our children, young people and families living with disability and complex needs to live ordinary lives.

Outcomes may be demonstrated through quantitative and qualitative evidence. This would enable providers to show evidence of impact on their service users in different ways. Possible evidence could include confirmation that:

- Parent/carer’s capacity to cope with difficulties is enhanced
- The child or young person engages safely in a leisure activity of their choice
- The child or young person’s views are sought, heard and contribute to service design and decision making
- The child or young person’s social skills improve
- There is an improvement in the child or young person’s practical life skills

The Commissioning Lead will discuss with the providers how they will provide evidence of the impact of their service on the outcomes. We would like to be open to different ways to capture and demonstrate this and would, therefore, negotiate this with the providers. Proposals might include:

- Questionnaires completed by parents/carers/children/young people, as relevant.
- Video evidence – which would be shared with the contracts officer in an electronic format
- Scrap books with photos, written, visual evidence
- Case studies

Possible ways the services may be evaluated will be developed with parents, carers and the providers themselves.

Outcome: Children, young people and families living with Disability and Complex Needs are able to live ordinary lives		
The shared outcomes to be funded through the Commissioning Prospectus have been developed in collaboration with parents, carers and young people. Children, young people and families will benefit from:		
• Increased engagement in universal services and services that build resilience	• Improved family resilience and family relationships	• Help early on when difficulties develop, preventing problems getting worse
• Improved emotional health, self-esteem and confidence	• Increased choice and involvement in social activities, supporting personal development	• Opportunities for parents and families to have a break from their caring responsibilities
• Developing dignity and respect	• Social development, peer group friendships and social interaction	
Outcome 1: Children with additional needs in Herefordshire will have fair access to a range of short breaks and respite care that meet their needs and those of their family		
Objective 1.1 Children and young people are able to achieve personal goals and learn new skills		
Objective 1.2 Children and young people are able to spend time with their friends and make new ones		
Objective 1.3 Children and young people are able to take part in exciting activities that interest them		
Objective 1.4 Children and young people are supported to maximise their independence and feel more confident		

Outcome 2: Parent carers are supported in their caring role
Objective 2.1 Parent carers feel less stressed and have some time for themselves including time during the day/overnight when they can be 'off duty' and relaxed knowing their child is in safe hands
Objective 2.2 Parent carers are able to spend time with their other children or together as a family
Objective 2.3 Parent carers can get to know other families who share similar experiences
Objective 2.4 Parent carers are confident that their child is having fun, with skilled carers who understand his or her needs
Outcome 3: Children and Young People with complex, multi-faceted health and care needs have access to a range of short breaks and respite care that meet their needs and those of their family
Objective 3.1 Children and young people are able to achieve personal goals and learn new skills
Objective 3.2 Children and young people are able to spend time with their friends and make new ones
Objective 3.3 Children and young people are able to take part in exciting activities that interest them
Objective 3.4 Children and young people are supported to maximise their independence and feel more confident

Parents, carers and children have suggested that, to deliver the outcomes identified above, particular attention needs to be paid to the following;

1. Access to activities in universal settings; building skills of universal service providers.
(Age appropriate and able to meet the needs of disabled children and young people e.g. safe care, moving and handling)
2. Support to access activities in universal settings e.g. through buddying, 1:1 support
(Age appropriate and able to meet the needs of disabled children and young people e.g. safe care, moving and handling)
3. Positive experiences for children promoting friendships, social activity and interactions, developing supportive relationships.
(Age appropriate and able to meet the needs of disabled children and young people e.g. safe care, moving and handling)
4. Be available on a planned basis and at times when children, young people and families need breaks; evenings, weekends, school holidays.
5. Provide a short term urgent or emergency care component.
6. Be able to meet all personal care needs.
7. Overnight breaks with care available in the child's own home and elsewhere.
8. Daytime and evening breaks with care available in child's own home and elsewhere.
9. Out of home and in own home care for children and young people with complex medical needs.
10. Support improved knowledge and skills in the voluntary and community sector to enable the sector to more effectively support disabled children and young people.

Requirements common to all Providers:

- Current registration with the relevant Regulatory Body, dependent on the opportunities being offered e.g. OFSTED, Care Quality Commission (CQC)
- Opportunities delivered across all geographical areas, maximising opportunities close to home wherever possible.
- Provision of information and advice to a wide range of children and young people to help them to become involved in other opportunities.
- Support the development of new groups and activities that meet local needs, user led opportunities, social enterprise, etc.
- Promote inclusion and involvement in other activities so children and young people have opportunities for new experiences.
- Develop resilience and sustainability plans, demonstrating intention by providers to seek ways to become less reliant on public funds and open to finding new ways to deliver services to address unmet need by using more creative and sustainable funding models.

10. PERFORMANCE AND QUALITY INDICATORS

Providers must meet quality indicators and quality standards in line with the vulnerable and complex nature of the client group involved. In particular providers will be required to show appropriate staffing structures robust best practice in safeguarding children and young people in working with service users subject to protection plans and on-going risk assessment. Providers will be expected to have knowledge and experience of working closely with children's specialist and universal services.

Services will be expected to report on the following outputs:

- Numbers of requests for service
- Numbers of children and young people offered a service
- Numbers of users receiving the service
- Number of requests that cannot be met
- The home post code of the child/young person
- The disability/need of the child/young person
- Any identified service gaps
- Complaints received and how these have been resolved
- Service user engagement and satisfaction rates
- The Quality Awards/Standards held by the provider or those which they are working towards
- Evidence of the organisation meeting safeguarding and equality standards and requirements
- Numbers of staff in post, including active volunteers – their levels of training/qualifications pertinent to the provision, any supervision they receive and information relating to how volunteers have been trained and are to be supported/supervised, etc.
- Total number of places available, places utilised and numbers on waiting lists.

Our main focus is to improve outcomes and we will be looking to obtain information which demonstrates the following:

- Improved confidence, self-esteem and emotional wellbeing in children and young people who are accessing the service
- Improved family relationships, with less parental/carer stress levels reported
- Increased take up of appropriate universal and community services
- Service user satisfaction levels for all service users and their families which demonstrates the involvement of the service users and their families/carers in the development of the service, in the impact of the service on the individual service users and their families and which gives ideas about improving the service.
- Tailored interventions which meet the age and stage of the child/young person within their family context

11. BUDGET AVAILABLE AND ALLOCATION

The £1.1 million being used to fund short breaks and respite care has been allocated according to the needs of our children and young people in Herefordshire. We expect this to be in the region of:

- £600,000 which will be used to provide services for children and young people with complex health and/or care needs;
- £200,000 which will be used to provide services for referred children and young people with significant health and/or care needs;
- £200,000 which will be used to provide services for self-referred children and young people with significant health and/or care needs, and
- £100,000 which will be used to provide services for children and young people with additional needs.

These budget allocations are indicative and transferrable allowing flexibility in their allocation whilst retaining the relative amounts within each of the categories above. This means that, should an innovative project be suggested by a provider which includes aspects of provision against a number of the need areas described above, the money can be utilised flexibly to respond to this.

In addition to the £1.1 million mentioned above, there is a small capital budget available. We acknowledge that, for some organisations, they may need to purchase additional equipment to support the delivery of the proposed service. Should you feel that this might apply to you and your proposal, please email via Proactis using the 'View Messages' button and we will contact you to discuss this further.

PART D: THE TENDER PROCESS

12. THE TENDER PROCESS

The tender will follow a single stage process.

Providers must be registered with the Herefordshire's supplier portal.

<https://tenders.herefordshire.gov.uk/>

The application must indicate whether the bidder organisation is applying for less than a total of £15,000 over 3 years or above it.

Providers will be asked to bid to provide services within the stated lots. These lots relate to the needs of the children and young people in Herefordshire who would be eligible to access short break and respite care services. The information obtained will enable the commissioner to identify gaps in service against the needs of our children and young people.

As we would be interested in projects that offer innovative solutions to our needs, we have included a Lot which also encourages this – see Lot 5 below.

Lot number	Description
Lot 1	Services for children and young people with complex health and/or care needs
Lot 1.1	Complex health needs
Lot 1.2	Complex care needs
Lot 2	Services for referred children and young people with significant health and/or care needs
Lot 2.1	Significant health needs
Lot 2.2	Significant care needs
Lot 3	Services for self-referred children and young people with significant health and/or care needs
Lot 3.1	Significant health needs
Lot 3.2	Significant care needs
Lot 4	Services for children and young people with additional needs
Lot 4.1	Additional needs (provision of services)
Lot 4.2	Additional needs (development of universal services)
Lot 5	Innovative projects which do not fit the Lots above
Lot 5	Projects which might meet the needs of any or all of the needs of the children and young people but which do not easily fit into the lot descriptions above.

We will consider each of the lots against the type of provision we need within the county. This is detailed on page 28.

12.1 Self-Assessment for organisations

Before you begin to complete the application, please read the simple self-assessment questions below to assess your organisation's suitability to apply for funding through the Commissioning Prospectus.

You must have a legal constitution, a management committee, and the required policies, in place by 5th January 2014 if you are awarded investment.

Application process	YES	NO
An approved constitution or Memorandum and Articles of Association		
A formally appointed Management Committee or Board of Directors which meets regularly		
Registration with appropriate regulatory body (if applicable)		
In line with any applicable regulations, a recent positive inspection report		

Approved policies and procedures relating to:	YES	NO
Equal Opportunities policy		
Health and Safety		
Child Protection and safeguarding (compliant with Herefordshire Safeguarding Children Board guidelines)		
Complaints procedure		
Quality Assurance		
Confidentiality and data protection		
Whistle blowing		
Risk assessments		
Lone working policy		
Training/induction records		
Supervision records		
Looked after children issues		
Advice and information to parents regarding educational needs		
Details of CRB checks		
Physical intervention		
Administration of medication		
Safer recruitment		
Can your organisation provide the following financial evidence?	YES	NO
Full audited accounts (or, if exempt from audit, signed by your accountant) for the last two years, including your income and expenditure sheet and balance sheet, or a business case.*		
Details of your organisation's bank accounts and all signatories (name of account, account number, sort code, name of bank and address).		

*NOTE: If you have been trading for less than 2 years, please send your most recent audited accounts and your latest income, expenditure and balance sheet, or a business case.

If you have ticked 'No' to any of these self-assessment questions or if you are unsure, please contact the Procurement Team via the PROACTIS 'View Messages' Tab, or you can contact HVOSS who are able to offer advice and support to Third Sector organisations. See below for contact details.

The views of the parents and carers who shaped the outcomes within the Commissioning Prospectus are outlined in Appendix D.

12.2 Value Added Tax

We assume the applying organisation can recover VAT suffered on its cost inputs and that the costs included within the application for funding are shown net of VAT. IF the applying organisation does not expect to be able to recover some, or all, of the VAT involved then these specific costs need to be shown inclusive of VAT in the application. Herefordshire Council and Herefordshire Clinical Commissioning Group will then work with the applicant or explore a tax efficient model acceptable to Her Majesty's Revenue and Customs (HMRC). This may include the organisations acting as an agent of the Council in procuring goods and services to be used in the provision of the service.

12.3 Public Liability and Professional Indemnity Insurance

All funding agreements will require £10 million Public Liability Insurance.

Herefordshire Council will consider Professional Indemnity Insurance on a case by case basis and this will be discussed with you prior to the contract award stage. Bidders must submit documentary evidence of insurance indemnity before contract award.

If you have any questions, please ask the Procurement Team via the PROACTIS 'View Messages' tab.

13. THE SELECTION QUESTIONNAIRE

The Selection Questionnaire will enable the commissioner to assess applications in accordance with its minimum requirements. Only those providers who meet or exceed those minimum requirements will proceed further.

The Selection Questionnaire evaluation criteria and process is outlined here. Potential bidders should note that the commissioner reserves the right to vary the selection procedure to support continued competition, and adhere to subsequent technical or legal guidance, or for other reasons at its sole discretion.

The Selection Questionnaire evaluation has three stages:

1. Compliance review
2. Initial evaluation
3. Detailed evaluation

1. Compliance review

The information given in the Selection Questionnaire by each potential provider will be checked for completeness and compliance with the requirements of the tender before responses are evaluated. The compliance review will check that submissions:

- Answer all questions (or explain satisfactorily if considered not applicable);
- Are made in the format, medium and quantity requested; and
- Have been delivered with a signed declaration.

Where, in the opinion of the commissioner, a response is non-compliant, the potential provider may be excluded from further consideration. Failure to provide a satisfactory response (or any response) to any element of the Selection Questionnaire may result in the commissioner not proceeding further with that potential provider.

Please note that submitting an application form does not guarantee a contract. The commissioner reserves the right to award in part or not at all.

2. Initial Evaluation

At initial evaluation, unsatisfactory answers in the following areas may result in a failure to pre-qualify and be short-listed:

- Previous failure to complete a significant contract (if one held) and/or previous or ongoing damages claims;
- Ongoing liabilities which threaten the potential provider's solvency;
- Unresolved conflicts of interest;
- Failure to provide references from **TWO** professional referees (see notes below);
- Failure to include an appropriate statement of health and safety policy or have in place adequate arrangements to have a health and safety policy in place by contract start;
- Eligibility to bid (under Regulation 23 of the Public Procurement Regulations).

Notes:

Potential providers should note when completing sections where a pass/fail criteria is applied, you **MUST** include a response for each question or an explanation as to why this information has not been supplied. Failure to comply will result in a fail.

Where the Care Quality Commissioner (CQC) requires a service provider to be registered to provide the services subject to this procurement, it **is the responsibility of the potential provider** to ensure they check with the Care Quality Commission whether or not they need to be registered (CQC registration) and submit appropriate documentary evidence of CQC registration to the Commissioner.

Similarly, where the service is liable for OFSTED inspection, it **is the responsibility of the potential provider** to ensure they check with OFSTED whether or not they need to be registered. Bidders must submit appropriate documentary evidence of OFSTED inspection to the Commissioner.

References will not be scored but will be used by the commissioner to satisfy themselves that the applicant has provide satisfactory and safe past performance.

3. Detailed Evaluation

In undertaking the Selection Questionnaire process potential providers shall be evaluated against the criteria and weightings set out in the table below.

All potential providers' applications meeting the evaluation selection criteria (detailed in Section 14) will have their tender questionnaire evaluated.

Selection Questionnaire	Section Description	Evaluation Methodology
SECTION A	Details of the provider	Pass/Fail
1	Lots to be delivered	Pass/Fail
2	Name and address of organisation	Pass/Fail
3	Company or charities registration number	Pass/Fail
4	VAT details	Pass/Fail
5	Consortium details	Pass/Fail
6	Professional referees	Pass/Fail
7	Data Protection Act registration	Pass/Fail
8	Formal investigations	Pass/Fail
9	Failure to complete a significant contract	Pass/Fail
10	Previous/ongoing damages claims	Pass/Fail
11	Ongoing liabilities which threaten providers' solvency	Pass/Fail
12	Unresolved conflicts of interest	Pass/Fail
13	Health and safety policy	Pass/Fail
14	Safeguarding policy	Pass/Fail
15	Staffing procedures	Pass/Fail
SECTION B	Project/s or services offered	Pass/Fail
16	Project Overview Description for Marketing	Pass/Fail
17	Geographical area of delivery	Pass/Fail
18	Outcomes that will be met through delivery of the service	Pass/Fail
19	Age group the service is aimed at	Pass/Fail
20	Value of funding your project over 3 years	Pass/Fail
21	Project Summary (detailed overview)	Pass/Fail
SECTION C	Financial information	Pass/Fail
22	Cash flow details	Pass/Fail
23	Company accounts	Pass/Fail
SECTION D	Insurance compliance	Pass/Fail
24	Insurance details	Pass/Fail

Where sections are evaluated pass/fail, each question or group of questions within that section will be assessed as pass/fail. All pass/fail sections must be passed. If any questions in the pass/fail sections are failed then this will lead to failure of the overall Selection Questionnaire application.

Potential providers must complete all parts of the Selection Questionnaire and supply any additional clarification or supporting information as required.

The commissioner reserves the right to require potential providers to clarify their Selection Questionnaire submissions in writing. Any such request will be via Proactis to your nominated representative. Should the bidder organisation consider the question is not applicable or unable to be answered, this should be clearly stated and an explanation must be provided. The explanation will be taken into account in assessing the question.

No response should be left blank. Where applicable, use the terms 'not known', 'not available' or 'not applicable' but please tell us why this is so.

In completing the Selection Questionnaire submission, potential providers should not assume that the commissioner has any prior knowledge of the provider, its services, practice, reputation or involvement in

the delivery of existing services or projects. In evaluating the Selection Questionnaire, the commissioner will only consider the information provided in response to the questions asked.

Following evaluation of responses to the Selection Questionnaire, potential providers that have met the Selection Questionnaire criteria above will be deemed to pre-qualify for the procurement and the .

13.1 Selection Questionnaire process

The commissioner shall evaluate all applications using the process detailed above, to identify proposals of the highest standard. Parents and carers are involved in the evaluation of the applications with other relevant experts.

We will also be focusing at this stage on a number of points. We will consider whether we have coverage against the lots within the tender. We will consider how well we are able to meet outcomes 1 and 3 within the information we have received and how well we are able to meet the needs of our children and young people. To do this we will consider:

- What your project is offering
- Where your service is to be delivered
- Who your service is aimed at
- When you will be offering your service and the frequency of it
- The age group you are proposing to deliver to
- The cost of your service

13.2 Tender Questionnaire process

Those providers who successfully meet the criteria within the Selection Questionnaire will have their Tender Questionnaire evaluated. At this point additional information will be released to you that you will need to complete and upload to the Proactis portal.

The deadline for upload to the PROACTIS portal is 5.00pm on 16th September, 2013.

The Evaluation Process

The aim of the evaluation process is to determine whether your organisation is suitable and able to offer services for the children and young people with disabilities in Herefordshire. The methodology we will use to do this is designed to provide a structured and auditable approach to the evaluation of the responses we receive.

The evaluation team will consist of Herefordshire Local Authority and Herefordshire Clinical Commissioning Group officers/managers and includes parental and voluntary sector representation.

To find out more about your organisation and the service/s you are offering us, we need you to give us additional information relating to these. To do this we ask you some unscored information-gathering questions that tell us more about what you are proposing. We also ask you questions which are scored. For these questions we need to determine whether your service meets the requirements detailed within the prospectus. The questions are described in section 14.

We will then assess the effectiveness of your application to deliver the outcomes and will score how well it delivers the three criteria of:

- Quality
- Social capital and
- Value for money.

We also need to know whether we are able to have sufficient variety of services that meet our needs. We will use the annotated lot detail below to identify whether we have sufficient spread and range of services against the needs of our children and young people. We will then, for each need category, consider the services against the age range and geography offered ensuring we have coverage.

Level of need	Lot number	Subcategory	What services we would like to have
Complex health needs	Lot 1.1	(a)	Overnight respite care (*)
		(b)	Overnight respite care with a foster care family (*)

		(c)	Overnight respite care within the home (*)
		(d)	Regular weekend/weekday respite care (*)
		(e)	Domiciliary care (*)
		(f)	Buddying and sessional support (**)
		(g)	Clubs and activities during the week after school (**)
		(h)	Youth clubs straight after school (**)
		(i)	Youth clubs later in the evening (**)
		(j)	Weekend clubs and events all year round (**)
		(k)	Holiday day time activities (**)
		(l)	Playschemes during the holidays (**)
Complex health needs	Lot 1.2	(a)	Overnight respite care (*)
		(b)	Overnight respite care with a foster care family (*)
		(c)	Overnight respite care within the home (*)
		(d)	Regular weekend/weekday respite care (*)
		(e)	Domiciliary care (*)
		(f)	Buddying and sessional support (**)
		(g)	Clubs and activities during the week after school (**)
		(h)	Youth clubs straight after school (**)
		(i)	Youth clubs later in the evening (**)
		(j)	Weekend clubs and events all year round (**)
		(k)	Holiday day time activities (**)
		(l)	Playschemes during the holidays (**)
Significant health needs (referred to panel)	Lot 2.1	(a)	Overnight respite care (*)
		(b)	Overnight respite care with a foster care family (*)
		(c)	Overnight respite care within the home (*)
		(d)	Regular weekend/weekday respite care (*)
		(e)	Domiciliary care (*)
		(f)	Buddying and sessional support (**)
		(g)	Clubs and activities during the week after school (**)
		(h)	Youth clubs straight after school (**)
		(i)	Youth clubs later in the evening (**)
		(j)	Weekend clubs and events all year round (**)
		(k)	Holiday day time activities (**)
		(l)	Playschemes during the holidays (**)
Significant Care needs (referred to panel)	Lot 2.2	(a)	Overnight respite care (*)
		(b)	Overnight respite care with a foster care family (*)
		(c)	Overnight respite care within the home (*)
		(d)	Regular weekend/weekday respite care (*)
		(e)	Domiciliary care (*)
		(f)	Buddying and sessional support (*)
		(g)	Clubs and activities during the week after school (**)
		(h)	Youth clubs straight after school (**)
		(i)	Youth clubs later in the evening (**)
		(j)	Weekend clubs and events all year round (**)
		(k)	Holiday day time activities (**)
		(l)	Playschemes during the holidays (**)
Significant health needs (self-referred)	Lot 3.1	(a)	Clubs and activities during the week after school (*)
		(b)	Youth clubs straight after school (*)
		(c)	Youth clubs later in the evening (*)
		(d)	Weekend clubs and events all year round (*)
		(e)	Holiday day time activities (*)
		(f)	Playschemes during the holidays (*)
Significant care needs (self-referred)	Lot 3.2	(a)	Clubs and activities during the week after school (*)
		(b)	Youth clubs straight after school (*)
		(c)	Youth clubs later in the evening (*)
		(d)	Weekend clubs and events all year round (*)
		(e)	Holiday day time activities (*)
		(f)	Playschemes during the holidays (*)
Additional needs (provision of services)	Lot 4.1	Services/projects/proposals for children with additional needs within Herefordshire	
Additional needs (development of universal services)	Lot 4.2	Services/projects/proposals which develop universal provision within the county	
Innovative projects which do not fit the Lots above	Lot 5	Projects which might meet the needs of any or all of the needs of the children and young people but which do not easily fit into the lot descriptions above.	

(*) Lots with this symbol next to them will be given first commissioning priority

(**) Lots with this symbol next to them will be given second commissioning priority

As this organisation of potential resources against the needs will prove complex, the commissioner reserves the right to reallocate funding to ensure the commissioning priorities are met.

14. SCORING AND WEIGHTING CRITERIA

The scored questions relating to quality, social capital and Value for money are to be scored on a 0-5 scale using the following descriptors to aid assessment.

Mark	Definition	Description
0	Inadequate	The response to the question is significantly deficient or no response provided. The level of detail does not sufficiently enable the evaluators to assess the service offered adequately. The supporting evidence does not provide useful additional or explanatory information relating to the question asked.
1	Limited	Limited aspects of the requirement/s can be met or the response only partially addresses the question. The level of detail is clear in some aspects yet omits other detail required within the question. The supporting evidence is useful but does not add the level of detail which would enable new information to be provided.
3	Acceptable	An acceptable response in terms of the level of detail and relevance. The level of detail is clear. The supporting evidence clearly adds depth to the information within the response enabling assessors to understand the impact of the described service.
5	Superior	A very comprehensive response, or a response likely to indicate an increase in quality. The detail in the answer adds depth, provides insight and enables assessors to understand the service offered clearly. The supporting evidence adds additional information which quantifies or qualifies the impact of the described service.

The assessment includes pass/fail criteria and pass/fail/refer criteria. Even if the evaluation score is not based on a technical evaluation, a decision must be made that the service as described by you in your application is:

- feasible, deliverable and robust,
- that it is based on reliable assumptions,
- that it meets all minimum technical/health and safety/safeguarding/regulatory/service specific requirements and
- that the costs and financial structure are consistent with what is proposed.

The 'refer' criteria is included with regard to the financial/cost section of the evaluation process. Should the information you have provided be in a form that the evaluators are not familiar with or they would require additional information from you to make an informed decision, they can refer their comments to the commissioner who can then seek additional clarification from you or from an internal Local Authority/Clinical Commissioning Group specialist.

Social Value

Along with the scored part of the tender, Herefordshire Council and Herefordshire Clinical Commissioning Group expect providers to be able to demonstrate their social value and impact within their service. To aid this process, we require providers to use the Evaluate! Tool within their applications producing a document relating to their service area. The Evaluate! guide can be found through this link:

<http://www.bulmerfoundation.org.uk/projects/evaluate>

Evaluate! is the model that Herefordshire Council is piloting to identify the impact of an existing service or to predict the outcomes for a new service. It has sections and cards for:

- Planning the evaluation
- Data gathering

- Data processing
- Identifying project impacts
- Monetising project impacts
- Reporting

We would expect all aspects of the tool to be used in the application process except the monetising section.

The Evaluate! documents produced by bidding organisations will be valued but not assessed as Herefordshire Council and Clinical Commissioning Group will need to gather proxy values for and with providers. This process of understanding which proxy values to share with providers will take place with providers and parents.

From year 2 onwards, we will work with providers, parents and carers to identify the proxy value areas we would be looking to put financial value around. We will then support providers to ensure they are able to use these within their overall evaluation process. The proxy value areas will begin to be scoped out with providers, parents and carers from Autumn 2013 onwards.

This will enable us to consider all aspects of the Evaluate! tool which, once these proxy values are identified, will be used as part of the monitoring process.

Scoring And Appraisal Criteria

The application questions shown below outlines the themes, appraisal criteria and weightings. Your application will be scored by the panel according to how well your answers demonstrate they meet the appraisal criteria. Your responses to these questions should be submitted via Proactis.

Evaluation Aspect		Mandatory	Compliance	Weighting	Max Score
A: Your organisation and project – unscored questions					
1	Your service/project	YES	NO	Unweighted	NONE
2	Questions for providers of sessional projects <ul style="list-style-type: none"> If relevant, what day/s of the week will your project run? If relevant, what is the frequency of your activity? How many children/young people can your service provide for? How long would each session be? How many children/young people would attend each regular session? For this project, what is your expected adult/child ratio? 	YES	NO	Unweighted	NONE
3	Questions for providers of playschemes <ul style="list-style-type: none"> If a playscheme, what weekend/days are proposed? Which holiday are you offering your playscheme for? (Christmas, Easter, Summer) How many children can your playscheme provide services for? For this playscheme, what is your expected adult/child ratio? 	YES	NO	Unweighted	NONE
4	Questions for those offering buddying services <ul style="list-style-type: none"> If your proposal is offering buddying activities, will the child/young person be supported individually or within a group? 	YES	NO	Unweighted	NONE
5	Marketing and publicity <ul style="list-style-type: none"> How do you propose to market your project? 	YES	NO	Unweighted	NONE
6	Minimum purchase of your project <ul style="list-style-type: none"> Is there a minimum package we would need to purchase from your service? If yes, please give details. 	YES	NO	Unweighted	NONE
B: Your organisation and project - scored questions					
7	Questions for services which require turn taking <ul style="list-style-type: none"> If your proposal requires children/young people to wait in turn for your activity, please describe how this will be managed detailing how the children/young people will be usefully and safely occupied during the waiting period. What would the average waiting time be for the activity? 	YES	NO	Unweighted	Pass/Fail
8	Questions for providers of universal services <ul style="list-style-type: none"> If your proposal is offered to both children with disabilities and those without, please provide assurance that the monies received through the commissioning prospectus would only be used to support children with disabilities who access your service. If you are applying to provide services for children or young people with additional needs, please explain how, after the three years of funding finishes, you will have moved to a sustainable financial model. Max 150 words.	YES	YES 150 words	Unweighted	Pass/Fail
9	Administering medication	YES	NO	Unweighted	Pass/Fail

Evaluation Aspect		Mandatory	Compliance	Weighting	Max Score	
	<ul style="list-style-type: none"> If, in the delivery of your project, you need to: <ul style="list-style-type: none"> Administer medication to a child/young person, Provide specific treatment or Identify a change in condition, ... how will you assure us that this is managed competently, appropriately and to the right standards?					
10	Challenging behaviour <ul style="list-style-type: none"> Please describe how you will manage behaviour changes or mood swings relating to challenging behaviour that might result in harm to the child/young person experiencing the behaviour change or others. 	YES	NO	Unweighted	Pass/Fail	
11	Staff training and service delivery <ul style="list-style-type: none"> How do you ensure you can meet the individual person-centred needs of those attending your project? How do you ensure your staff are fully trained and/or qualified to meet the needs of those attending your projects? 	YES	NO	Unweighted	Pass/Fail	
12	Regulated provision <ul style="list-style-type: none"> Does your proposal include providing personal care? Are you (or do you intend to be by the start of the contract) CQC/OFSTED regulated? Are you offering a regulated service? If yes, which: <ul style="list-style-type: none"> CQC OFSTED Other <i>If you are unsure, please contact CQC or OFSTED directly via their websites for advice.</i>	YES	NO	Unweighted	Pass/Fail	
13	Parental contributions <ul style="list-style-type: none"> How have you calculated parental contributions? How do you ensure a family is not disadvantaged by an inability to pay their contribution? 	YES	NO	Unweighted	Pass/Fail	
C: Quality of your project					34%	
C1	Project summary	Provide a summary of your proposed project telling us what the children/young people will be involve in if they participate in your activity.	YES	NO	Unweighted	Pass/fail
C2	Proposed activity	Describe your proposed activity making reference to the points below. Each point is weighted.	YES	YES 900 words overall for the question	Weighted	22% for the question overall
		<ul style="list-style-type: none"> How will your proposal meet the Outcome/s you have selected? 	YES	YES	Weighted	6%
		<ul style="list-style-type: none"> How and when will you deliver the activities, what resources will you use to do this and how will you reach the key groups identified in the 2013 Prospectus for the outcome? 	YES	YES	Weighted	4%
		<ul style="list-style-type: none"> How will you ensure that services can be accessed by people from diverse groups? The activities, outputs and timeframes are realistic and are likely to provide client/carer satisfaction. 	YES	YES	Weighted	4%

Evaluation Aspect			Mandatory	Compliance	Weighting	Max Score
		<ul style="list-style-type: none"> The proposed resources are sufficient to deliver the outcome and the organisation is likely to be able to manage the project. 	YES	YES	Weighted	4%
C3	Quality and evaluation	How will you know you have been successful? Make sure you make reference to each of the weighted points below.	YES	YES 600 words overall for the question	Weighted	12% for the question overall
		<ul style="list-style-type: none"> A clear plan to evaluate effectiveness at an individual and service-wide level, with involvement and feedback from beneficiaries and referrers to your activity/service. 	YES	YES	Weighted	6%
		<ul style="list-style-type: none"> What remedial action you will take to address client/carer dissatisfaction or under-performance against specified targets. 	YES	YES	Weighted	6%
D: Social Capital						33%
D1	Social capital	<p>How will your proposal contribute to developing social capital in Herefordshire? In what way will your proposal add value and benefit to local people and/or the community? <i>Consider the following unweighted points in your response. Is there evidence that use of the following local social capital elements would add value to the project:</i></p> <ul style="list-style-type: none"> Knowledge and experience Community engagement structures Service user/carer accountable structures, for example, user-led organisations Networks Volunteers where appropriate Access points or bases 	YES	YES 900 words overall for the question	Weighted	18%
D2	Service user/carer question	How would you know and demonstrate that your organisation understands and responds to the needs of people in the area who need your support most, in a way that builds trust and confidence?	YES	YES 200 words	Weighted	3%
	Theme 1: Person-centred support.	<ul style="list-style-type: none"> People are taken seriously as experts, and feel their potential and individual experiences are valued. Flexible and creative support where services are tailored to meet individual needs, based on lived experience 	YES	YES 200 words	Weighted	3%
	Preventative support which:	<ul style="list-style-type: none"> Increases confidence and develops skills Works with other service providers to reduce isolation 				
	Theme 2: How the service is run in the target area	<ul style="list-style-type: none"> Manager's get 'hands on' experience and learn from clients/carers Honest and reliable, pro-active and responsive 	YES	YES 200 words	Weighted	3%
Theme 3: Involvement and networking	<ul style="list-style-type: none"> Clients and carers are actively involved in the planning, running and evaluating of services which are working towards becoming user-led The service seeks to engage clients in volunteering or employ them as staff or peer supporters 	YES	YES 200 words	Weighted	3%	

Evaluation Aspect			Mandatory	Compliance	Weighting	Max Score
	Theme 4: Information, communication and engagement	<ul style="list-style-type: none"> • Networks are established to connect people • Communication is personal, accessible, timely and offered to people in the format they need • People feel listened to and able to make choices about their support • Local groups work together as partners, targeting people who are excluded 	YES	YES 200 words	Weighted	3%
E: Costs						33%
E1	Company accounts	Please upload your end of year accounts for the last three full years . By uploading your accounts you agree to the Authority taking up banker references should they wish to do so. If you are a new business, please provide your detailed business case.	YES	NO	Weighted	Pass/Fail/Refer
E2	Cash flow	Please provide a cash flow forecast for 1 year ahead for your existing business . To support your forecast please include a brief written summary explaining how you envisage the first year of operation in the new service to develop and how you may manage any foreseeable problems or constraints.	YES	NO	Weighted	Pass/Fail/Refer
E3	Finance template	Please upload the Finance Template (no obvious errors or omissions)	YES	NO	Weighted	Pass/Fail
E4	Finance template	Please explain the costs detailed within your finance template providing us with the story behind the costs including indirect costs and overheads.	YES	YES 200 words	Weighted	13%
E5	Value for money	Please explain how your service/project will demonstrate value for money in its delivery.	YES	YES 200 words	Weighted	10%
E6	Financing cost	The cost of your project	YES	NO	Weighted	10%
TOTAL						100%

The price element of this tender, E6 above, shall be scored on the basis of a maximum of 300 marks. The lowest price bid submission shall receive 300 marks. Other tender submissions shall receive a percentage that reflects the difference in the marks between those bid submissions and the bid submissions receiving the highest mark for price.

Where word count limits are exceeded, the panel will review the words *up to and including the limit* but discount the wording beyond this.

Please note that responses in one section will not be taken into account when reading other sections. If you want to make reference to something twice, please do not refer to previous or other sections in your responses.

PART E: CONTRACT AWARD AND FUNDING

15. CONTRACT AWARDS & FUNDING ALLOCATION

Duration of Contract

Contracts shall be awarded for a 3 year contract duration which is expected to commence on 6th January 2014, with a potential contract extension of up to two years (at 12 monthly intervals), dependent upon funding, performance and policy direction.

Funding available is up to a total of £1.1million per year over 3 years

The funding agreements available through this Prospectus cover the period between 6th January 2014 and 5th January 2017.

It is expected that funding agreements will be for three years, subject to annual review and to successfully meeting the requirements of the commissioned service through the monitoring arrangements. The monitoring arrangements will be shared, discussed and finalised in consultation with service users and providers by the Commissioning Lead.

Some contracts may be offered for shorter periods, for example one or two years. This is where the activities or service funded are being awarded to test out something very new i.e. innovative ideas, and it would be inappropriate to commit to longer term funding until the outcomes and impact are clear.

All funding agreements are subject to the availability of monies provided to Herefordshire Council by central government, Herefordshire Clinical Commissioning Group and successor organisations. For this reason, the funding agreements will not include increases for inflation, and the amounts awarded may fluctuate depending on available financial resources. We will only make changes to funding agreements in consultation with you as the organisation holding the contract with us.

The amount of funding will vary according to the complexity of the objectives which your services are commissioned to meet. Therefore, the budget allocated to each objective may be flexible.

This prospectus describes the Council's intention to develop its personalisation offer for children and young people aged 0-19. It will work with providers to help them to:

- seek ways to become less reliant on public funds,
- open to finding new ways to deliver services which address unmet need and
- use more creative and sustainable funding models.

This will include being open to purchase of service by personal budget holders.

We will make sure we offer support for this to both our parents and carers and our providers.

16. MANAGING THE FUNDING AGREEMENT

16.1 Funding agreements

A funding agreement is similar to a service level agreement. It includes an overview of the agreement plus four sections.

Section 1 sets out the service specification agreed between the applicant and Herefordshire Council Lead Commissioner to deliver the outcomes specified in the Commissioning Prospectus.

Section 2 gives details of the finance and payment schedule.

Section 3 sets out responsibilities.

Section 4 provides the terms and conditions of the funding agreement.

16.2 Monitoring and review arrangements

All performance returns shall be made electronically to the Herefordshire Council's Children's Contract Team who will coordinate performance arrangements for each funding agreement.

You must provide electronic monthly and quarterly monitoring returns to Herefordshire Council's Children's Contract Team.

If all performance requirements are met the funding agreement will be reviewed annually in month nine (Quarter 3) of each year of the agreement. Where there are irregularities in performance we will require

you to produce an exceptions report which will set out how you will recover performance within an agreed period of time. We may need to hold additional meetings with you to help recover performance.

Monitoring of projects will include the following elements – these will be collected 6 monthly or annually, to be discussed at award of contract.

- A minimum data set which ensures the delivery of equitable services.

For example, postcode area, age of the children/young people accessing the service, ethnic groups, gender.

- Milestones and costs (based on your proposal).
- Case studies.
- DVDs or electronic files which show the children or young people involved in your activity.
- Scrap books with photos, written, visual evidence
- Satisfaction questions for service users and carers which have been developed through a partnership project with local service users, parents and carers.
- Performance indicators – overviewed in Section 9 for each commissioning objective including core performance indicators.
- A minimum 50% return on user and carer satisfaction questionnaires, to be agreed with the relevant commissioner; and
- A minimum of 85% user and carer satisfaction with the service.

Annual reviews will consider a summary of the above elements identifying how the organisation is providing an effective service.

16.3 Payment arrangements

Payment for contracts will be made quarterly in arrears, subject to submission of monitoring information. There may be exceptions and this will be agreed on a case-by-case basis.

Payment will be made by BACS.

The responsibility to inform Herefordshire Council of a late payment rests with the organisation or group.

Organisations must submit their annual audited accounts to the Herefordshire Council's Children's Contract Team within three months of publication. Audited accounts will need to show the joint Herefordshire Council and Herefordshire Clinical Commissioning Group investment as 'restricted funds', and clearly identify Herefordshire Council and Herefordshire Clinical Commissioning Group as the funders. All funding relates to the period set out in the funding agreement and cannot be carried forward unless agreed by your commissioner.

16.4 Publicity requirements

Successful applicants must publicise the support of Herefordshire Council and Herefordshire Clinical Commissioning Group to ensure that beneficiaries are aware that the service they receive is supported by Herefordshire Council and Herefordshire Clinical Commissioning Group. This includes any promotional material produced to promote the service as well as annual reports. It also includes participating in any directories to promote services, for example, in the Herefordshire Council online directory of services.

Providers must achieve written consent from the Commissioner to publicity material prior to publishing.

16.5 Suspension or repayment of the funding agreement

In the event that Herefordshire Council is of the opinion that a serious breach of the agreement has occurred, the Council may deduct payment of the funding agreement for failure to provide services. We may arrange for a third party to provide the services, deduct funding to cover the costs, and terminate part of the services. We may also require repayment of any part of the funding agreement which has not been used to provide services set out in the funding agreement.

17. KEY DATES

	Timescale
Tender released on portal	16 th July 2013
Meet the Commissioner events – an opportunity to raise clarification questions in person with the commissioner (other questions can be sent in via the 'View Messages' button on Proactis)	Thursday 25 th July 2013 9.30-11.30 Committee Room 35 Hafod Rd, Hereford HR1 1SH Thursday 12 th September 2013 Room 14, Blackfriars
Visits to Ledbury Road premises	If you would like to arrange a visit to Ledbury Road Short Break Unit, please arrange this by emailing the request to PROACTIS
Monitoring and evaluation meeting – an opportunity to meet with parents, providers and commissioners to develop and influence evaluation of the services	5 th September 2013 Room 14, Blackfriars
Closing date for tenders	5.00pm on 16 th September 2013
The evaluation process	23 rd September to 9 th October 2013
Amplification, Clarification and Negotiation	10 th and 11 th October, 2013
Approved providers selected and notified Unsuccessful providers notified	18 th October, 2013
Standstill period	22 nd October to 6 th November, 2013
Contracts commence	6 th January 2014

18. USEFUL CONTACTS

For general questions about the Prospectus or for clarifications to anything within this online tender, questions must be raised using the messaging tool found under the "View Messages" tab. Clarifications will be shared through the portal to all respondents to this tender, the names of the questioner and organisation shall remain anonymous to other organisations.

If you are a third sector organisation and would like some support, please contact:

HVOSS

Herefordshire Voluntary Organisations Support Services (HVOSS)

Fred Bulmer Centre

Wall Street

Hereford

HR4 9HP

Phone: 01432 343 932

Email: hvoss@herefordshireva.org

19. TUPE

The attention of bidders is drawn to the provisions of the European Acquired Rights Directive EC77/187 and TUPE (Transfer of Undertakings Protection of Employment Regulations). TUPE may apply to the transfer of the contract from the present supplier to the new one, giving the present supplier's staff the right to transfer to the employment of the successful bidder on the same terms and conditions. The above does not apply to the self-employed.

Bidders are advised to form their own view on whether TUPE applies, obtaining their own legal advice as necessary.

The successful bidder(s) will be required to indemnify Herefordshire Council and Herefordshire CCG commissioner(s) against all possible claims under TUPE.

It is a further requirement that the successful bidder(s) will pass on all details of their own workforce towards the end of the contract period so that this information can be passed to other bona fide suppliers to enable them to assess their obligations under TUPE in the event of a subsequent transfer.

Bidders' attention is drawn to the Cabinet Office's Principles of Good Employment Practice which has replaced the Code of Practice on Workforce Matters in Public Sector Service Contracts 2003.

GLOSSARY

Adult Social Care	The Council department responsible for assessing need and planning, commissioning and putting in place services for adults with care and support needs. Formerly known as Social Services.
Beneficiary	A person who benefits from a service, for example, a service user or carer.
BME	Black and Minority Ethnic – a term used to describe those who define themselves as any ethnic group other than White British
Carer	A person who spends a significant proportion of their life providing unpaid support to family or friends. This could be caring for a relative, partner or friend who is ill, frail, disabled, or who has mental health or substance misuse problems.
Children's Services Department	The Council department responsible for assessing need and planning, commissioning and putting in place services for children and young people to improve their outcomes – including education and learning, social care services, and health services in partnership with the NHS.
Disability	The Disability Discrimination Act 1995 (DDA) makes it unlawful to discriminate against disabled people in connection with employment, provision of goods, facilities and services, access to and around buildings, education and transport. The DDA 2005 amends the 1995 Act and places a duty on the public sector to actively look at ways to ensure equality is positively promoted internally and externally.
Diversity	The promotion of inclusiveness by ensuring that everyone is valued as a unique individual, and celebrating their differences.
Funding agreement	A service level agreement.
LGBT	Lesbian, gay, bisexual and transgender, or people who adopt one or more of their identities.
Local NHS	Herefordshire Primary Care Trust and Herefordshire Clinical Commissioning Group
Milestone	A key success or achievement that indicates progress towards delivering the objective.
Objective	Specific things that will be done to deliver an outcomes.
Outcome	The desired impact (the things that will be different) for beneficiaries as a result of delivering the service.
Output	A tangible or quantifiable product or result of an activity that can have a value in itself and/or lead to the desired objective or outcome.
Personalisation and personalised support	Where services are tailored to meet needs and deliver outcomes centred around the individual.
Prevention	Support available, at an early stage, to help people stay independent for as long as possible. This can be targeted at specific people or be more universally accessible. It includes things like helping people to safely maintain their home and garden, training to help get a job or return to work, or support to start taking some exercise.
Seldom heard or seldom-seen groups	Black and ethnic-minority groups, lesbian, gay, bisexual and transgender people, homeless people, gypsies and travelers.
Social capital	See Section 5
Social model of disability	The understanding that society causes barriers and problems for disabled people and that these problems are located in society, not the person and their impairment. People's impairments matter. The model explains the type of inequality experienced by disabled people. For example, there are four major types of barriers: <ul style="list-style-type: none"> • Physical or environmental • Organizational (policies and practices) • Communication or information • People's attitudes
Social return on investment	A broader concept of value that incorporates the consideration of social, environmental and economic costs and benefits.
Target	A specific and measurable activity that will help deliver an objective.
Third sector	Also referred to as the voluntary and community sector
Universal services	Mainstream services, for example, leisure, learning and general advice services that are accessible to everybody, including people who need social care and support.