

Priorities for the Department of Health's Volunteering Fund

1.0 Background

This paper sets out general information and the initial priorities for the Department of Health's (DH) Volunteering Fund for Health and Social Care (the 'Volunteering Fund'). It should be read in conjunction with Application guidance (to be available in January - see website www.volunteeringfund.com). The Volunteering Fund will provide a combination of grant funding and support to organisations enhancing their capacity and ability in the health and social care field. The Volunteering Fund will provide two distinct grant funding schemes:

- a local grant scheme aimed at supporting volunteering in health and social care. Awards will be made subject to applicants being connected at local level to commissioners.
- a national portfolio scheme - National organisations will be able to apply for more substantial awards to deliver more strategic or developmental volunteering programmes.

The Volunteering Fund has been designed so that projects can contribute positively towards:

- The Department of Health's strategic objectives
- Enhancing capacity and ability of the third sector in the health and social care field, contributing to PSA targets such as 18 (promoting choice) and 21 (sustainable funding)
- Improved volunteer experience through better management and use of volunteers
- Alignment with commissioning in health and social care.

Through a mixture of grant funding and business support, the Volunteering Fund will enable TSOs in the health and social care field to sustain and grow their provision, including becoming more effective in the way they manage their fundraising activities.

In addition to the grant investment, successfully selected organisations will also receive the support of the Volunteering Fund managing body, to build organisations' best practice and financial sustainability beyond the end of the grant.

The Volunteering Fund managing body will deliver support linked to grant funding to enable TSOs to achieve their objectives for long term sustainability. TSOs selected to receive a Volunteering Fund grant will need to commit to working closely with the Volunteering Fund Managing Body and should have adequate capacity available within their organisation to receive and embed support.

2.0 Targeting

The following targeting strategy is designed to:

- meet the Department's strategic objectives;
- maximise the Fund's resources; and
- maximise the Fund's impact.

Both national level and local level projects will be invited to apply for funding and support for a maximum of three years. There will be an annual cycle of application rounds for local and national portfolio projects. We envisage awarding a maximum of 55 local project grants and a maximum of 12 national portfolio project grants per year. Further detail on the targeting, priorities and cross cutting themes related to these projects will be issued at a later date.

Initial launch rounds will commence in early 2010 for local projects. Local projects will be targeted through a rolling programme of application rounds that target all regions in each funding year so that all regions are included but at different times of the year.

Regions will be clustered for targeting in the following groups:

- North East and North West
- East Midlands and Yorkshire and Humberside
- South Central, South West and West Midlands
- London, South East and East of England

The Volunteering Fund is intended for organisations that already have a constitution. There will be a small number of groups which will still be at the stage of developing and selecting an appropriate legal form. As the Volunteering Fund is keen to support newer organisations, further guidance will be provided to these groups to assist them in choosing the most appropriate legal form.

The Volunteering Fund will seek to prioritise local organisations that can demonstrate within their application for funding one or more of the following:

- Innovation in volunteering practice
- Clear potential to develop, for example in terms of scale of operation, delivering to a new area or in engaging new groups of volunteers
- Participation in local partnerships which may develop into more formal arrangements as part of longer-term sustainability strategies
- Capacity to embed support, deliver long-term sustainability and maximise dissemination of effective practice.

3.0 Strategic priorities for the Volunteering Fund

These priorities will inform the targeting of applicants to the fund, selection criteria as well as ongoing monitoring and support delivered by the managing body during the delivery phase. Priorities are presented in no order of importance and as an overarching framework for the programme as a whole. Specific priorities relating separately to local projects and national projects will be outlined in further detail in the Application Guidance.

The application criteria and process will take full account of the operational focus and constraints of third sector organisations. Application requirements will be proportional to the amount of grant monies to be awarded per project. Compact guidance will be fully observed.

3.1 Priority 1: Strategic Alignment

The first priority for the Fund should be a contribution to key strategic drivers for DH. In line with the Department's Strategic Objectives (DSOs) and Public Service Agreement (PSA) targets:

Department of Health Strategic Objectives & Outcomes	
1: Better health and well-being for all: helping you to stay healthy and well, empowering you to live independently and tackling health inequalities	Help improve every citizen's overall health, life expectancy and emotional wellbeing
	Help improve citizen's quality of life – helping people to live healthier, more independent, disease free lives
	Help the most vulnerable achieve their aspirations, building a fairer society
2: Better care for all: The best possible health and social care, offering safe and effective service, when and where you need help and empowering you in your choices	Improve the safety cleanliness and delivery of optimum care
	Making services more personal, more convenient, responsive and designed around the user
	Improve the experience for patients, users and carers – treating every person with dignity and respect and giving them more control
3: Better value for all: Delivering affordable, efficient and sustainable services, contributing to the wider economy and nation	Ensure an effective system – that is productive and efficient providing the best value-for-money for the taxpayer
	Secure the long term sustainability of health and social care for this and future generations

3.2 **Priority 2: DH Strategic Framework**

Second, projects should make a contribution to at least one of the following key priorities highlighted in the DH Strategic Framework:

- Focus on health, prevention of ill-health and well-being.
- Maintaining independence.
- Promoting joined up working across Government.
- Access to services.
- Empowering citizens to shape their own lives.

3.3 **Priority 3: DH Volunteering Strategy**

Third, applicants should contribute towards DH's emerging Volunteering Strategy which includes:

- Leadership
 - ▶ Leading promotion of volunteering across the health and social care system, and wider society
 - ▶ Investment in volunteering aligned with high level drivers (eg, the quality and productivity challenge within the NHS).
- Partnership working:
 - ▶ Joint strategic needs assessment and Local Strategic Partnerships
 - ▶ Shared investment
 - ▶ Effective working relationships with delivery partners, including in other fields (eg, schools)
 - ▶ Combined local capacity for recruitment and support for volunteering
 - ▶ Recognising what already works and disseminating good practice.
- Commissioning
 - ▶ Recognition of commissioners' role/influence in a locality
 - ▶ Potential for including volunteers in design and delivery of services
 - ▶ Recognising the cost of volunteer support in assessment of bids, and the value of infrastructure support
 - ▶ Link between spending and strategic priorities.
- Management within organisations:
 - ▶ Link with high level drivers (e.g. the quality and productivity challenge)
 - ▶ Added value to service-users and staff
 - ▶ Ability to assess the impact of volunteering
 - ▶ Enhancing diversity of volunteering opportunities/volunteers
 - ▶ Risk management processes
 - ▶ Effective volunteer management.

- Support for individual volunteers:
 - ▶ Involvement of volunteers and improved access
 - ▶ Commitment to equal opportunities and diversity initiatives
 - ▶ Benefits to volunteers.

4.0 Cross Cutting Themes

In addition to the priorities applications should demonstrate a contribution to one of the cross cutting themes. Applications which demonstrate contribution towards cross cutting themes 1 or 2 will be given higher priority in the selection process.

4.1 Cross cutting theme 1: Addressing Social Care priorities

Both local and national projects applying under this cross cutting theme should address key aspects of the strategic direction of care and support services outlined in '*Our Health, Our Care, Our Say*'. These are:

- Putting people more in control of their own health and care
- Enabling and supporting health independence and well-being
- Rapid and convenient access to high quality, cost effective care.

Contribution towards emerging social care priority outcomes on personalisation will similarly be sought:

- Greater choice and control through the development of personal budgets, including direct payments
- The development of general support (universal) services to communities, including transport, leisure, housing, information and advice
- Early intervention and prevention to enable people to live independently in their own homes
- The development of greater community capacity (social capital) through families, friends and neighbours in communities

4.2 Cross cutting theme 2: Addressing Health Inequalities

Different criteria will apply to those applying under the local grant scheme and the national grant scheme, as follows:

4.2.1 Local projects

Local projects applying under this cross cutting theme will need to outline how their proposed activities will address health inequalities within their local authority and PCT area. All applicants will need to outline how their proposed activities will address effective contribution towards Health and social care related priorities within their area's Local Area Agreement.

Weighting of scores for local project applications:

In the event of a high number of applications for funding, the assessment process will also take into account the locations of projects / organisations. We will give preference to projects which target activity in local authorities and PCTs within the 'Spearhead group'¹ which is the DH's most up to date mechanism for prioritising activity in areas of high health inequality. See Application Guidance for a full list of the 'Spearhead group'.

4.2.2 National projects

We would expect **National projects** applying under this cross cutting theme to be more explicitly aligned with priorities 1, 2 and 3 (high-level national objectives). Where proposals have a regional focus, they should ideally address health inequalities within their relevant regions of operation. Particular areas of health priorities for each region, as highlighted in the Health Profiles 2008² and where each region is prioritising their efforts are detailed below:

North West

- Alcohol-related illness (based on hospital stays related to alcohol [worst in England], binge drinking adults)
- Heart disease and stroke (worst in England)
- Tooth decay in children (worst in England)

Priorities for the North West are: to focus on prevention of illness and to ensure that health and social care services are delivered to everyone according to need.

North East

- Smoking in pregnancy and breastfeeding initiation (worst in England)
- Alcohol-related illness (based on binge drinking adults [worst in England] hospital stays related to alcohol)
- Lack of healthy eating adults (based on healthy eating adults)

¹ The Department of Health's focus for reducing health inequalities is the Spearhead Group of local authorities and primary care trusts. The Spearhead Group includes the fifth of areas with the worst health (measured by life expectancy, cancer and cardiovascular disease) and deprivation status.

² www.healthprofiles.info

Priorities for the North East concentrate on encouraging the safe consumption of alcohol.

West Midlands

- Infant deaths (worst in England)
- Obese adults (worst in England) and adults who are physically active (lowest in England)

Priorities for the West Midlands focus on a cross-agency partnership approach to reducing health inequalities thus enabling people to live healthier lifestyles as well as taking action to reduce infant deaths.

South Yorkshire

- Smoking;
- Tackling obesity by focussing on improving physical activity and diet;
- Alcohol (in particular binge drinking)
- Reducing accidents in rural areas.

The health of people in Doncaster, Rotherham, Sheffield and Barnsley is generally worse than England average in many of the indicators used in the local Health Profiles. Although, within the Yorkshire and Humberside region, South Yorkshire is better at adults who smoke, hospital stays related to alcohol and obese adults.

East Midlands

- Smoking in pregnancy
- Obese adults
- People diagnosed with diabetes
- Road injuries and deaths

Priorities for the East Midlands. The health of people in the East Midlands is generally close to the average for England as a whole. Regional priorities include tackling and reducing health inequalities for people living in the more deprived areas of the region, smoking in pregnancy, reducing road injuries and deaths. The Health Strategy for the East Midlands, "Next Stage for Investment for Health" 2008, highlights as priorities high levels of smoking, high levels of obesity, high levels of harmful alcohol use and low levels of physical activity.

East of England

The health of the people in the East of England is generally better than the average for England as a whole. However, it has fewer physically active adults and more road injuries and deaths than average. Priorities for the region are described in *Improving Lives; Saving Lives* (Dec '07). The priorities are:

- delivering a better patient experience, including improving patient safety and access to services;
- improving people's health, including reducing premature deaths from heart disease, stroke and cancer;
- and reducing unfairness in health, including improving access to healthcare for marginalised.

London

- Disease and poor health early death rate from heart disease and stroke, and rates of diagnosis with diabetes and tuberculosis are worse than average.
- The health of London's children is worse than the national average with a high rate of children living in poverty. Rates of physically active children, children's tooth decay and rates of childhood obesity are worse than the national average.

Priorities for London. The London Public Health report identifies priorities including a vascular prevention strategy for London, reducing tuberculosis and addressing inequalities in health.

South Central

- Violent crimes
- Road injuries and deaths
- Physically active children

South West

- smoking in pregnancy
- tooth decay in children

Priorities for the South West in addition to the issues highlighted by the data, other priorities include smoking amongst adults as a whole; alcohol related illnesses and conditions; adult obesity and rising obesity amongst children; drug misuse and reducing road injuries and deaths particularly in rural areas.

South East

The health of people in the South East and South East Coast SHA area is generally better than the average for England, but the health of people in Hastings, Thanet and Brighton and Hove is generally worse than the national average.

Priorities for the South East are: improving health and well-being, addressing the underlying causes of ill health in a sustainable way and reducing health inequalities.

Weighting of scores for national project applications:

In the event of a high number of applications for funding, the assessment process will also take into account the contribution to activity in local authorities and PCTs within the 'Spearhead group'¹ which is the DH's most up to date mechanism for prioritising activity in areas of high health inequality. See Application Guidance for a full list of the 'Spearhead group'.

¹ The Department of Health's focus for reducing health inequalities is the Spearhead Group of local authorities and primary care trusts. The Spearhead Group includes the fifth of areas with the worst health (measured by life expectancy, cancer and cardiovascular disease) and deprivation status.