Service Level Agreement

A Grant Agreement between One Northern Devon, the Community Developer Host Employer and the One Community

Definitions

- Service Level Agreement (SLA) – this Grant Agreement and its Appendices
- One Northern Devon (OND) – the alliance of statutory, voluntary and community organisations that coordinate the funding and support of One Communities
- One Community (OC) – the designated organisation (whether legally constituted or an alliance) who work with OND to provide local community wellbeing coordination
- Community Developer (CD) – the individual employed to provide the community development service as described in the job description (Appendix 1)
- Employer – the organisation providing the legal employment contract, line management, HR and Financial support for the Community Developer

The Grant Agreement

1. **The Grant Agreement** is made between the following parties:
   1.1. One Northern Devon – the programme manager.
   1.2. Host employer of Community Developer – the recipient of the grant funding and legal employer of the Community Developer(s).
   1.3. One Community – The local Community group/organisation connected to the Community Developer.

2. **Objective and Intent**
   2.1. To ensure clarity around roles, responsibilities and deliverables for the post of Community Developer.
   2.2. To ensure all parties clearly understand the purpose and outcomes required to deliver Community Developer activity within the area covered by relevant One Community.

3. **Proposal**
   3.1. That a Community Developer will be employed by the Employer for a 12-month period.
   3.2. One Northern Devon will provide a sum of £24,412.74, to the Employer, for all related staff and management costs once this agreement has been signed and dated. Please invoice ndht.creditorpayments@nhs.net and highlight 'One Northern Devon' for payment.
   3.3. The employer will work with relevant One Community and One Northern Devon to deliver the outcomes as stated in Appendix 3, by providing community developer resources to deliver the One Northern Devon IBCF proposal (Appendix 4) for the period of 1st April 2022 to the 31st of March 2023.

4. **Date and duration of agreement**
   4.1. This agreement will cover the period from 1st April 2022 till March 31st 2023.
   4.2. commence once the document has been signed and dated by the selected representatives of all parties.
   4.3. It is expected that this agreement will run for 12 months, at which point there will be a review by both parties with respect to its continuation and availability of funding.
   4.4. Review periods will be set at 3-month intervals

4.5. Either party may terminate this agreement forthwith by notice in writing to the other parties if:
- in breach of any terms of this Agreement
- Parties become insolvent or dissolves
- Parties shall be at liberty to terminate this Agreement by providing three months' notice to the other

5. **Key Responsibilities of parties**

5.1. **Employer to provide**

- Robust policies and procedures in the following areas:
- Up to date Staff Handbook
- Safeguarding policies and procedures, including lone working - with clear processes for supporting the staff member.
- Safeguarding policy for young people and adults, clearly stating who the Designated Safeguarding Lead is in an organisation.
- Comprehensive Health and Safety induction for new staff member in place of work – panic alarms, fire alarms etc
- Appropriate IT equipment provided
- Access to good quality supervision with a supervisor who understands the issues and concerns arising from working in a social care setting.
- Regular (monthly or quarterly) reporting of all financial transactions for the period; reports to be provided within 10 days of the end of a period.
- Immediate reporting to One Northern Devon of any issue with the CDO that may prevent them from fulfilling their duties
- Ensure they have appropriate and adequate insurance with regard to employer liability to be able to carry out the terms of this Agreement
- Weekly supervision and management of the CD
- Work-plan creation, line management, HR and finance support for the CD

5.2. **One Northern Devon to provide**

- The agreed grant monies in a timely fashion
- Support and assistance to the Community Developer and the Employer through the OND Communities Support and Development Manager

5.3. **One Community to provide**

- Support to the Community Developer with their role and responsibilities
- Monthly report of activity and progress to OND at the One Communities group meeting

5.4. **All Parties**

- All provider partners agree that any funding provided as part of this SLA will be deployed for the services set out and not diverted into other functions.
- Each partner has committed to provide people and resources to ensure the success of this role.

6. **Payment Model**

6.1. The Employer will receive a grant to cover employment, overheads and deliverables in return for providing the services described in the CD job description (Appendix 1).

6.2. If any funding remains unspent at the end of the period of the Agreement, then it shall be repaid to One Northern Devon or, at its sole discretion, allocated to the One Community.

7. **The role of the Community Developer as described in Appendix 1**
    7.1. Supporting the One Community to deliver its community action plan.
    7.2. Helping individuals in the community connect with local community provision.
    7.3. Developing local provision where gaps have been identified
    7.4. Acting as a conduit into the community for engagement with public sector partners.

8. **Key Responsibilities of Community Developer**
    8.1. As described in the Community Developer Job spec, role and responsibilities document (Appendix 1) including:
    8.2. **To the One Community**
        - Co-ordinate meetings to include setting agenda in conjunction with the chair.
        - Co-ordinate local engagement as required and targeted to project beneficiaries as projects arise.
        - Develop Community Action Plan for the One Community using engagement and JSNA public health data.
        - Map local provision and ensure this is accessible to the community.
        - Develop projects including sourcing funding as identified by the One Community.
        - Connecting with your local CVS for advice and support in managing your One Community group.

    8.3. **To One Northern Devon**
        - Attend project co-design/service improvements meetings as appropriate
        - Attend a regular meeting One Communities group (every 6 weeks) to engage with the wider network of One Communities across North Devon and Torridge.
        - Attend a regular Community Developers meeting to share best practice, peer support and co-develop work streams.
        - Communicate any concerns relating to OND projects to the OND Communities Support and Development Manager
        - Submit a monthly outcomes/outputs report detailing all work undertaken to the OND Communities Support and Development Manager

    8.4. **With the Social Prescribing and Community Development team**
        - Working as a team with the local PCN Social Prescribing Link Worker and Community Connectors
        - Understanding from the Social prescribing link worker where the gaps in provision are and feeding this back to the One Community.

    8.5. **To Host employer**
        - Report any concerns regarding HR and payroll to your host employer
        - Follow your host employer's policies and procedures (e.g., complaints, information governance etc)
        - Responsible to line manger

9. **Governance: Progress and Review process**
    9.1. Employer and One Northern Devon officers will meet on a basis agreed by most parties, but not less than quarterly.
    9.2. The Community Developer will provide a monthly outputs and outcomes report (template provided) to One Northern Devon via the OND Communities Support and Development Manager.

9.3. The employer will provide One Northern Devon and the One Community with a quarterly financial update outlining how the funding has been spent.

10. **Key Relationships for all parties**
    - To support the Community Developer with strategic co-ordination of One Community development action-plan
    - To build relationships with key partner organisations working with the One Communities and One Northern Devon
    - To develop a professional working relationship with the local PCN including social prescribing link workers and community connectors
    - To build relationships with local community groups and organisations
    - To build relationships with local councillors and keep them updated on progress

To be signed by the parties or their duly authorised representatives on the date set out below:

One Northern Devon	
Signature of OND Chair	
Signature of OND Officer	
Date	
Employer – ADD NAME HERE	
Signature of CEO (If VCS) /Mayor (if town Council)	
Signature of Town Clerk (if Town Council)	
Date	
One Community – ADD NAME HERE	
Signature of Chair	
Date	

Appendices

Appendix 1 – Job Description for Community Developer
Appendix 2 – Outcomes
Appendix 3 – Original Proposal
Appendix 4 – One Communities Group Terms of Reference

Appendix 1 – Job Description for CD

Community Developer Job spec, role and responsibilities

Employment period
Fixed term contract for 25 hours per week for 12 months

Location
Desk space at Host Employer premises (This may also include working from home)

Person Profile
The person suited to this post will be:

- Approachable and an excellent communicator; both written and verbal.
- Able to develop effective working relationships.
- Proactive and with a 'can do' personality.
- Able to produce reports as required, having an attention to detail.
- A person who displays compassion and understanding.
- Able to travel across One Community locality and also into other areas as required.
- IT literate – Have a good ability with email, word, excel etc.
- Energetic and enthusiastic about developing the service and community.

There are four main functions within the role:

1. **Supporting the One Community to deliver its community action plan.**
   As described in the One Community Terms of Reference this involves understanding community needs (such as through an annual survey or engagement event), mapping assets available and supporting the delivery of a partnership plan to address the gaps.

2. **Helping individuals in the community connect with local community provision.**
   This involves being part the key part of 'Community around the Person' meetings, identifying what is available locally that could meet an individual's described needs, helping connect them to that provision, and developing provision where gaps have been identified, either through the Community Flow programme or through the PCN social prescribers or wellbeing teams.

3. **Acting as a conduit into the community for engagement with public sector partners.**
   This could include activities such as promoting surveys, attending community groups to engage on specific topics or approaching potential new providers to develop and increase the local support provision.

4. **Developing local provision where gaps have been identified**
   Gaps identified by OND Flow Coordinators will be passed to relevant One Community to consider how these can be actively developed by the Community Developers. Gaps may also

be identified by other partners including Social Prescribers, Community Connectors and from wider community engagement activities.

The following activities will deliver those functions:

Supporting the One Community to deliver its community action plan
Manage the local One Community in line with the Terms of reference outlined by the wider OND One Communities group. By following the principles of 'Asset-based community development', the Community Developer will ensure that their approach is led by what matters to local people, enabling their One Community to identify, connect and mobilise their local assets. In this way, the Community Developer can facilitate positive change at a hyper-local level, allowing residents to design inventive solutions, that develop relationships, highlight the strength of community and increase inclusivity - often not within the reach of top-down institutions.

- Co-ordinate meetings to include setting agenda in conjunction with the chair.
- Co-ordinate local engagement as required and targeted to project beneficiaries as projects arise.
- Develop Community Action Plan for the One Community using engagement and JSNA public health data.
- Map local provision and ensure this is accessible to the community.
- Develop projects including sourcing funding as identified by the One Community.
- Connecting with your local CVS for advice and support in managing your One Community group.

Supporting individuals in the community to connect to local community provision

Helping connect patients into their communities through participation in 'Community around the Person' interventions (CAP).

- Attending Team around the Person meetings (TAPs) - A member of the One Northern Devon 'Flow' team contacts the CD to attend a TAP. This allows the CD to directly hear what matters and discuss ideas with the patient in the meeting. Alternatively, there may be a request of support for an individual that the community might be able to help with such as issues around social isolation or digital exclusion without the need to attend a meeting. Engaging the One Community to explore options for supporting the individual and feeding back to the Community Flow Co-ordinator what provision is available - The CD will act as the conduit to the wider community, investigating potential activities, groups and support for patients to help them connect with their community. CDs will not be required to interacting 1:1 with patients – all communication about appropriate activity should be directed through the Flow Coordinators and/or Lead Professionals who are working directly with the patients.
- Developing provision/or supporting existing groups to expand provision to meet gaps identified - By being more closely involved in patient support the CD will be well placed to present any gaps in provision that arise to their local One Community. In this way you can facilitate their One community to develop local interventions that best support individuals to improve their health and wellbeing, enable self-care and increase independence.

Acting as a conduit into the community for engagement with public sector partners.

This will include supporting the development of short-term unregulated support within the local community and create opportunities for market development to help ensure a sustainable approach to ongoing unregulated support.

- Engaging with local communities - groups, voluntary and community organisations, existing businesses, potential entrepreneurs to promote the opportunity to provide unregulated paid-for activities (i.e., hot meal provision, transport, cleaning, shopping, chaperoning etc).
- Providing them with information (provided by Devon County Council market development team) around how they might be able to offer this provision and access resources to help with business development.
- Engaging with local people to understand what is needed from potential providers (closely connected with CAP involvement).
- Investigate what support different populations (e.g., older people) feel would help them avoid hospital admission.
- Be a leading figure in helping create a comprehensive programme of community support, accessible to all health and social care staff to refer patients into.
- Engagement as requested by public sector partners seeking the views/involvement of the community to help with future service provision

Other Responsibilities (related to)

One Northern Devon

- Attend project co-design/service improvements meetings as appropriate
- Attend a regular meeting One Communities group (every 6 weeks) to engage with the wider network of One Communities across North Devon and Torridge.
- Attend a regular Community Developers meeting to share best practice, peer support and co-develop work streams.
- Communicate any concerns relating to OND projects to the relevant OND project manager and OND services Manager as appropriate.
- Submit a monthly outcomes/outputs report detailing all work undertaken to the OND Communities Support and Development Manager

Host employer

- Report any concerns regarding HR and payroll to your host employer
- Follow your host employer's policies and procedures (e.g., complaints, information governance etc)
- Responsible to line manger

With local Social Prescriber(s) and Community Connector(s)

- Working as a team with the local PCN Social Prescribing Link Worker and Community Connectors
- Understanding from the Social prescribing link worker where the gaps in provision are and feeding this back to the One Community.

Asset mapping and gap analysis

- Working as a team with the local PCN Social Prescribing Link Worker and any other Community Connectors to understand where the gaps in provision are and feeding this back to the One Community.
- Provide One Community and GP practice and local PCN with an overview of the current provision, identifying any gaps or areas of duplication so that they can be addressed. Working with evidence from the Community Connector and Living Well group.
- Continually identify community assets and resources and update your One Community asset mapping spreadsheet and upload to online database.

Working Relationship and key communications

- Develop effective and supportive working relationships with One Northern Devon staff, Host employer, One Town team, GP practice, Health and Social care teams and other statutory agencies (e.g., councils and police), voluntary agencies and community groups.
- Develop effective working relationships with statutory agencies, ensuring they are fully briefed on how to access a directory which shows what is available in the voluntary and community sector to support people to maintain their independence, better manage their health conditions and support dependents.
- Acting as a key communication link between your One Community and statutory agencies

Appendix 2 – Outcomes and KPI's

Outcome 1
A comprehensive programme of support, accessible to all health and social care staff to refer NDHT patients into

Outcome 2

More resilient communities who have the support and structure to make best use of all the available assets in their community

Tier 1 KPI's

Patient visits/calls
90% of patients report feeling more supported practically than they would have without the CAP service
90% of patients report feeling more supported emotionally than they would have without the CAP service
90% of patients felt supported to meet their wider needs
80% of patients felt their wider needs were met
90% of patients felt their wider needs were understood
Referrer feedback
95% of feedback from referrers states they would be 'likely' or 'very likely' to use this service again for appropriate patients
95% of feedback from referrers states they would be 'likely' or 'very likely' to recommend this service to a colleague
85% of referrers felt the patient was more supported in their home with this service than if it had not been available
85% of referrers felt more comfortable discharging the patient knowing this service was being provided that if it had not been available
Outcomes/Needs/Gaps
100% Completed 'Community Flow data gathering forms' returned to Community Flow Coordinator
90% of needs identified matched with appropriate support where this is available
100% of gaps identified will be passed to relevant One Community to consider how these could be filled
50% of gaps identified are being actively developed by the Community Developers

Tier 2 KPI's

These are being co-designed by the steering group and are in development. Membership of the steering group will include Community Developer representatives.

Appendix 3 – Proposal - February 2022

Community Flow proposal Feb 2022: The role of the Community Developer

We are pleased to announce that iBCF funding has been secured by One Northern Devon to support the Community Flow programme, helping to expand the voluntary and community sector offer across North Devon and Torridge. £99,700 is available to support the role of the Community

Developers across North Devon and Torridge.

This funding recognises the work that has already occurred and officially recognises the importance of the Community Developer as a conduit to wider community support and marketplace development.

The broad outcomes agreed for the funding are:

Outcome 1
A comprehensive programme of support, accessible to all health and social care staff to refer NDHT patients into

Outcome 2
More resilient communities who have the support and structure to make best use of all the available assets in their community

Two roles have been identified for Community Developers within this programme that would extend the Community developer role for a further 12 months.

1. **Connecting people into their communities through a Community around the Person (CAP) intervention.**
   This is where a member of the Flow Team contacts the CD with a particular request of support for an individual that the community might be able to help with. CDs may be invited to a Team around the Person (TAP) meeting or contacted separately. They then will be the conduit into their One Community to find any available support. This can happen in Tier 1 and 2 potentially for Community Flow or from other Flow projects.

2. **Supporting hospital discharge and admission avoidance**
   - Engage their local voluntary organisations & community groups to increase participation in Tier 1 volunteering
   - Identify local support for an individual as part of the Community Around the Person process
   - Engage local providers for Tier 2 unregulated care paid for services
     - Engaging with their community around the potential to deliver the 'paid for' services in Tier 2a & 2b (see below) and also to find out what support older people feel would help.
     - This will support development of short-term unregulated support and create opportunities for market development to help ensure a sustainable approach to ongoing unregulated support.

One Northern Devon have met with the employers of the Community Developers and would now like to discuss this proposal with each One Community and Community Developer. We would like to know:

- The One Communities interest in this programme
- The current financial need of each One Community re: CD role

Next steps will include:

- OND Creating a co-design steering group with key stakeholders including CD and OC representatives (1 from North, 1 from South), CCG, private sector, Adult Social Care- Stella Doble, CD rep -, OC rep)
- OND Arranging a CD/OC weekly meeting (moving to every 6 weeks once feasible) - A space for CDs to discuss/share together how this could work in their location. Similarities/differences between places. Two members will feed into steering group

More information

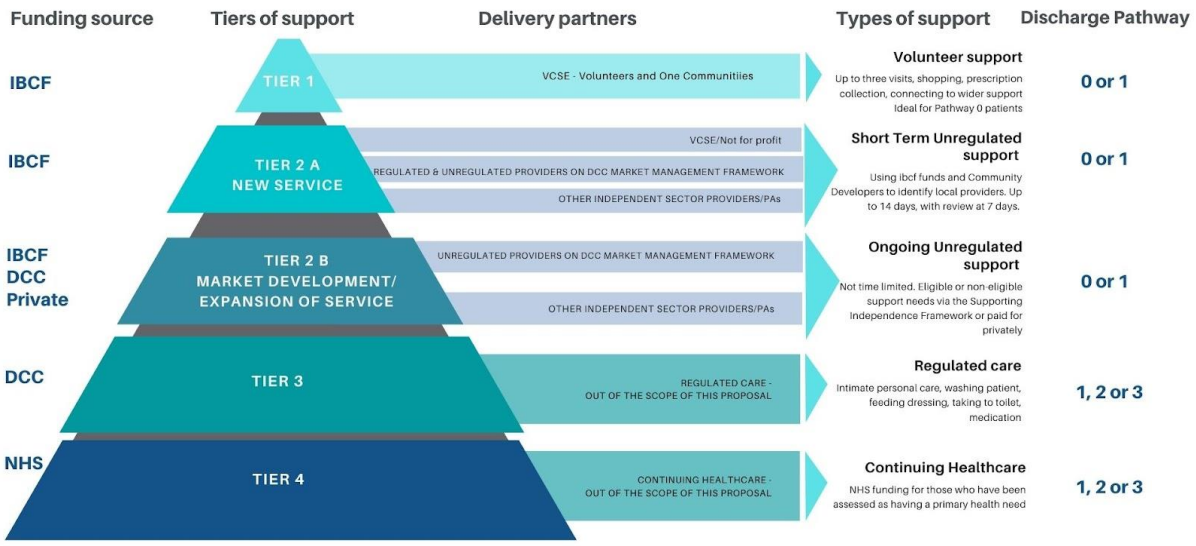
Connecting people into their communities through a Community around the Person (CAP) intervention.

CAP is an intervention that takes place whereby the One Communities are involved in identifying local support for an individual. This may be where a Community Developer has attended a 'Team Around the Person' (TAP) or is contacted separately about an individual in their community who would like to access available community activities/groups/ongoing volunteer support. The Community Developer reaches out to their One Community to support the individual. This process also highlights any gaps in provision for the One Community to consider and the Community Developer to help fill.

Acting as a conduit to their local One Community, Community Developers are uniquely positioned to offer support in the process of facilitating community support that 'Flows' around a person in need. We are aware that this often already happens but this funding opportunity now officially recognises the importance that the Community Developer role can play and directly invests in the role to support this.

The Community Developer closest to the patient's home will be asked to be a key member of the Community around the person team - which may also include a trusted person that advocates for the patient, the patient, and a community flow coordinator that facilitates the meeting. **The role of the Community Developer will be to offer initial ideas in response to what matters to the patient, offering an opportunity for patients to shape the support offer and be directly listened to by their community. The Community developer will then take this request back to their One Community (in a way that best suits the locality) and gather potential ideas to send back to the Community Flow Coordinator** who will present these to the patient. In order to go beyond signposting, One Communities would ideally source or develop local support that 'handholds' patients, helping them overcome barriers to accessing their wider community. This process will also highlight any gaps in provisions that can be presented to the One Community for consideration.

SUPPORTING HOSPITAL DISCHARGE & ADMISSION AVOIDANCE



Description of Tiers (CD role in bold):
Tier 1 - Settle/Support at Home Service - Volunteer and One Community support

The Settle/Support at home service (previously known as Home from Hospital) provides short-term, volunteer-led, support to patients within their own homes. These services can be accessed via referral from health and social care professionals.
This service includes up to three visits/phone calls from a volunteer. If discharged from hospital a 'settle at home' visit is ideally allocated within 24 hours of a patient returning home following their discharge to check if they feel 'safe and settled' and have essentials such as food and heat (e.g helps with food/prescription collection/drop off if needed).
The 'Support at Home' offer includes one-of-prescription collection and shopping. In addition, patients can be signposted to local statutory services for the healthy home checks which could include energy efficiency reviews, fire safety checks and support with applying for benefits and grants. **Additionally, patients will have the option to connect with community activities such as groups, clubs and any ongoing volunteer support which may be available within their local community (see CAP description above)**. The service is not available at weekends, evenings or bank holidays, for multiple visits per day, or for a set number of visits per week.

Tier 2A/B - Unregulated Support

The Commissioner understands that Tier One support alone cannot suffice. Therefore, further investment to create a separate Tier Two A and B offer, has been allocated.
Tier 2A will offer short term (upto 14 days, with a 7 day review) unregulated support by drawing on services from a variety of not-for-profit, DCC marketplace providers and independent local businesses. This is designed to help ease pressures on overloaded NHS services.
To support a sustainable solution, Tier 2B invests in service provision and marketplace development, supporting local organisations to develop their current offers.

The role of the Community Developer in Tier 2

Engaging with local communities - groups, voluntary and community organisations, existing businesses, potential entrepreneurs

- **to promote the opportunity to provide unregulated paid-for activities** (ie hot meal provision, transport, cleaning, shopping, chaperoning etc) -
- **providing them with the information** (provided by Devon County Council market development team) around how they might be able to offer this provision and access resources to help with business development.
- **Engaging with local people to understand what is needed** from potential providers (closely connected with Tier 1 involvement)

Also part of this service, but not part of the CD role, and funded separately:

- **Increasing Volunteer support**

There is currently a pool of 20 NDHT volunteers previously recruited into the old Home from Hospital programme. It has been recognised that the NDHT recruitment process previously caused issues in recruitment. To tackle this, efforts have been made to streamline the NDHT volunteer recruitment process and additional funding has been allocated to TTVS to allow them to recruit voluntary organisations across Northern Devon. This will allow willing organisations, with appropriate insurance, to deliver this service by harnessing their own volunteers. Organisations/groups without appropriate insurance will be able to recruit, induct and train volunteers into the programme through either NDHT, TTVS or any other volunteer organisation with a 3rd party service level agreement.

- **Increasing referrals**

Previously, referral numbers have been low. To help increase referrals the Community Flow Manager will be responsible for maintaining communication with North Devon District hospital discharge coordinators and other health and social care professionals, including lead therapists. This involves time spent working with discharge coordinators/lead therapists/joining huddles within the hospital and community.

Appendix 4 – One Communities Group Terms of Reference

ONE COMMUNITIES GROUP: TERMS OF REFERENCE

(TO PROVIDE A GUIDELINE FOR THE ONE NORTHERN DEVON COMMUNITIES GROUP)

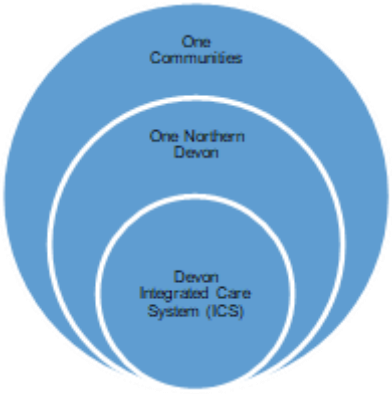
1. **VISION**

A forum for all One Communities in Northern Devon to connect, collaborate and develop.

2. **PURPOSE**

To bring together the One Communities working within Northern Devon to share experience, opportunities and ideas. To develop a strong voice representing Northern Devon Communities to wider organisations which also recognises the individuality and need of each community.

3. **AIMS**
    - 3.1. To connect the One Communities to promote joint working amongst different communities.
    - 3.2. To provide a forum where wider organisations can reach different communities
    - 3.3. To tackle issues together which affect different communities.
    - 3.4. To become an integral part of the wider Devon Integrated Care system with the ability to draw in a broader partnership who are involved in services beyond health but vital to its wider determinants.
    - 3.5. To ensure wider strategies are localised and achievable.



4. OBJECTIVES

4.1. The group will meet every 6 weeks.

4.2. The Chair and vice-chair for the One Communities group will be chosen from the current 'One Community' Chairs. This Chair (or vice chair in absence of the Chair) would then sit on the One Northern Devon Partnership Board and represent the views of this group. These posts will run for 2 years in the first instance.

4.3. The group will assess it needs through each community bringing the following to the meeting:

- Barriers/issues for their group
- Ideas and opportunities they have come across – including funding
- Best practice
- Support needs from the One Northern Devon Partnership Board

4.4. The minutes from this meeting will be tabled at the following One Northern Devon Board meeting.

4.5. The group will work with the One Northern Devon board to address strategic priorities identified by the wider system.

4.6. To work in line with the One Northern Devon principles as listed below:

- Gain a better understanding of the problem being tackled from the individuals directly affected
- Redesign the service around the person, not the agency
- Focus on prevention and improving wellbeing
- Develop a co-ordinated, multi-agency, multi-disciplinary approach and central point of contact
- Foster community responsibility and support volunteers to help design & provide the solution
- Establish tangible benefits to collaboration
- Explore the potential for deliver and/or commission of services
- Share ownership of issues where there is no single responsibility
- Share/use collective assets to address needs
- Hold ourselves to account on behalf of the people of Northern Devon
- Focus on sustainability

5. MEMBERSHIP

5.1. To include representatives from the One Communities:

- One Barnstaple
- One Ilfracombe
- One Atlantic
- Torrington 100
- Live Well in Braunton CIC
- Holsworthy and District Community Forum
- One South Molton

5.2. To include representatives from the Community Developer employers:

- TTVS
- NDVS
- Ilfracombe Town Council
- South Molton Town Council