

National Portfolio Health and Social Care Volunteering Fund: National grant scheme specification

Introduction

This paper sets out the draft specification for the Department of Health's (DH) first National grant scheme of the Health and Social Care Volunteering Fund. Volunteers play a range of critically important roles in our communities, and in the context of health and social care contribute to the delivery of high quality health, care and support services; improving health and well-being; helping to reduce health and social inequality. They frequently offer support to people at the most vulnerable points in their lives.

The National grant scheme is explicitly aligned with DH objectives; therefore increasing the impact of DH's investment in volunteering in directly supporting integration of volunteering into delivery of DH strategic outcomes. It will support the Big Society agenda in the health and adult social care field, as well as the key priorities for the health and social care sector, including the Health White Paper – *Equity and Excellence: Liberating the NHS* and supporting the developing vision for Social Care and the forthcoming public health white paper. The Strategic Vision for Volunteering in Health and Social Care¹, which is currently being refreshed, also sets the context for this grant programme. In line with the Vision, projects are expected to demonstrate high quality management and co-ordination of volunteers in the way they promote, recruit, support and celebrate volunteers and volunteering.

The grant programme will be highly competitive, and funding will go to projects that have maximum impact in the development of new, improved and/or streamlined systems in health and social care volunteering rather than projects that can simply supply additional services. Projects will be expected to integrate plans for evaluating project outcomes especially the project's potential for improving existing health and social care delivery through the involvement of volunteers. The programme will, where appropriate, capture learning from the long standing and well respected Opportunities for Volunteering (OfV) projects.

Equity and Excellence: Liberating the NHS, clearly states that partnerships and/or consortia from across the health and social care sectors can break down organisational barriers and are of specific value in

¹ Department of Health (March 2010) *Volunteering - involving people and communities in delivering and developing health and social care services*

improving health and social care outcomes. For this reason, this national Health and Social Care Volunteering Fund programme is seeking projects that can demonstrate improved health and social care outcomes through strong partnership working. Partnerships and consortia for delivery will therefore be welcomed as applicants to the programme, with one partner becoming the lead and accountable body for the funding.

The scheme is open to national charities and consortia of local charities, as well as social enterprises, co-operatives, mutuals and other not-for-profit organizations, with social aims. Projects should operate across at least **4 localities** in different regions/counties, but should differ substantially in scale and priorities from the local projects, for which separate calls are made – see the website www.volunteeringfund.com for details of any forthcoming local funding calls for applications. All applicant organisations will need to work collaboratively with statutory health and/or social care commissioners to test volunteer-led approaches to outsourced provision that complements existing statutory services. Commissioners' involvement in the project design will be required and a clear statement of support and agreement to work in collaboration forms part of the application process.

The total pot of funding available is circa £3 million across 2 years². Chosen projects will receive up to £200K per year but can be smaller.

Strategic aims

Overall, the planned approach to the programme will support coherent investment, reinforce the role of volunteering in health and social care and support the developing strategic vision for volunteering in health and social care.

The priorities have been developed consciously so that funded projects can contribute positively towards:

- DH Strategic Objectives – including the future vision for social care, the NHS white paper and the ongoing developments in public health and mental health;
- Enhancing capacity and capability of third sector organisations in the health and social care field;
- An improved volunteer experience through better management and use of volunteers; and
- Alignment with commissioning in health and social care.

² Funding is dependent on annual Parliamentary approval

Strategic focus

Volunteers already make a vital contribution to the health and social care sector, and this programme will build upon this contribution by supporting projects and activities that can demonstrate the contribution of volunteers to improving health and social care outcomes. The Health and Social Care Volunteering Fund has been designed so that volunteering projects can contribute positively towards the government's priorities and is seeking projects that can demonstrate clear and positive improved service provision and user experience, through the involvement of volunteers. Whilst increasing the number and diversity of volunteering opportunities can be an important aspect of the projects, the programme is not focused on increasing numbers of volunteers specifically. As befits a new programme of funding, at a time of change within the NHS and social care, the programme is concentrating on properly evaluated projects from which others can learn and supports the building of a strong evidence base.

Equity and Excellence: Liberating the NHS

In developing applications, organisations should make a clear contribution to the Department of Health's strategic objectives outlined in *Equity and Excellence: Liberating the NHS*. Relevant local priorities should also be taken into account in developing project objectives see http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES for further detail on the most up to date health profile data).

The four priority themes below are the areas in which we will be seeking applications.

THEME 1: PATIENT-LED NHS

Projects that can demonstrate a step change in the contribution of volunteering in the health and social care sector. We provide examples below which illustrate how volunteers might contribute to current health and social care priorities, but this list is not restrictive, and projects which can meet the criteria for the programme in other priority areas will be considered for funding.

Examples of the type of activities which support current health and social care priority areas are detailed below:

1. Projects that support groups normally not assertive as users of health and social care services being empowered to become involved in their/their community health and care services, for

- example, through volunteers helping to improve information sources and flow to these groups;
2. Projects that demonstrably reduce cultural barriers to health and social care service usage through volunteering, for example amongst BME communities and migrants;
 3. Projects that maximise patient/service user self-management including ensuring they have appropriate information and knowledge about how to manage their condition and their own care in a community setting, with the help of volunteers, for example, through advocacy or peer support.

THEME 2: DELIVERING BETTER HEALTH OUTCOMES

Projects that improve patient/service user experience and outcomes are sought.

For example:

1. Projects that can demonstrate decreased hospital admissions and re-admissions through appropriate community based interventions involving volunteers - for example, through reduction of the number of falls amongst older people or better condition management in the community;
2. Projects that measurably improve awareness of lifestyle risks associated with cancer, diabetes and stroke amongst vulnerable and hard to reach groups, with the support of volunteers in the community or health services.

THEME 3: IMPROVING PUBLIC HEALTH

Projects that improve public health through action to reduce health inequalities in health and social care through active volunteering initiatives in localities and communities are sought.

Examples of projects that can contribute to current health and social care priorities include:

- Projects to improve appropriate and timely health screening rates for disabled people;
- Projects that improve levels of physical activity, healthy eating and smoking cessation, especially amongst groups that are hard to reach with these messages, e.g. older men;
- Projects to improve levels of alcohol related advice and prevent alcohol related harm to communities that are hard to reach, e.g. BME communities, women;
- Projects that improve access to health, mental health and social care services for hard to reach groups and reduce stigma.
- Projects that ensure early access to antenatal care, and support for breast feeding in communities where uptake is low

- Projects that are aimed at improving the mental health and emotional wellbeing of children and young people.

THEME 4: IMPROVING HEALTH AND SOCIAL CARE

Projects are sought that enable people to have greater choice over their care and support, leading to tangible improvements for individuals, and compliments (rather than replaces or duplicates) existing statutory and community provision.

We are particularly interested in projects that involve volunteers in:

- Improving social care outcomes for people using personal budgets, for example, through volunteers supporting the increased understanding and take-up of personal budgets amongst groups where uptake is low, but who could clearly benefit from personal budgets;
- Building strong and sustainable local networks that support people who need care and support, and for the people who care for them, to live independent and fulfilling lives;
- Providing support and relief for carers from their caring role;
- Helping to empower local communities by building social networks and community capacity e.g. through person to person support using complementary currencies such as time banking, volunteering credits etc.
- Working in partnership with the NHS and councils with adult social care responsibilities to ensure people experience a high quality of care, particularly on discharge from hospital;
- Demonstrably improving self-management for those with a long term condition such as diabetes, Chronic Obstructive Pulmonary Disease, dementia, cancer, cardiac care and stroke care, and reduces dependence on acute services through increased community based provision.

Applications that demonstrate the strongest contribution towards these themes **through volunteering** will be given priority in the selection process.

Funding areas and activity focus

All applicant organisations will need to work collaboratively with statutory health and/or social care commissioners to test the involvement of volunteers in outsourced provision. Volunteers would be expected to work alongside health/ social care professionals and/ or provide complementary services within existing provision, to add value.

A clear statement of support from Health and Social Care Commissioners and/or Health and Social Care Providers, and their agreement in principle to work in collaboration with the project will be required as part of the application process.

Please note:

- Each applicant organisation will be allowed to submit a maximum of one proposal;
- All existing OfV delivery organisations are eligible to apply, but not for direct continuation activity from previously OfV-funded projects.

Dissemination of outcomes

All projects will be required to co-operate with the managing body in:

- Dissemination of lessons and materials from the programme;
- Provision of information on activity for thematic networking and reports;
- Dissemination events and activities; and
- Programme-wide monitoring and evaluative activity.

Eligibility for funding

- Lead bodies for partnerships/the accountable body must be a constituted voluntary or community sector organisation, or organisation with charitable or social aims, unable to dispose of assets for private gain³.
- Grant funding should not be more than 25% of annual turnover of the accountable body (i.e. £800,000 minimum turnover for applicants for project funding of £200,000 per annum; £400,000 minimum turnover for applicants for project funding of £100,000 per annum; £200,000 minimum turnover for applicants for project funding of £50,000 per annum). Our aim in introducing the 25% rule was to encourage more long-term projects and reduce the risk of organisations not being able to deliver the project outcomes. Our experience has been that if one grant is a high percentage of an organisation's income, they may find it difficult to cover core costs through full cost recovery.
- Applications for less than £50,000 per annum will not normally be accepted.

³ We would not expect National amounts of the fund to go to partners or sub-contractors in the statutory or private sectors

- This is not a capital grants programme and capital items requested will be limited to £5,000 and under, and will exclude items that become long term assets (eg. vans, computers, photocopiers etc).
- Lead bodies for partnerships should have 3 years of audited accounts or financial statements that are submitted to the Inland Revenue, other regulatory bodies or banks.
- Lead bodies for partnerships should demonstrate their track record of more than 3 years duration in working in locations with highest levels of health inequality, see the following data on health profiles and levels of health inequality:
http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILE
S. We also include the Spearhead list as a guide to the areas with the highest levels of health inequality as annex 3.
- Lead bodies for partnerships should have a track record of more than 3 years duration of working with the client group(s) they intend to work with.
- Lead bodies for partnerships should have established delivery centres, and the fund will not support development of new office locations.
- Lead bodies for partnerships should have a track record of more than 3 years duration in volunteering support and management.
- Lead bodies for partnerships must have in place policies covering staff and volunteers on the following and clear evidence of their implementation:
 - safeguarding children, young people and vulnerable adults
 - equal opportunities
 - health and safety
- Lead bodies for partnerships have established quality standards in place for management of staff and volunteers.

Application Process

Prospective applicants to the National Portfolio scheme will be targeted through awareness raising/marketing activities that will be undertaken within the national voluntary and community sector press. This activity will be designed to generate interest amongst potential applicant organisations.

Applications will be submitted via an online portal. Before applicant organisations can begin their application, they will be asked to complete an initial registration and eligibility check process, plus provide a brief outline of their proposal. Only projects that come through this stage will be able to make a full application.

Provisional timetable

The provisional timetable for Stage 1 is as follows:

- Registration: early November 2010
- Applications open: late November 2010
- Potential closing date: late December 2010
- Outcomes: February 2011.