

# 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
<b>Healthier Together Matched Funding Grant and matched Local authority budgets</b>	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 ) <b>No later than 4<sup>th</sup> February 2022 to</b> 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](mailto:Jon.lund@nhs.net)

Completed business cases should be submitted to:

[Jon.lund@nhs.net](mailto: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

<b>Business case reference:</b>	To be allocated by PMO	<b>Date: 4.2.22</b>	Date submitted to PMO
<b>Business Case title</b>	Bristol Early Language Recovery Programme (BEL)		
<b>Author name:</b>	Nicola Theobald		
<b>Role:</b>	Early Years Improvement Officer, BCC Education and Skills Directorate		
<b>Author email:</b>	nicola.theobald@bristol.gov.uk		
<b>Tel number:</b>	07887 944935		
<b>Outcome:</b>	<b>Approval/requirement for further information</b>		
<i>To be signed once approval is granted</i>	Section to be completed by finance/business planning following decision by 'CCG Governing Body' authority		
<b>Financial summary</b>	<b>£750k</b>		
<b>HT Matched Grant Funding</b>	£375k		
<b>LA Matched Funding</b>	£375k	Dedicated Schools Grant: Early Years Block/ Education Transformation	

**Table 2**

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

**BRIEF SCHEME OVERVIEW**

Summarise the key dimensions of the scheme in terms of the intended change as a consequence of the investment.

Growing evidence that the pandemic is having a significant impact on young children's speaking and language skills is of critical concern. Measures to combat the pandemic have deprived the youngest children of social contact and experiences essential for building self-confidence and increasing vocabulary. Less, or no contact with wider family members, social distancing, no play dates and the wearing of masks in public have left children less exposed to conversations and everyday experiences that naturally develop listening and attention and generate opportunities for language exploration and rehearsal.

Key findings from the I CAN survey report, 'Speaking Up for the Covid Generation', (July 2021) highlight that circa 1.5 million children are at risk of not being able to speak an understand language at an age-appropriate level, and that without appropriate support these children will not be able to catch up. The survey report further recognises the life-long consequences of delayed speech and language skills, highlighting that by **not** investing early the costs will be great. Wider evidence recognises that lower academic performance, poor employment outcomes, mental health concerns and higher rates of offending are strongly attributable to developmental delay in speech and language.

Reports of developmental delay from Bristol parents/carers and early years practitioners highlight significant concerns in relation to young children's ability to articulate speech sounds, draw from a bank of vocabulary and to form simple sentences. This is showing to have a disproportionate impact on children living in the most disadvantaged wards, children with SEND and EAL, thereby widening already existing school readiness gaps. The negative impact of speech and language delay on children's social, emotional and mental health as they struggle to communicate with peers and adults is giving rise to frustration, low self-esteem and high levels of dysregulation.

System pressure is evident in view of increased numbers of referrals to Speech and Language Therapists, CAMHS, family therapy services and increased early years SEND panel funding applications. Referral rates for Early Years children in Bristol (prior to school entry) for the last 12 months have shown a marked increase. The second half of 2021 saw a 13% increase in referrals for a Speech and Language Therapy Assessment. Calls to the advice line and emails to the generic advice email inbox has increased considerably.

The situation has been compounded during the pandemic by the loss of access to SALTs, with some therapists being redeployed to support colleagues across the NHS.

**The Bristol Early Language Recovery Programme** proposes to upskill the early years workforce and families in supporting early speech and language development and building communication resilience for 3–5-Year-Olds in the context of COVID-recovery. Programme duration is 2 years.

This programme will build capacity across the city's 34 wards, with specific emphasis on areas of greatest need. In addition to location, participating providers will be identified based on statutory EYFSP pupil outcomes, numbers of FSME children, Pupil Premium and SEND funding.

**192 early years settings/schools and 5,143 children living in the 0-30% most deprived wards nationally (IDACI, 2019) will be in scope for the programme.**

Early years is committed to giving every child the best in life and narrowing the gap in attainment for all children and families, and particularly for those facing the most challenging circumstances. A primary EYFSP focus is narrowing the gap for key groups and the disadvantaged. Bristol's 2018-19\* performance was:

- Gender: 12.5 percentage point gap
- FSME: 21ppts
- 0-30%: 12ppts
- SEN Support: 46ppts
- EAL: 8ppts

The proportion of Black, Asian and Mixed Heritage children achieving 'GLD' was 61%, 68% & 73% respectively; this compares to 72% for their White peers. 71.4% of all pupils attained at least expected in ELGs for Communication, Language and Literacy.

(\* latest measure as statutory assessments cancelled due to pandemic)

The main driver behind the Bristol Early Language Recovery Programme is to continue the narrowing of gaps to support children in reaching age-appropriate expectations/school readiness. In view of the freeze on statutory assessments, baseline and interim programme data will be captured to monitor impact against child attainment gaps.

The early years pedagogical expertise within Bristol's 12 maintained nursery schools, all judged as Good or Outstanding by Ofsted, will be harnessed to support programme delivery. Expertise will also be drawn from Bristol's Children Centre Hub teams to ensure an integrated approach and delivery model across family support and health visiting teams. A team of 12 Bristol Early Language Recovery trainers will be recruited and trained to deliver a modular programme, covering the following aspects:

- Speech and language development (co-produced and co-delivered with early years speech and language therapists)
- Building early communication resilience through trauma-informed approaches.
- Quality interactions through play, including outdoor learning.
- Developing oracy through story-making and rhymes, including EAL.
- Parent partnership and the home learning environment.
- Inclusive practice through ordinarily available provision.
- Planning and assessment, including early language screening.

The above strands build on existing CPD programmes delivered by the Bristol Early Years Teaching School, [Home - Bristol Early Years Teaching Hub \(beytc.co.uk\)](https://www.beytc.co.uk), early years local authority team and commissioned early years SALTs. Evidence-based approaches, including Hanen and DfE funded pilot programme evaluations, document positive impact on accelerating children's progress. A further targeted recovery measure is now needed to tackle growing inequalities because of the pandemic.

A reframing of course content to strengthen the focus on children's emotional literacy, communication resilience and home learning in the context of recovery is now required. Programme design will be informed through partnership-working with the Anna Freud National Centre for Children and Families ([Anna Freud National Centre for Children and Families](https://www.annafreud.org/))

**Programme strand 1** - delivery of full modular programme to targeted cohorts of early years settings and primary schools. Practitioners from neighbouring early years settings/primary schools to form peer action-research partnerships

and be in receipt of bursaries to support gap tasks. Two practitioners from each setting/school to facilitate quick change.

**Programme strand 2** - spotlight on parents/carers as partners and the home learning environment. Trainers with expertise in family support through Children Centre delivery to write a streamlined early language recovery programme to upskill locality-based Children Centre family support workers and health visitors to ensure a joined-up, integrated approach to supporting families with early speech and language development. Development of parent/carer Bristol Early Language champion network.

**Programme strand 3** - upskilling for childminders working with identified children. Delivery will take place through existing area-based Childminding Hub networks.

The Programme will be developed by a project team drawn from leaders in existing local authority roles and sector-based subject experts. A project steering group will oversee all activity and report to the SEND Improvement Board.

The project team will engage a university partner to provide external evaluation over the duration of the programme. Impact evaluation to include reference to 'The Balanced System: High Outcomes for Speech, Language and Communication Needs (Gascoigne, 2016) and the Early Intervention Foundation maturity matrix.

Accreditation opportunities will be explored to support workforce morale, development and qualifications. The early years workforce is currently facing critical issues in relation to recruitment and retention. This has been exacerbated by the pandemic. This opportunity for early years practitioners to access high quality, funded training, including opportunities for leadership development, will be motivational for those experiencing notable sector fatigue.

**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

**System benefits:**

- upskilled early years practitioners engaging in consistently high quality, language-rich adult/child interactions. Preventative strategy in mainstream context.
- integrated model of delivery across health, education and family support embedding a consistent approach to the early identification of early speech and language needs and improved understanding of thresholds relating to agreed integrated referral pathway.
- reduced number of inappropriate referrals to specialist services – SALT, CAMHS.
- reduced strain on adult mental health services - in view of children with vocabulary difficulties at age 5 being 3 times more likely to have mental health problems in adulthood / twice as likely to be unemployed when they reach adulthood
- actively engaged parents and carers – promoting well-being and alleviating covid-related stress, thereby reducing potential mental health issues /system referrals.
- capacity-building through training the trainers delivery approach to provide a sustainable model of cross-service leadership.
- co-production and co- delivery of programme modules, fostering collaborative working across services, building trust, relationships, and a more aligned approach.

**Service outcomes and outputs:**

- Narrowing the gap in attainment for children living in the most disadvantaged wards and in receipt of Pupil Premium, Free School Meals and SEND funding – improved school readiness and statutory EYFSP outcomes.
- Sustained high quality pedagogy at individual setting level, judged to be Good or Outstanding. (Ofsted)
- Improved transition for children and families between nursery to school-age providers, supporting continuity of practice and tracking of vulnerable children.
- Network of parents and carers as ambassadors for early language learning.
- Practice exemplars and guidance – care studies and dissemination through in person networking, webinars, and website/social media.
- Opportunities to develop self-sustaining cross-phase peer research partnerships and networks.

**Additional activity:**

- Promoting workforce development, recruitment and retention.
- Accreditation – in partnership with external evaluator, to consider programme accreditation to promote workforce qualifications.
- Transitions beyond reception year - building on the EYFS, an LA supported programme with partnership working between the LA early years and primary teams to support oracy, executive function and learning on transition into Y1 and beyond. This is an established a professional learning community of KS1 and EYFS teachers and leaders developing transition practices and pedagogy to support and sustain children's learning. The oracy and language element of the programme can be built on and enhanced to sustain language

	<p>development into the primary phase. This programme is working University of Suffolk to research successful practices and system approaches to successful learning in Year 1.</p>
<p><b>KEY PERFORMANCE INDICATORS PROPOSED</b></p>	<p>What KPIs will the project use to ensure delivery of benefits. Can this data be collected routinely now?</p> <ul style="list-style-type: none"> <li>▪ <b>Early Years Foundation Stage Profile</b> - All children are assessed at the end of reception year using the EYFSP. Children are considered to have achieved a <b>‘good level of development’</b> if they meet or exceed the expected standard across the 3 prime areas of learning (language and communication, physical development, and personal, social and emotional development) and the 2 specific areas of literacy and mathematics. (routinely collected and statutory annual return to DfE)</li> <li>▪ <b>EYFS Two-Year Old Check</b> – written record of children’s progress at 2-21/2 years against prime areas: communication and language, physical development and personal, social and emotional development. (routinely collected at individual setting level)</li> <li>▪ <b>Ages and Stages Questionnaire</b> - This is applied at the universal health visitor review at 2-2 1 /2 years to assess the level of development in 5 specific domains: gross motor skills, fine motor skills, communication skills, problem solving skills and personal/social skills (Routinely collected (routinely collected by Health Visitors)</li> <li>▪ <b>Public Health Outcomes Framework</b> - The new outcomes indicators for communication skills aged 2-2 1 /2 years and communication and language skills aged 5 years as part of the Public Health Outcomes Framework. (not routinely collected by early years team)</li> <li>▪ <b>Specific early speech and language screening tool</b> - new early language identification measure is currently in development. Programme offers potential to refine screening tool and upskill practitioners to use across a wide range of settings.</li> <li>▪ <b>The Leuven scales</b> – five point scale to measure children’s emotional well-being and involvement (routinely collected by some individual early years settings) Proposal to review in partnership with the Anna Freud National Centre for Children and Families to capture impact on children’s mental health and well-being.</li> </ul>
<p><b>VALUE FOR MONEY TO NHS</b></p>	<p>Please describe how the project demonstrates value for money to the NHS compared to equivalent NHS expenditure</p> <p>Cost benefits to the health system have not yet been fully evaluated and further work with health is required to ascertain financial impact.</p> <p>The economic case for early learning is well documented. Economist Professor James Heckman (University of Chicago) makes the case for investing in early childhood education based on cost-effectiveness. Heckman’s extensive ‘Lifecycle Benefits’ studies analyse a range of life-outcomes, including health, social behaviours, participation in crime and employment and finds a <b>13% return of investment (ROI)</b> for comprehensive, high-quality education. Further research suggests expanding early learning initiatives would provide benefits to society of roughly <b>\$8.60 for every \$1 spent.</b></p>

<b>EXIT STRATEGY</b>	<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>A number of programmes and initiatives are in place through which the professional development of practitioners and progress of children in language development and oracy can be sustained and extended:</p> <ul style="list-style-type: none"> <li>▪ Ongoing quality development will be accessed through the three area-based networks and three area-base childminder hubs, coordinated by system leaders. These networks offer an opportunity for training and sharing best practice. The Bristol Early Language Recovery Programme Trainers will be designated to take a lead role in these forums.</li> <li>▪ Early Language Ambassador / Champion in every early years setting supported by a professional development community. This group would meet termly supported by Lead Teachers, SALTs, and would link with the children's centre hubs to provide and integrated partnership working for families and children.</li> <li>▪ Parent/carer Champion network established at area level.</li> <li>▪ Early Years SENCO clusters – termly meetings for early years SENCOs for professional Development. These will be supported by the link with speech and language therapists and link with school SENCO networks for transition to school.</li> <li>▪ The Bristol Standard self-evaluation quality framework (<a href="#">The Bristol Standard   Bristol Early Years</a>) is recognised by NQIN, supports continuous improvement, and incorporates a dimension relating to early language. This will be updated in light of the Bristol Early Language Recovery Programme.</li> <li>▪ Documentation of programme evidence-base to enable application for additional grant funding, for e.g., Education Endowment Foundation, Early Intervention Foundation.</li> <li>▪ Dissemination across neighbouring LAs to foster consistent practice and promote collaboration and knowledge exchange.</li> </ul>
<b>INTERDEPENDENCIES</b>	<p>Is the project aligned or dependent on another HT Programme Area?</p> <p><b>The programme will support activity under the SEND and Children's Mental Health workstreams.</b></p> <p>Which Healthier Together Steering Group would you propose sponsoring the project? (Mental Health &amp; Learning Disabilities; Integrated Care; Children &amp; Families; Population Health &amp; Inequalities; Digital)</p> <p><b>Children, Families and Maternity Steering Group</b></p>

PRIORITISATION ASSESSMENT:	Please score each facet below <b>and</b> provide a narrative justification for the score. These will be used to prioritise spending.	
	Score	Narrative
<b>Alignment with system priorities</b>	<p>1 Strong alignment To 5 no alignment</p> <p><b>1 – strongly aligns</b></p>	<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> <ul style="list-style-type: none"> <li>▪ The programme aligns to the long-term plan and is supported by the Children, Families and Maternity Steering Group.</li> <li>▪ Intended programme outcomes dovetail with the Public Health Outcomes Framework and local Best Start initiatives.</li> <li>▪ Provides a systematic approach to the prevention and early identification of speech and language delay, alongside tackling wider threats to the mental health of children and families.</li> <li>▪ Programme will strengthen alignment and partnership-working between health, education and family support.</li> </ul>
<b>Risk of recurrent costs to the NHS</b>	<p>1 Negligible risk To 5 very high risk</p> <p><b>1 – negligible risk</b></p>	<p>Scheme needs to incur no ongoing NS revenue costs</p> <p>No recurrent costs. Capacity-building strategies, drawing on the embedded model of system leadership and National Early Years Teaching School Hub, are built into the programme to sustain progress and engagement.</p>
<b>Impact on health inequalities</b>	<p>1 Significant positive impact To 5 negligible positive impact</p> <p><b>1 – significant positive impact</b></p>	<p>Please outline the extent to which the project delivers positive impact on health inequalities</p> <p>Positive impact through prevention and early intervention. Recovery programme targeted at most disadvantaged children and families and aims to narrow the gap across key groups, reducing inequalities from the earliest years.</p>
<b>Measure of project risk/ maturity/ uncertainty</b>	<p>1 Risks well defined &amp; managed To 5 Significant risks &amp; uncertainties</p> <p><b>1 – risks well defined and managed</b></p>	<p>Please describe the level of maturity of the understanding of the project delivery risks</p> <p>This programme is considered low risk. High levels of expertise within the project team/steering group (including programme delivery at local, regional and national levels) mitigate against high levels of risk and uncertainties. Evidence-based approaches underpin programme content and CPD approach. The programme can begin with high confidence and be delivered in the timescale and budget outlined.</p>
<b>TOTAL</b>	Insert total <b>4</b>	

<p><b>VALUE ASSESSMENT</b></p>	<p>Briefly outline how the project supports the goals of Value Based Health &amp; Care:</p> <p><b>Allocating resources efficiently across our system so that we achieve the overall best possible outcomes</b></p> <ul style="list-style-type: none"> <li>• The programme will provide an opportunity to strengthen alignment across services and systems, enabling the fostering of common approaches and identification of efficiencies.</li> <li>• Alignment across phases of education to support transition (nursery to school aged) will be strengthened, enabling continuity and consistency of experience for children and families.</li> <li>• Joint professional learning and the development of an integrated workforce to support recovery in relation to early speech and language will be powerful in building confidence to tackle inequalities and achieve shared outcomes.</li> </ul> <p><b>Identifying and improving the outcomes and experience that matter to people</b></p> <ul style="list-style-type: none"> <li>• As stated in the EYFS statutory framework, every child deserves the best possible start in life and the support that enables them to fulfil their potential. High-quality provision provides the foundation children need to make the most of their abilities and talents as they grow. Recognising the uniqueness of children and building trusting relationships with families in the early years lays a strong foundation for positive lifelong experiences. The EYFS principles underpin all aspects of the programme.</li> </ul> <p><b>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)</b></p> <ul style="list-style-type: none"> <li>▪ The programme is targeted at reducing inequalities and draws on evidence-based approaches. Its focus on prevention and early intervention in a mainstream context has relevance to providers as part of everyday high quality, inclusive practice. Positive relationships and an existing infrastructure to support practitioners and families provides the best climate to sustain engagement in achieving the best possible outcomes for children.</li> </ul>
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