**North London Adult Eating Disorder Provider Collaborative - VCSE funding opportunity**

**Proforma for completion**

North London Adult Eating Disorder Provider Collaborative (NLAED PC) is working with Central and North West London to offer grants under the NL AED Transformation Programme. We are seeking North London Based organisations specialising in the delivery of specialist eating disorder care and support for a 12-18-month partnership delivery role. This grant process can offer successful partners up to £75,000 in funding to support adult eating disorder projects

Completed applications should be returned to the NLAED PC by **15th February 2023**, please send applications to **cnwl.nlaedleadprovider@nhs.net**

Completed applications will be reviewed by the funding panel, applications reviewed by the panel and being assessed as having met the criteria (Questions 4-9 and 12-15 will be scored) to go through to the next stage to be interviewed by the panel - interviews to take place week commencing 20th February 2023

**Participating organisations are advised that the responses received arising from this exercise are in no way legally binding on any party, unless your organisation’s funding application is accepted via the subsequent interview and scoring process. Participation in this grants exercise is not a mandatory requirement for participating in any potential future exercise, nor will it affect your organisation’s standing in any possible future exercise**

What are the parameters?

* This must be used for VCSE provider contracts integrated into the local service provider pathways.
* Proposals must focus on the NL AED PC priority areas, as detailed below.
* The offer must be co-produced with the local community, service users and carers.

How much?

* A dedicated amount of up to £75k per London region. (NEL/NWL/NCL)
* Identified as underspend within the provider collaborative budget so non-recurrent but able to be used with VCSE in 12-18-month contracts.
* Regions may wish to combine resources

What is the process and support?

* Work should be delivered by partnered VCSE alongside the local service provider and will be accountable to the Provider Collaborative
* The process will include completing and returning a proforma for agreement and funding sign off by the Provider Collaborative

What can the funding be used for?

If successful in being offered a ‘partner’ position you will then work with NLAED PC and the wider system to either scale up a current project that is proven to work OR by extending a current project OR developing new or different ways to work better between organisations. All partners will need attend partnership sub-group meetings as relevant.

Aims of the scheme:

Three priority areas below have been defined as areas of focus and investment across the collaborative. As part of your proposal please clearly state which priority area you are focussing on. **It is acceptable to focus on a single priority or any combination based on your organisations experience and expertise.**

1. **Peer support offering (including Parent/Carer PSWs)**
	* Offering our patients peer support engagement. Including peer support and parent/carer peer support. To work collaboratively with providers to offer an integrated service. Engagement/support with patients on waiting.
2. **CAMHS transitions to AED services**
	* Supporting patients as they transition from adolescent to adult services. Providing support to patient and staff during the transition.
3. **Recruitment campaigns (recruitment & retention campaigns alongside VCSE partnerships)**
	* Development of an annual recruitment and retention campaign including
		1. Working with universities (Talks and ED education)
		2. Developing innovative and attractive campaigns
		3. Attending ED conferences as a Provider Collaborative
4. **Complex presentations**
	* NL AED are seeing more complex presentations of disordered eating in the context of autism spectrum condition. This partnership would look to develop targeted prevention/early intervention strategies.
5. **Innovative partnerships across North London**
	* To develop and strengthen the offer of support for specialist Eating Disorders within local communities

**If this seems like something you would be willing to be a delivery partner on/be part of then please complete the following form and return to:**

*If you are proposing a series of smaller contracts, please complete a separate table per VCSE offer/contract*

1. **Project Overview**

|  |  |  |
| --- | --- | --- |
| **1** | **VCSE name** |  |
| **2** | **Proposed Amount** |  |
| **3** | **Proposed Contract Length** |  |
| **4** | **Proposed VCSE Provider** incl. if have you worked with them before |  |
| **5** | **Overview of the offer** (draft proposals from the VCSE can be attached if helpful) |  |
| **6** | **Rationale**Why are you proposing this offer and this VCSE? What is the gap in the service and how will this proposal improve the service offer for your service users and carers |  |
| **7** | **Please detail your service user, carer and local community engagement activities** incl. format of engagement, how many joined, what were the outputs |  |
| **8** | **Which regions/teams have been involved in the development of this proposed offer?** |  |
| **9** | **Suggestion KPIs/measures for success of the service** |  |

1. **About your Organisation**

|  |  |  |
| --- | --- | --- |
| **10** | **Organisation Name** |  |
| **11** | **Registered Charity Number or Company Number** |  |
| **12** | **Please summarise your organisational track record working with Eating Disorders** Please consider including:* Which groups do you target your services to?
* How many service users have accessed your services over the last 12 months?
 |  |
| **13** | **Who are you accountable to for your work? Do you hold funding agreements or contracts for the provision of services, and if so, with whom?** **Who else supports and partners with you to deliver your work?**We are interested in:* How your service funding model operates if you are a statutory service
* Funding relationships with major national grant funders
 |  |

1. **Project Ideas/Flexible approach?**

|  |  |  |
| --- | --- | --- |
| **14** | **If you are selected as a partner organisation, what type of provision would you be most interested in delivering?**  |  |
| **15** | **How would you manage having a flexible approach to using this the funding which may require partners to develop projects in response to needs identified needs?** |  |

I have the authority to submit this application on behalf of my organisation and certify that the information provided in the application form is correct as to the best of my knowledge.

|  |  |
| --- | --- |
| Name |  |
| Date:  |  |
| Position in organisation |  |