

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

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 Health and Social Care Career Pathway Programme		
Author name: Role:	Jane Taylor, Head of Service (Employment, Skills and Learning), Bristol City Council		
Author email: Tel number:	Jane.taylor@bristol.gov.uk 07810506586		
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	500K		
LA Matched Funding	500K	BCC Employment Support Funding BCC Bristol WORKS Funding BCC Digital Inclusion Funding Apprenticeship Levy/ESFA Funding WECA Adult Education Budget WECA Future Bright	

Table 2

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

<p>BRIEF SCHEME OVERVIEW</p> <p>Summarise the key dimensions of the scheme in terms of the intended change as a consequence of the investment.</p>	<p>Summarise the key dimensions of the scheme in terms of the intended change as a consequence of the investment.</p> <p>Workforce recruitment and tackling skills gaps is the biggest challenge for the Health and Care Systems (HSC). In addition, supported pathways to inclusive employment is one of the single most effective interventions to reduce inequality and improve health outcomes. We intend to use this investment to achieve significant transformation and change in these priority areas:</p> <p>Through a two year ‘test and learn’ project, we will work across Bristol based HSC anchor employers and their suppliers to develop a co-ordinated and impactful approach to inclusive and diverse recruitment, targeting people who are unemployed and living in poverty in the most deprived neighbourhoods.</p> <p>This work is critical – the current investment in HSC recruitment and employment support is very fragmented and is not reaching the people and communities left behind. As we start to recover from the impact of Covid 19, there is growing evidence of the number of households experiencing deep poverty with negative impacts on their health, well-being and future prospects, particularly those who are unemployed and living on the lowest incomes.</p> <p>Through short term investment, we will be able to build a more systematic and ‘bottom up’ approach. With dedicated capacity, we will be able to strengthen joint working across HSC human resources and apprenticeship services and local authority employment, skills and learning services, enabling us to develop a shared framework and overview of entry job vacancies and skills pathways, aligning our resources and plugging gaps to improve diverse and inclusive recruitment together.</p> <p>We will carry out collaborative system mapping and gap analysis. We will also co-design and trial innovative engagement activities and resources to inspire and support local people living in Bristol’s most deprived neighbourhoods to consider and apply for jobs in the HSC sector. We will build on approaches that work and develop new activities including experience of work for young people; pre-recruitment training and events with unemployed adults; training and utilising peer and community champions; creating paid work placements and targeted career coaching.</p> <p>Through this timely collaboration, not only will this improve the life chances and potentially health outcomes for those obtaining good jobs and careers, this will also enable HSC organisations to improve the quality of services through a more diverse and representative workforce.</p> <p>Through this investment, the local HSC sector can lead the way in demonstrating a new linked recruitment system that can be rolled out to other sectors and anchor employers, generating savings and further income generation opportunities to sustain and grow this work.</p>
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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

The project spending will enable us to support transformation at a system, operational and participant level. As a result of the investment, HSC anchor employers and their suppliers will have been supported to address critical skills gaps and at the same time make a direct contribution to reducing health inequalities by providing accessible decent jobs to people living in poverty who are currently experiencing the worst health outcomes in Bristol.

Project partners will have developed a shared framework of health and social care entry level job roles and vacancies across all Bristol based anchor organisations and their supply chains. This will also include a mapping and assessment of related training, skills and employment support activities so that existing resources can be better understood and aligned.

Following a focused gap analysis, additional activity and outputs will be delivered including:

- at project start, developing a robust monitoring and evaluation plan, including participant tracking and social value calculator tools
- developing a system map of current resources and services to achieve inclusive recruitment
- creating an accessible map of entry level jobs and skills opportunities across HSC employers
- producing career inspiration materials and information that can be shared with young people and adults in target communities
- building a simple shared pre-assessment process that can support potential job candidates to prepare for job applications and interviews
- developing and delivering pre-16 experience of work and career insights activities targeting young people most at risk of becoming NEET and without access to employer networks
- holding post 16 and adult career information & advice workshops and events to raise awareness of vacancies across the HSC sector, including targeted activities for those people facing the greatest risks and challenges – for example, Care Leavers; Disabled people; wards with the highest rates of Universal Credit claimants
- recruiting, training and utilising community and peer champions who can advocate and inspire others to apply for jobs in the H&S care sector
- creation of paid work placements for young people and adults from our priority groups
- providing job coaching and support so that local people are successful in their applications for H&SC jobs and apprenticeships, and are also supported for at least 6 months in their new roles to achieve improved retention and job progression
- publishing a mid and end of project report and case studies which are used to inform the project forward plan, roll out and future funding bid opportunities

KEY PERFORMANCE INDICATORS PROPOSED

What KPIs will the project use to ensure delivery of benefits. Can this data be collected routinely now?

The Key Performance Indicators for this project will include:

- i) The total number of participants engaged from priority groups who will receive information about HSC vacancies in Bristol (a minimum of 1000)
- ii) The total number of peer champions recruited, trained and utilised (a minimum of 20)
- iii) The total number of participants receiving take part in pre-recruitment activities, events and workshops (a minimum of 600)
- iv) The total number of participants taking part in work placements across the HSC sector (minimum of 200)
- v) The total number of participants who start HSC entry level vacancies or apprenticeships (minimum of 150).

The Council's Employment, Skills and Learning Team has established management information and tracking systems that will be utilised to capture and report on all these KPIs.

VALUE FOR MONEY TO NHS

Please describe how the project demonstrates value for money to the NHS compared to equivalent NHS expenditure

This project is designed to tackle and prevent health inequalities through employment. There is established national evidence that being in good employment is usually protective of health while unemployment, particularly long-term unemployment, contributes significantly to poor health (Health Inequality in England, the Marmot Review 10 Years On, Institute of Health Equity, 2020).

This project is targeting resources to improve employment and health outcomes on young people and adults living in Bristol's most deprived communities. The current rate of universal claimants in Bristol overall is 4.2% compared to a national rate of 4.5% – however, in our most deprived wards this rate ranges from 6.4-9.5% (Eastville; Filwood; Ashley; Easton; Hartcliffe and Withywood; Lawrence Hill)

In 2021/22, the gap in Healthy Life Expectancy between the most deprived 10% and the least deprived 10% within Bristol for males was 16.3 years and for females it was 16.7 years. Within Bristol there are five areas where male Healthy Life Expectancy was in the lowest 5% in England (Knowle West, Barton Hill, Withywood, Hartcliffe and Upper Easton).

As a result of Covid 19 and increasing financial pressures on the poorest households (UC reduction; rise in energy costs; rise in NI; rise in petrol/cost of living; rise in VAT) it is estimated that many more people across the UK will be pushed into very deep poverty, with ever increasing pressures on larger and single families, young people, Disabled people and Black, Asian and Minoritised communities in deprived neighbourhoods.

The extra costs to the system of socioeconomic inequality have been calculated as £4.8 billion a year in greater hospitalisations alone. There is strong evidence that systematic action at a local level to support people living in deprived areas most at risk of poverty, unemployment and ill health into good jobs will potentially reduce future financial burden on the NHS through reduced demand on both primary and secondary health care services.

Based on total project funding of £1m (including £500K Healthier Together Matched Grant Funding), the Bristol HSC Career Pathway Programme has a unit cost ranging from approximately £1K to £6.6K per participant engaged. This represents an average scale when compared with other comparable targeted employment and skills programmes e.g. We Work for Everyone Programme (supporting people with learning difficulties into paid employment) has an average unit cost of £1.8K; WECA Workforce for the Future programme unit costs vary from £3.3K to 7K.

Bristol's Employment, Skills and Learning Service has been trialling the use of the social value tools to measure the positive impact of our services on participants. As part of this HSC career pathway project, we will adapt and apply an adapted calculator to build a ground breaking quantifiable and measurable picture of the social value of this work.

<p>EXIT STRATEGY</p>	<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>When this funding ends we envisage a number of positive 'next steps':</p> <ol style="list-style-type: none"> a. We will have developed high quality HSC career information advice and guidance products and resources that we will be able to embed into ongoing work across core teams across our partnership. b. We can potentially sustain our HSC inclusive recruitment team and targeted activities through savings and on-going pooled budgets across project partners c. Using our learning from this trial, we can work with other public sector employers in the public sector to extend this model, for example through inclusive recruitment into the Police, Fire and Rescue, Environmental Health, FE/HE colleges etc d. We can use our tested model to generate additional major funding so that there is an established collaborative approach to inclusive and diverse recruitment across anchor employers in Bristol (e.g. WECA/DWP/Shared Prosperity Funding)
<p>INTERDEPENDENCIES</p>	<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>This project is aligned to the Population Health and Inequalities Healthier Together Steering Group which we are proposing will sponsor this project. This Group has been set up to direct and move towards whole system tackling of socio economic and health inequalities; engagement with our communities; equality and inequality impact assessments; using population health management and intelligence insights. Through expert input, review and challenge, we believe this group can inform the set up and implementation of our project. There will also be considerable feedback and learning from our project that can inform the thinking and future work programme of the Steering Group.</p> <p>This project is also aligned to the Healthier Together Apprenticeship Steering Group. Bristol City Council Apprenticeship Team are already represented on this group. Through our project, we will be able to make a strong contribution to the STP Apprenticeship Strategy – through creating and building apprenticeship pathways and promoting equality and diversity so that the local HSC workforce mirrors the local STP population.</p>

PRIORITISATION ASSESSMENT:	Please score each facet below and provide a narrative justification for the score. These will be used to prioritise spending.	
	Score	Narrative
Alignment with system priorities	1 Strong alignment	<p>Please outline the extent to which the project aligns with the system's Long Term Plan priorities particular to the project Steering Group, or other relevant priorities.</p> <p>This project aligns with key aspects of the system's Long Term Plan, linked project Steering Groups, and Bristol Health and Wellbeing Board priorities, in particular:</p> <ul style="list-style-type: none"> • Working together so that the gaps in health outcomes between the most economically deprived areas and the most affluent areas of Bristol are significantly reduced • Taking a systematic approach to preventing ill health and tackling wider threats to health • Ensuring that health is 'hardwired' into joined up recruitment, employment and skills services and resources are used more effectively to lift people and communities out of poverty.
Risk of recurrent costs to the NHS	1 Negligible risk	<p>Scheme needs to incur no ongoing NS revenue costs</p> <p>This project is designed for short term 'test and learn' without placing on going financial burden on the NS revenue costs. We believe there is potential for the project model and end products to be sustained through recruitment cost savings and pooled budgets. Also, there is scope to sustain and roll out this project through an evidenced business case for further inward investment into a local/West of England inclusive recruitment system, including from WECA, DWP, Shared Prosperity Fund programmes.</p>
Impact on health inequalities	1 Significant positive impact	<p>Please outline the extent to which the project delivers positive impact on health inequalities</p> <p>This project is designed to have a direct impact on health inequalities by reducing unemployment through joined up inclusive employment support. Unemployment and poverty are well evidenced wider determinants of health which increase where there is multiple deprivation. These issues can exacerbate unhealthy behaviours which may cluster - in turn, this can lead to multiple morbidities such as diabetes, heart disease and depression which can mean lower and poor healthy life expectancy. Supporting those on low incomes to achieve employment in HSC roles will have a measurable impact on participant wellbeing and lifestyle choices which overall will enable more equitable health outcomes.</p>

Measure of project risk/ maturity/ uncertainty	1 Risks well defined & managed	<p>Please describe the level of maturity of the understanding of the project delivery risks</p> <p>This project is considered very low risk. The model proposed is building on established best practice both nationally and locally. Project partners can build on established infrastructure and successful approaches in HSC settings and through local authority Employment, Skills and Learning services. This means the project can begin at speed with high confidence and probability that KPIs and targets can be delivered in the timescale and budget outlined.</p>
TOTAL	Insert total	4
VALUE ASSESSMENT	<p>Briefly outline how the project supports the goals of Value Based Health & Care:</p> <ul style="list-style-type: none"> • Allocating resources efficiently across our system so that we achieve the overall best possible outcomes <p>The project will provide critical additional resource and capacity to achieve greater system alignment and efficiency in achieving shared priority outcomes. HSC HR departments are stretched thin and budgets are getting tighter – by joining up with local authority and wider employment support partners, we can add value and combat the growing challenges associated with the nationwide and local skills gap.</p> <ul style="list-style-type: none"> • Identifying and improving the outcomes and experience that matter to people <p>Diversity, inclusion and belonging is not only just a moral imperative that matters to people – it's a business imperative too. This project will help turn diverse recruitment commitments across the HSC system and the local authority into actionable strategies. We will be able to build a diverse talent pipeline through system collaboration and targeted action, building on existing resources and co-designing innovative tools and approaches.</p> <ul style="list-style-type: none"> • 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) <p>The HSC Career Pathway Project is a high value intervention: diverse recruitment to address the increasing skills gap is a top priority across communities, in the local authority and the HSC system; the model outlined represents good value for money when compared with similar targeted employment support programmes; due to the established best practice and proven track record of Employment, Skills and Learning led programmes (Hype West; Move In Move On Move Up; On Site Bristol; One Front Door; Kickstart; Bristol WORKS) there is a strong likelihood that this scheme will be delivered successfully and that the BNSSG Healthier Together can lead the way in establishing joined up inclusive recruitment for improved health outcomes.</p>	