

NHS Charities Together – COVID-19 Community Partnership Grants (Small grants programme)

Background

NHS Charities Together (NHSCT) is a membership association for around 257 NHS charities throughout the UK. During the pandemic over £140m of charitable funds have been donated by the public for NHSCT. This amount includes funds raised by the efforts of individuals such as Captain Sir Tom Moore who inspired over £30m of donations.

Since the start of the pandemic NHSCT has distributed grant funding to its NHS member charities, who have benefited enormously from the availability of additional funds to support patients and staff across the UK.

Dorset Community Foundation is pleased to be working with Dorset County Hospital Charity (DCHC) as lead NHS Charity in Dorset, to deliver the next stage of the funding, which recognises the vital work that voluntary and community groups do to support the work of the NHS by supporting the health of local communities. The COVID-19 Community Partnership Grants Programme will support Dorset NHS Charities and local voluntary and community organisations who are working in partnership in community settings, to support the health and wellbeing of Dorset residents who have been affected by the COVID-19 pandemic.

Grants available

Eligible local voluntary sector groups may apply for a grant of up to £4000 to be spent within 1 year.

Eligibility

Local voluntary sector groups (based and working in Dorset) of the following types may apply

- Registered Charities including CIOs
- Constituted Community Groups
- Community Benefit Societies
- Social Enterprises (companies limited by guarantee with a not-for-profit clause)
- CICs limited by guarantee

All organisations must have

- Trustees or Board of Directors (or equivalent) with at least 3 unrelated members
- A constitution/governing document that sets out the purpose and management of the organisation
- A bank account in the name of the organisation with at least two unrelated cheque signatories

Exclusions

- National charities cannot apply (local branches are eligible if governance and finance are independent)
- Schools cannot apply and PTA groups cannot be funded for core education or premises improvements

Criteria

Essential criteria - must meet ALL THREE

- 1) Results in measurable improvement in health outcomes for communities adversely affected by Covid-19
 - For example, supporting patients to recover more quickly in the community after leaving hospital; initiatives that seek to remove health inequalities and disparity in health outcomes with a focus on diversity in the population
- 2) Involves a partnership or relationship with NHS practitioners who will be able to endorse your group and describe how the work directly supports the NHS by delivering support to residents in the community
 - For example, NHS charities supporting or partnering with organisations delivering social prescribing activities; where GP's or link workers connect patients with community-based activities
- 3) Leads to a direct, positive impact on the NHS whilst it responds to the Covid-19 pandemic
 - For example, end of life care that facilitates discharge from NHS care; an early intervention programme that can be shown to reduce pressure on the NHS.

Key priorities

Priority weighting will be given to applications that address health inequalities which have been exacerbated by the Covid-19 pandemic, and can demonstrate a sustainable, meaningful impact on the health and wellbeing of communities disproportionately affected by the direct and indirect impacts of Covid-19, due to clinical and/or social vulnerabilities. These populations will be defined based on place, local need and will include a focus on:

- specific neighbourhood communities ranked as being most deprived or suffering rural isolation
- population characteristics including age, ethnicity and disability
- socially excluded communities such as the homeless

As described by NHS England '*Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.*'

<https://www.england.nhs.uk/ltphimenu/definitions-for-health-inequalities/>

Priority will be given to proposals that closely meet the funding priorities and are unlikely to have access to other funding streams. Activities or services provided (including apps) should be free at delivery to those the project seeks to support. Funding seeks to support effective partnerships between the NHS and its community partners; we will prioritise partnerships or ways of working with the potential for longer term value for the community beyond this funding. Applicants should demonstrate how the project will support the future resilience of affected communities and how it might be scalable.

Eligible costs

- Established services and proposals for new services are both eligible for funding
- All costs directly related to delivering the proposed work are eligible, including equipment, salaries, other service delivery costs and proportionate contribution to organisation core costs & overheads
- Exceptions to this include capital equipment that is a statutory/medical requirement such as uniforms or specific hospital equipment.

Exclusions

- Work that would be considered statutory provision or core work of the NHS/health and care system cannot be funded, including initiatives covered by NHS or social care funding, or those which are only hospital focussed
- General health awareness raising activities will not be funded unless as part of a targeted Covid response project

- Projects and equipment which statutory bodies have a duty to fund, including the NHS, Police, Schools and Local Authorities.
- General capital appeals and large building projects unless it is clear how they fit with the essential criteria and will be completed within the grant period
- One-off events or materials with a short-term impact
- Grants and gifts to individuals including respite care, trips, holidays, food parcels, gym membership, digital devices and welfare grants
- General appeals, fundraising activities and profit-making activities
- Political activity or direct lobbying and promotion of religion
- Retrospective funding or duplication/replacement of committed restricted funding
- Payments towards furloughed staff, loans, endowments, interest, contingencies, and any costs that do not directly relate to the project

Referees

- Applicants are required to include details of a referee in their application. This individual should be an NHS practitioner with a professional relationship and knowledge of the applicant organisation, who will be able to describe how the work to be funded would support NHS services. This may include details of referral pathways or social prescribing, and/or how the work to be funded may reduce pressure on NHS provision e.g. early intervention work. Your referee will be contacted.

Timeframes

- Application deadline – 15/10/2021
- DCF will inform applicants of approved applications to be put forward to NHS Charities Together by the end of November
- Grants to successful applicants cannot be paid until approval has been confirmed by NHS Charities Together (this will be by the end of February 2022) and the applicant organisation has returned signed Grant Terms and Conditions
- Grant payments will be paid in two instalments, with an email update required at the mid way point before the second payment is made, and an online End of Grant report required at the end of the grant period

Required supporting documents

- Constitution/governing document
- Recent bank statement no more than 3 months old
- Latest annual accounts
(Groups less than 12 months old should send a first year financial forecast any financial records so far)
- Safeguarding policy and Equality & Diversity policy ****our guidance notes below may be helpful***

Grant monitoring

Completion of an online End of Grant report is a requirement of funding and will include reporting on how funds were spent, the number of beneficiaries, the beneficiary outcomes and how you monitored them, and two case studies to illustrate the difference the service has made in individual cases.

Beneficiary outcomes are the changes and benefits experienced in the lives of your beneficiaries as a result of the services/activities you have delivered. You should have tools in place to measure and record these changes and benefits such as feedback forms/questionnaires, discussion groups, recording observations e.g. from group leaders or volunteers, or recording verbal information from beneficiaries.

For further information contact DCF Grants Manager Ellie Maguire - grants@dorsetcf.org or 07592 032666

****For support with policy development or reviews,*** we recommend you contact your local support agency for voluntary sector groups – [Community Action Network](#) covers the BPC Council area and [Dorset Community Action](#) covers the Dorset Council area.

- **Safeguarding policy** – there are helpful online resources such as the [Charity Commission's guidance on Safeguarding](#) and the [NSPCC website](#) .New groups or those without any current policy may find it helpful to watch this short video '[Safeguarding adults in the voluntary sector](#)' introducing what Safeguarding is and why it is relevant for all voluntary sector groups, no matter how small or who you are working with.
- **Equality & Diversity policy** – we recommend this should include as a minimum: reference to the Equality Act 2010 and explicitly covering all protected characteristics, equal access to services and employment and ways you achieve this, preventing harassment or discrimination and how complaints are dealt with fairly