

Gloucestershire Cultural Commissioning

Grant Programme

December 2015 – November 2016

Frequently Asked Questions (FAQ) and Jargon Buster

Please note:

This document will be updated regularly, based on any additional queries raised with us, so please check on the VCS Alliance website for updates and version numbers. If you cannot find the answer to your question in the following FAQs please email GLCCG.CulturalCommissioning@nhs.net

***Version 2
30th December 2015***

Questions & Answers	
Q.1	How do I get an application form?
A.1	Application forms are available from the Gloucestershire VCS Alliance website http://www.glosvcsalliance.org.uk/
Q.2	What is the process to submit an application?
A.2	<p>Download the application form, guidelines and FAQs from the Gloucestershire VCS Alliance website</p> <p>Make sure that you have read the guidelines to be sure that your organisation are eligible to apply</p> <p>Applicants should then email an expression of interest to GLCCG.CulturalCommissioning@nhs.net</p> <p>This email should be sent as soon as you know you are interested in applying, and before you formally apply so that we are able to work with our partners CREATE Gloucestershire and Gloucestershire VCS Alliance to support applicants</p> <p>Email your completed application to GLCCG.CulturalCommissioning@nhs.net before the deadline of 21st February 2016. It is expected that all applications will be completed electronically. In exceptional circumstances hard copies will be accepted</p>
Q.3	How will I know if I my application was successful?
A.3	A member of the Cultural Commissioning team will contact you to let you know if your application has been successful or not, on or around 7 th March 2016
Q.4	How much can my organisation apply for?
A.4	There is no lower limit for funding and organisations can apply for a maximum of £15,000 for each project. This will need to cover all aspects of the project including staffing, materials, practitioner travel costs. It will also need to cover the time it takes your organisation to gather the data required for evaluation of the project. It is likely that most grants awarded will be between £5,000 and £10,000
Q.5	Can I apply as an individual arts or culture practitioner?
A.5	Applications can only be accepted from organisations or community groups, in order to ensure that the project can be delivered sustainably. CREATE Gloucestershire and

	<p>Gloucestershire VCS Alliance may be able to help explore opportunities for collaborative and/or consortia based models of delivery, so we advise you to get in touch with them if you work as an individual practitioner and would like to be involved in the grant programme. You can do this by emailing GLCCG.CulturalCommissioning@nhs.net</p>
Q.6	Can my organisation apply if we are based outside Gloucestershire but willing to travel to Gloucestershire to deliver our project?
A.6	<p>You are welcome to apply, but please note that applications from arts and culture organisations outside Gloucestershire will only be considered in the event of insufficient appropriate applications from Gloucestershire based organisations. All organisations whether located inside or outside of Gloucestershire will be required to deliver their project within Gloucester City, Tewkesbury or the Forest of Dean</p>
Q.7	Where can I find the national and local strategic plans referred to in Section 6.1 of the Application Guidelines?
A.7	<p>The following are links to a range of relevant policy or strategy documents:</p> <p><i>National:</i></p> <p>NHS Five Year Forward View https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf</p> <p>Public Services (Social Value) Act 2012 One Year On http://buysocialdirectory.org.uk/sites/default/files/public_services_social_value_act_-_one_year_on.pdf</p> <p>Joint review of investment in Voluntary, Community and Social Enterprise organisations in health and care sector, 2015 http://www.voluntarysectorhealthcare.org.uk/EasysiteWeb/getresource.axd?AssetID=40627&type=full&servicetype=Inline</p> <p><i>Local:</i></p> <p>NHS Gloucestershire CCG's Five Year Plan 'Joining up your care' http://www.gloucestershireccg.nhs.uk/wp-content/uploads/2014/03/JUYC-5year-Strategy-1.6.pdf</p> <p>Gloucestershire Health & Wellbeing Strategy http://www.gloucestershire.gov.uk/CHttpHandler.ashx?id=56736&p=0</p> <p>Gloucestershire Joint Strategic Needs Assessment (JSNA) http://jsna.gloucestershire.gov.uk/Pages/home.aspx</p>
Q.8	How long is the funding for?
A.8	<p>Funding will run for the time it takes each successful applicant to deliver and contribute to its evaluation, for a maximum period of between March 2016 to the 30th</p>

	<p>November 2016</p> <p>Project delivery must be completed by 30th September 2016 at the latest, to allow a 2 month reporting and evaluation period to be completed before 30th November 2016</p> <p>Exact length of funding is likely to vary according to when successful applicants start and complete project delivery to participants. Reporting and evaluation must be completed within 2 months of the project delivery being completed, so if for example your project is delivered and completed by the end of May 2016, then the reporting and evaluation process and therefore your funding, would finish at the end of July 2016</p>
Q.9	Who can receive funding?
A.9	The scheme is aimed at not for profit organisations, including social enterprises with appropriate governance structures. It does not include statutory organisations. Organisations or groups must have a bank account held in the name of the organisation that is applying, and a minimum of two unrelated signatories.
Q.10	The main business of my organisation is health or social care but we have got an arts department – can we still apply?
A.10	You are welcome to apply, but please note that applications from organisations whose core business is not arts and culture will only be considered in the event of insufficient appropriate applications from specific arts and culture organisations
Q.11	If my application is successful how long will it take before I receive the funding?
A.11	We will process applications as quickly as we can. We aim to make payments for grants within one month of confirming successful applications. These timescales will depend on the number of successful applicants
Q.12	What sort of other information will you need from us?
A.12	<p>We will ask you to collect anonymous data about the participants in your project and ask you to complete a quarterly monitoring form – for example, how often participants attend if you are running a series of activities. See Q.20 for more detail on evaluation</p> <p>We may also ask you to provide additional information e.g. accounts or copies of your constitution in addition to mandatory information contained in the grant application document. One of the conditions of receiving the grant will be that you keep a record of how you spent the funding e.g. invoices and receipts etc. and these will need to be kept for at least six years. We may contact or visit you and request to look at this documentation</p> <p>If successful applicants are not already known to the CCG we will require you to provide us with your bank details on letter headed notepaper</p> <p>If your application is successful we will contact you to let you know exactly what we need</p>

Q.13	Can my arts or culture organisation apply if we are already commissioned by the CCG to deliver arts for health activities?
A.13	You are welcome to apply, but please note that applications from organisations already commissioned will only be considered in the event of insufficient appropriate applications from non-commissioned arts and culture organisations. This is to encourage growth of arts and culture providers in the health and wellbeing sector
Q.14	If my organisation receives funding how long have we got to spend the money?
A.14	Once organisations have received funding, the grant has to be spent by 30 th November 2016. Please note that all participant related project delivery should be completed by 30 th September 2016. The final two months will be dedicated to collating and analysing data from the project in collaboration with the CCG and partners, in order to maximise the learning from the projects. Detailed guidance will be given to applicants if successful
Q.15	How many projects can my organisation apply for?
A.15	You can apply for as many of the projects as you wish. Since each application will be assessed according to relevant health specialism, you should complete a separate application form for each project. Any application forms with multiple project proposals will be returned to the applicant
Q.16	Will names of successful applicants be made public?
A.16	To ensure that the funding for the scheme is transparent, we may make information about which projects have been funded available on the public CCG website
Q.17	Will the role of clinicians be different depending on the project?
A.17	Yes. For some projects clinicians will act as specialist advisors only, and for others they may be more involved in sharing the delivery of the activity
Q.18	How might groups work together in practical terms?
A.18	The aim of establishing project groups is to maximise the benefits of the projects for the participants, through providing support to the arts & culture practitioners and offering learning about new ways of working to clinicians and commissioners. Ideally

	<p>every group will work as a team, which will enable each person to bring their specialist knowledge and skills to the project</p> <p>It will be down to each group to decide the logistics of how they work together – we would envisage that they need to meet at least once during each of the design, implementation and review phases</p> <p>These working groups offer a new and interesting opportunity for professionals from two very different sectors, to come together and share knowledge and skills. We hope that you share our sense of possibility about what may emerge in terms of shared learning and practice, and our hope that it will generate ideas for models of innovative working in the future</p>
Q.19	Would the artist/cultural practitioner lead? How would decisions be made and who takes responsibility for them?
A.19	<p>This will depend on whether the project is to be led by the arts/ culture practitioner or whether it will be jointly delivered with a clinician. For joint projects we would expect there to be a shared decision making process. For other projects it is expected that the arts/ culture practitioner will have overall responsibility and lead, but in the unlikely event that a specialist clinician has concerns for participant/ patient safety we would expect their clinical decision to take priority</p> <p>The aim of the grant programme is to explore new and innovative approaches for health & wellbeing, and to do this by commissioning arts and culture organisations, rather than health organisations. This is because we believe that arts and culture have something unique to offer people with health & wellbeing needs, which is not currently on offer within more traditional health based interventions. However, as a CCG we have a duty of care to participants/ patients receiving services we have commissioned, so the involvement of clinicians provides us with assurance that any interventions offered are appropriate for the target participants/ patients/ service users</p>
Q.20	What do you mean by evaluation and what would our role be in this?
A.20	<p>Each successful grantee will be required to collaborate with the CCG and partners in the monitoring of the project progress, and in an end of project evaluation. This is likely to entail activity such as reporting participant attendance and collecting basic anonymous demographic data. It may also include asking participants to complete before and after questionnaires. In addition to this we will be keen to gather feedback in creative format such as photographs, film, and written or spoken word</p> <p>Each project will have a bespoke monitoring and evaluation framework designed within your project working group. This is to ensure that expectations are realistic, and that successful applicants are at the centre of decision making</p>

Cancer Project: Additional Information & FAQs

We would like to explore arts or culture based opportunities for people post treatment, who are looking to get back to some sort of 'normal' life. There are two key aspects which should be included in proposals:

- Research tells us that adopting a healthy lifestyle significantly improves recovery rates from cancer, so we are therefore interested in how an arts or culture based activity could encourage participants to consider adopting healthy lifestyles. The activity will not be a clinical intervention, however depending on the art or culture format proposed by applicants, health trainers from the specialist cancer team could be available to help with behaviour change advice and support, such as how to build up levels of physical activity
- There also needs to be enough of an opportunity for people to connect with other people who understand what they are experiencing, without it being a formal support group. Consider the theory of 'brain talk' where conversation is more likely to flow when a person is doing something with their hands, because they are slightly distracted

Additional points to consider in applications:

- People may still be experiencing a range of physical, psychological and social effects of cancer, such as fatigue; anxiety; low confidence and/or social isolation
- Due to the nature of colorectal cancer and prostate cancer not being as socially acceptable as other forms of cancer, people sometimes feel embarrassment or shame which can be greatly relieved by being able to connect with people who are dealing with the same issues and challenges. This is particularly relevant for people who are in the process of going back to work
- People may be experiencing financial difficulties due to loss of work and income, and may not otherwise be able to access arts/cultural activities
- We are looking for one-off sessions that people can book as they go, rather than asking people to book onto a block programme or course which they may not feel able to commit to e.g. if they have fluctuating levels of energy or have frequent health appointments to juggle
- We estimate that 2-3 hours workshop style activities will be manageable for people in terms of energy levels
- Workshops will need to be gender specific, so the arts/ culture practitioner will need to be gender appropriate
- We encourage groups to research what is being offered elsewhere nationally/internationally, and to suggest innovative ways of offering arts or culture based activity for this participant group

Q. 21

Are there any requirements for the venue?

A. 21

There must be toilets near by. Consider also the suitability of the venue for people who might not be feeling physically well and strong – e.g. whether an outdoor venue would be suitable if the weather might be cold, wet etc

Q. 22	Could transport be a barrier for people attending?
A. 22	This will vary for each individual, but generally we think most people will be able to get to the activity either by public transport or by using their own transport. We expect the activities will take place in or around Gloucester City
Q. 23	What number of people are you thinking of per workshop?
A.23	We are happy to be led by you on this, but our current workshops are normally about 12 people
Q.24	How will we find referrals for the activity?
A.24	The cancer specialist team will refer participants to the activity
Q.25	Could there be some concerns we will be seen to minimise a persons' experience of cancer if we provide an activity that is too light-hearted?
A.25	Don't worry too much about this – people who have been dealing with cancer will have had a lot of seriousness as result of it, so something more lighthearted that helps them focus of every day aspects of life will be welcome for many. The success of the workshops run by the 'Look good Feel better' charity is an example of this, where people during or post cancer treatment learn how to apply make-up to minimize the visible effects of cancer

Obesity Project: Additional Information & FAQs

Evidence suggests that some of the more standard approaches (e.g. slimming clubs, food diaries and education sessions) are not effective for people who are significantly overweight, until they have first been able to address some of their psychosocial barriers and issues. Clinical weight management specialists have noticed that when the patients referred to their service complete a questionnaire about themselves, the people who find it hardest to lose weight are also the people who have the highest levels of social anxiety, shame and social isolation.

We have therefore taken the decision to focus this project specifically around these issues, rather than directly around weight loss and physical activity – we want to explore whether arts and culture approaches might help people overcome some of these psychosocial barriers, which we hope might in turn enable people to be “in the right headspace” to go on to engage with clinicians about the more direct aspects of weight loss and increased physical activity

Q.26	If organisations are going to bid as a partnership, does the lead organisation have to be an arts organisation?
A.26	Yes - this grant programme is testing the potential of arts and culture activities to deliver health and wellbeing outcomes, so it is specifically focused on arts and culture organisations. Non-arts organisations are welcome to apply if they have partnered either with an arts or cultural organisation, or with one or more independent arts and cultural practitioners. This option may also be helpful for freelance artists who work as sole practitioners and would not otherwise be eligible to apply
Q.27	Is there a definition of what you consider culture?
A.27	We are using the Arts Council England remit of arts & culture, which includes arts, museums and libraries but not sport. Forms of performance physical activity such as dance or circus are considered art forms
Q.28	Could you partner with a clinician such as a GP or school nurse
A.28	The grant programme is not open to statutory NHS or private/ independent services, therefore you might want to consider approaching a clinician in an advisory role rather than as a formal partner. Also please bear in mind that we are not looking for a direct focus on weight loss, but rather a focus on the psychosocial barriers of shame and social isolation which prevent people from taking up health focused interventions offered by clinicians
Q.29	Are you looking for activities for people who are obese, not for people who are overweight?
A.29	Yes – generally speaking we are looking to work with people who have a BMI of 40 or above or a BMI of 35 for people with a range of other health conditions
Q.30	How will participants be identified?
A.30	Participants will be referred from the NHS Gloucestershire Specialist Weight Management Services or from GPs, so applicants will not need to source participants themselves

Jargon Buster

BME	Black Minority Ethnic – sometimes also referred to as BAME (Black Asian Minority Ethnic). It is a term used to
Caldicott Guardian	<p>A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and making sure information is shared appropriately</p> <p>It is unlikely that arts and culture organisations applying to the grant programme would need to have a Caldicott Guardian, but they do need to name an Information Governance Lead - someone in their organisation who has responsibility for making sure that personal and patient information is stored and shared appropriately</p>
Care Home	A residential home providing nursing and personal care, in addition to living accommodation
Care Quality Commission (CQC)	The Care Quality Commission is the health and social care regulator for England. They look at the joined up picture of health and social care. Its aim is to ensure better care for everyone in hospital, in a care home and at home
Care Quality Commission Registration Certificate	<p>The certificate given to all organisations or establishments registered with the CQC, which confirms they are approved to offer activities that the CQC regulates. Click here for a list of regulated activities:</p> <p>http://www.cqc.org.uk/content/regulated-activities</p>
Clinical commissioning Group (CCG)	<p>Clinical commissioning groups have the responsibility for commissioning the majority of NHS services in England. They replaced Primary Care Trusts (PCTs) which were abolished in April 2013. All GP practices are members of their local clinical commissioning group. They commission health services for their local population and representation from patients, carers, the public and a wide range of doctors, nurses and other health and care professionals. The groups manage their local budgets and buy health services for patients direct with other NHS colleagues and local authorities.</p> <p>In addition to the commissioning of services, clinical commissioning groups have a duty to promote integrated health and social care around the needs of users</p>
Clinical Governance	A system of steps and procedures adopted by the NHS to ensure that patients receive the highest possible quality of care
CCP	<p>Cultural Commissioning Programme - for details please click the link below</p> <p>https://www.ncvo.org.uk/practical-support/public-services/cultural-</p>

	commissioning-programme
Clinician	A health professional who is directly involved in the care and treatment of patients, for example, nurses, doctors and therapists
Colorectal Cancer	Colorectal cancer (also known as colon cancer, rectal cancer or bowel cancer) is the development of cancer in the colon or rectum (parts of the large intestine)
Commissioning	Commissioning in the NHS is the process of ensuring that the health and care services provided, effectively meet the needs of the population. It includes the purchasing of NHS services for a community or area. It is a complex process with responsibilities ranging from assessing population needs, prioritising health outcomes, procuring products and services, and managing service providers
Cost benefit analysis	Analysis where benefits and costs are transformed into monetary values and where a 'benefits minus costs' gives overall outcome of the programme. Often referred to as 'Return on Investment'
Chronic obstructive pulmonary disease (COPD)	Chronic obstructive pulmonary disease (COPD) is the name for a range of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have trouble breathing in and out. This is referred to as airflow obstruction. Breathing difficulties are caused by long-term damage to the lungs, often because of smoking
Cost effectiveness	Cost-effectiveness is the term used to describe something that is regarded as providing value for money. It is determined through a cost benefit analysis, which is the comparison of the costs and health effects of a specific intervention. This kind of analysis informs decision-makers who have to determine where to allocate limited healthcare resources
Diabetes	Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. There are two main types of diabetes – type 1 diabetes and type 2 diabetes •Type 1 – where the body doesn't produce any insulin and it has to be replaced by insulin medication. It is also known as insulin-dependent diabetes •Type 2 – where the body doesn't produce enough insulin or the body's cells don't react to insulin. Type 2 diabetes occurs when the body doesn't produce enough insulin to function properly, or the body's cells don't react to insulin. This is known as insulin resistance
Dementia	Dementia is a syndrome (a group of related symptoms) that is associated with an ongoing decline of the brain and its abilities. These include: memory, thinking, language, understanding and judgement.

	<p>People with dementia may also become apathetic, have problems controlling their emotions or behaving appropriately in social situations. Aspects of their personality may change or they may see or hear things that other people do not, or have false beliefs. Most cases of dementia are caused by damage to the structure of the brain. People with dementia usually need help from friends or relatives, including help in making decisions</p>
Did not Attend (DNA)	Non-attendance of an appointment by a patient
Evaluation	Systematic exploration of the intended and unintended effects of a programme and its potential (implications) for improvement
Glaucoma	Glaucoma is a condition that can affect sight, usually due to build up of pressure within the eye. Glaucoma often affects both eyes, usually to varying degrees. One eye may develop glaucoma quicker than the other.
GP General Practitioner	A doctor who provides family health services to a local community. They are usually based in a surgery or GP practice and are often the first port of call for most patients with a concern about their health
Equality and Diversity	<p>Equality and diversity is a term used to define and champion equality and diversity principles and values. UK legislation requires public authorities to promote equality in everything that they do, also making sure that other organisations meet their legal duties to promote equality while also doing so themselves. Click here for NHS England information http://www.england.nhs.uk/about/equality/</p> <p>Equality refers to fair and equal treatment regardless of race, gender, disability, religion or belief, sexual orientation or age</p> <p>Diversity refers to the recognition, respect and valuing of people's differences; treating people as individuals and placing a positive value of diversity in the community and workforce</p>
Equal Opportunities Policy	<p>A policy which explains how an organisation actively promotes equality and prevents discrimination in the work that they do</p> <p>Click this link to the National Council of Voluntary Organisations for guidance on how to write an equal opportunities policy http://knowhownonprofit.org/people/employment-law-and-hr/policies-and-templates/equalopps</p>
Ethics	Moral standards or rules relating to the conduct of those involved in research or evaluation
Information Governance (IG) Lead	The person in an organisation who has overall responsibility for making sure that information including personal and patient information, is stored, managed and shared appropriately. This includes ensuring that staff in the organisation can

Information Governance (IG) Policy	<p>access training and policies. This person would usually oversee the Caldicott Guardian function in an organisation</p> <p>A policy that explains how an organisation manages, uses and protects any personal and patient information it collects. The NHS and all partner organisations are required to have an Information Governance Policy</p>
Health Inequalities	<p>Health inequalities are preventable and unjust differences in health status experienced by certain population groups</p>
Long term Condition (LTC)	<p>A Long Term Condition is defined as a condition that cannot, at present be cured but can be controlled by medication and other therapies. Examples of Long Term Conditions are diabetes, heart disease and chronic obstructive pulmonary disease</p>
Mental Capacity Act Mental Capacity Act Policy	<p>The Mental Capacity Act (MCA) 2005 is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.</p> <p>The policy that explains how an organisation protects and empowers people they work with who may lack mental capacity. Please click the link below for the Gloucestershire Multi –Agency MCA Policy http://www.gloucestershire.gov.uk/extra/mcapolicy</p>
Monitor Monitor License	<p>The independent regulator of NHS Foundation Trusts. Monitor authorises and regulates NHS foundation trusts and supports their development to ensure they are well governed and financially robust.</p> <p>The Monitor License sets out conditions that healthcare providers must meet. It is likely that small arts and culture organisations will be exempt from this requirement, but further information will be provided for successful applicants as appropriate</p>
Musculoskeletal (MSK) disorders	<p>Musculoskeletal disorders (MSDs) are injuries, damage or disorder of the body's joints, ligaments, muscles, nerves, tendons and structures that support limbs, neck and the back. MSDs are a common source of long term (chronic) pain</p>
NICE (National Institute of Health and Clinical Excellence)	<p>Statutory body responsible for providing guidance, advice, quality standards and information services for health, public health and social care. NICE information is used to help decide what treatment should be made available on the NHS and to provide patients, health professionals and the public with authoritative, robust and reliable guidance on current best practice</p>
Outcomes	<p>The results, effects or achievements of a programme or evaluation</p>

Physiotherapist	Physiotherapists help people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice. They maintain health for people of all ages, helping patients to manage pain and prevent disease. The profession helps to encourage development and facilitate recovery, enabling people to stay in work while helping them to remain independent for as long as possible
Pilot Study	A brief trial-run, usually on a small scale, intended to test the accuracy and efficacy of a proposed study or evaluation
Primary Care	Health services, which are first point of contact for 90% of patients. They include GP surgeries, and community pharmacies, dental surgeries and opticians
Public Health	The science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals
Return on Investment (ROI)	An expression of the benefit of an input in relation to its costs (see Cost-Benefit Analysis)
Safeguarding	Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect
Safeguarding Lead	Every organisation should have a nominated safeguarding lead – someone who is responsible for making sure that the organisation safeguards the people it works with. This is particularly applies to work with children and vulnerable adults
Safeguarding Policy	A policy that explains how an organisation makes sure that safeguarding principles and systems are applied to their work
Secondary Care	Services provided by medical specialists who generally have a contact with patient after referral from primary care e.g. cardiologist, urologists, dermatologists. These services are often hospital based
Senior Information Risk Owner	<p>The person who takes overall ownership of the organisation's Information Risk. Whereas the Caldicott Guardian has more of a focus on how the confidential information of patients/ service users is stored and shared, the Senior Information Risk Owner is responsible for overseeing how wider information systems and processes in the organisation function effectively.</p> <p>Smaller non -NHS organisations may provide practical and proportionate assurance to commissioners by combining information risk and information governance into one policy, overseen by an Information Governance Lead</p>

Social Care	Non-medical care which is aimed at providing vulnerable people with care and support to enable them to live their lives as fully as possible
Stakeholder	Individuals or organisations with an interest in, or who are affected by, the programme or evaluation
Sustainability	The extent to which a programme or process is adopted and becomes 'the norm'