



**Bristol, North Somerset
and South Gloucestershire**
Clinical Commissioning Group

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Healthier Together Matched Funding Grants Guidance Notes & Template

Section 256 “Healthier Together Matched Funding Grants “

Table 1 describes the principles and processes which should be followed in applying for new Healthier Together Matched Funding Grants, and key approval deadlines.

Funding Source	Applicable to which schemes?	What template do I need to complete?	Deadline	Where will final approval happen?	Notes
Healthier Together Matched Funding Grant and matched Local authority budgets	Schemes with an overlap between Local Authority and NHS priority areas	Business Case (Tables 1 & 2)	4 February 2022	CCG Governing Body, or delegated body by 18 Feb 2022	Submit STR Business Case (Tables 1, 2 & 3) No later than 4th February 2022 to Jon.lund@nhs.net

Table 1: Funding, principles, processes and deadlines

Guiding Principles of the Funding Schemes

Healthier Together Matched Funding Grants Funding Principles

Applications to the Section 256 fund should adhere to the following principles:

- Funds committed to schemes that accelerate, enhance and benefit the vision and aims of Healthier Together Integrated Care System
- Match funding should be indicated from the local authorities where possible.
- Revenue funding only
- Grant funding gives no commitment to ongoing recurrent funding from either CCG (ICB) nor Local Authority

Points of contact

For questions regarding the Healthier Together Matched Funding Grants process, please email:

Jon.lund@nhs.net

Completed business cases should be submitted to:

Jon.lund@nhs.net

Appendix

Appendix 1 Healthier Together Matched Funding Grant – Business Case Template

Healthier Together Matched Funding Grant – Business Case

Guidance notes in blue

Table 1

To be completed in all cases of requests for S256 funding

Business case reference:	To be allocated by PMO	Date:	Date submitted to PMO
Business Case title	Bristol Voluntary and Community Sector		
Author name: Role:	Penny Germon Head of Service Neighbourhoods & Communities		
Author email: Tel number:	Penny.germon@bristol.gov.uk 07825227624		
Outcome: <i>To be signed once approval is granted</i>	Approval/requirement for further information		
	Section to be completed by finance/business planning following decision by 'CCG Governing Body' authority		
Financial summary	£k		
HT Matched Grant Funding	£2m		
LA Matched Funding	£2m		

Table 2

To be completed in all cases of requests for Healthier Together Matched Grant funding

BRIEF SCHEME OVERVIEW	Providing grants to VCSE and Civil society organisation to support community resilience, volunteering and local action. This investment is preventative but also in the event of service stress or failure local communities and VCSE are the final line of support.
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**SYSTEM
TRANSFORMATION
BENEFITS**

Briefly set out the qualitative and quantitative benefits of the project, for example:

- how will project spending help to support transformation in the system
 - what are the outputs that will be enabled in service terms
 - what level of additional activity will be delivered
1. Growing the capacity of communities to produce health and wellbeing is fundamental to the success of the ICS.
 2. The health and economic impact of the pandemic on communities, community and voluntary groups is significant ([see Designing a New Social Reality](#)). This investment will contribute to community recovery.
 3. COVID has emphasised the power of communities to mobilise from a place of trust which is beyond the reach of public authorities. Conversely, it has shown just how distant public authorities are from many communities in particular Black people, Disabled people and some white working-class communities.
 4. The ICS outcomes framework starts from the premise that citizens and communities are the primary producers of health and well-being. The NHS treats us when we have a problem.
 5. Inequity is a key determinant of health outcomes (Marmot). COVID has left no doubt about the impact of inequity. Health outcomes being much poorer in areas of deprivation, for Disabled people (using the social model definition Disabled people refers to people who have a shared experience of discrimination on the grounds of impairment so includes people with learning difficulties, people with emotional and mental distress, physical sensory impairment) Black communities and LGBTQ communities among others. This inequity is systemic – it is about the way services and systems are organised in ways which take little or no account of these communities.
 6. Community and voluntary organisations that come from these communities and are trusted. They have developed accessible and trusted support, peer networks and services. The COVID vaccine outreach programme has shown how public authorities have needed the community and voluntary sector to build confidence and increase vaccine take up.
 7. This fund will take an asset based approach by investing directly in communities experiencing the greatest inequity through community and voluntary organisations deeply rooted in communities. It will build on existing assets (people, skills, knowledge, experience, expertise) to grow community capacity on four levels:
 - Citizen action and neighbourliness
 - Self-organisation and self-determination
 - Community and civic action
 - Support the recovery and development of community and voluntary sector organisation so they can continue to provide vital community infrastructure.
 8. It will invest directly in 100-300 (the number will depend on the size of the grants) community projects through grants which bring people together and provide vital support and what is undoubtedly a very difficult time for so many. Examples include growing, art & craft, voice and influence, mental health, self-advocacy and physical activity. It will strengthen organisations damaged by COVID so they can continue to provide vital community infrastructure.
 9. Community action unlocks people power and social capital which is freely given. However, it does not come free. It needs to be nurtured and facilitated. The ICS framework demonstrates understanding and

	ambition. This fund puts words into action. It will grow confidence and connection vertically between communities and the ICS as well as the horizontal community connections.
KEY PERFORMANCE INDICATORS PROPOSED	<p>This is new investment. Data will be collected once the programme is under way. The monitoring and evaluation process is being coproduced with Quartet Community Foundation and VCSE partners. It will build knowledge from health & wellbeing grants such as Thrive and City Funds. It is important any monitoring required of grant recipients is proportionate and useful to grant recipients.</p> <p>We are in the process of agreeing KPI's that demonstrate the following impacts:</p> <ol style="list-style-type: none"> a. Supporting those communities facing the greatest inequality in the city geographically and/or as equalities communities b. Building capacity of organisations for community resilience for pandemic recovery & response c. Strengthening groups led by people who are 'of' the communities that organisations and groups work with to: <ul style="list-style-type: none"> • build resilience around health and wellbeing • increase social connections within and across communities • support activities that build peer to peer activity and mutual support <p>(Evidence shows that social connection and social action contribute positively to health and wellbeing)</p> <p>KPI's will include: Number of funded projects/activities Number of participants Number of organisations led by equality groups and value Activity in areas of greatest deprivation</p> <p>Data will be brought to life through stories of change.</p>

VALUE FOR MONEY TO NHS	<p>Please describe how the project demonstrates value for money to the NHS compared to equivalent NHS expenditure</p> <p>This is an investment in growing health wealth through community and voluntary action to address health inequity. It is about preventing poor health by taking positive action early on.</p> <p>This fund will boost activity (physical activity, social connection, sense of purpose, peer support, choice and control, self-determination, learning new skills and so on) and community infrastructure (neighbourhood anchor organisations, equalities focused organisations) that produce health wealth.</p> <p>It is notoriously difficult to generate cost benefit analysis in this area but, for example, the harmful effects of social isolation has been compared to approximately 15 cigarettes a day (DPH Annual Report 19/20).</p> <p>Research into the cost of inequity to the NHS published in 2016 in the BMJ found; <i>'Socioeconomic inequalities result in increased morbidity and decreased life expectancy. Interventions to reduce inequality and improve health in more deprived neighbourhoods have the potential to save money for health systems not only within years but across peoples' entire lifetimes, despite increased costs due to longer life expectancies.</i></p> <p>This will be multiplied as we take account of other inequities.</p> <p>The NHS invests millions of pounds in social prescribing infrastructure in response to the estimated 20% of GP appointments being for 'social issues' (BJGP). Social prescribing is all about the efficacy of purpose, social connection, civic-action and the ability to influence and control our own lives on our health. This fund will grow social and civic action. As this proliferates there will be less need for social prescribers.</p>	
EXIT STRATEGY	<p>At the point grant funding ends what would be the next steps? Eg. project stops, request for future ongoing funding, savings delivered</p> <p>This is one off funding. All grants will be one-off. Our aim is to support tried and tested work to continue, to bridge to further funding or to seed new activity. All projects will provide monitoring reports and an evaluation will assess impact and what happens next.</p>	
INTERDEPENDENCIES	<p>Is the project aligned or dependent on another HT Programme Area? Which Healthier Together Steering Group would you propose sponsoring the project? (Mental Health & Learning Disabilities; Integrated Care; Children & Families; Population Health & Inequalities; Digital)</p> <p>To be advised - VCSE work is located with Building Health Communities.</p>	
PRIORITISATION ASSESSMENT:	<p>Please score each facet below and provide a narrative justification for the score. These will be used to prioritise spending.</p>	
	Score	Narrative
Alignment with system priorities	1 Strong alignment	This funding proposal will help to deliver a key priority for the ICS which is to build community capacity

Risk of recurrent costs to the NHS	1 Negligible risk	Scheme needs to incur no ongoing NS revenue costs
Impact on health inequalities	1 Significant positive impact	This will provide direct investment to citizens and communities experiencing the greatest health inequity and support them to develop community-led solutions, per support and increase their capacity to influence mainstream services.
Measure of project risk/ maturity/ uncertainty	1 Risks well defined & managed To 5 Significant risks & uncertainties	The project risks are low. The funding will be managed by Quartet Charitable Foundation which is a well-established grant giving organisation with strong track record. BCC is also very experienced in managing successful grant programmes. Together we will ensure appropriate and proportionate systems to ensure: <ul style="list-style-type: none"> - open and accessible application procedures which reach the intended participants - appropriate assessment of applications/organisations so they meet the criteria and deliver against intended outcomes - appropriate funding agreements, monitoring and evaluation.
TOTAL	4	

VALUE ASSESSMENT

Briefly outline how the project supports the goals of Value Based Health & Care:

- Allocating resources efficiently across our system so that we achieve the overall best possible outcomes
- Identifying and improving the outcomes and experience that matter to people
- Commissioning and delivering effective services that avoiding overuse of low value interventions (unwanted or not cost-effective) and underuse of high value interventions (deemed cost-effective but not taken up by those who would benefit)

Investment in VCSE rooted in communities is value for money.

Investment in VCSE brings significant returns as they attract other funding.

An [evaluation](#) of the first two years of Bristol Impact Fund found:

- leverage rate was 67% (67p for every £1). At this rate a fund of £4m will lead to activity worth appx £7m.
- the combined monetary value of volunteers based on Office of National Statistics rates of £14.43 an hour is a remarkable £10.3 million

[Locality](#) 'Keep it Local' initiative has shown that investment in community and voluntary organisations has a 3D multiplier because they invest in local supplier, they employ people from the priority group and they grow the wealth through social capital (which continues to grow) and by leveraging other funding. The trusted relationships and connections they have with communities well out of the reach of public institutions means they are a vital and precious resource.