

helpforce

Funding

Volunteer Projects

How To Guide

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Introduction

Do you have a good idea for a volunteering initiative?

Do you have a volunteering initiative running in your area?

Do you think volunteering would be helpful in your area but you are not sure why and how to go about it?

Wherever you and your organisation are in your volunteering journey, this guide is for you.

We recognise that the context of volunteering within the NHS has largely changed as a result of the COVID-19 pandemic. System leaders have witnessed the benefits of volunteering, particularly around 'resilience' - how volunteer support in communities reduces the strain on health services.

This increased interest does not yet seem to be converting into further investment in volunteering. With a vaccine on the way and systems looking to 'reset and replan' in the spring, the coming months are the ideal time to help systems with making the case for more investment in volunteering infrastructure and projects.

The purpose of this How to Guide is to help your systems and organisations make the case and obtain funding for volunteering projects.

Who is this guide for?

The audience for this How to Guide is **anyone who is trying to create or commission a service that uses volunteering in health and care.**

There are audiences in each system tier, who are most likely to find this guide useful. The system tiers are described in the next section.

Integrated Care Systems level

People responsible for the volunteering provision across a region, looking at how volunteering initiatives are coordinated and link to system health priorities.

Integrated Care Partnerships level

People responsible for designing and delivering volunteering schemes across a partnership, such as portability through volunteers' passports.

Primary Care Networks level

People responsible for designing and delivering transformation projects in a local area, such as integrated volunteering schemes across a town involving GPs, VCSEs and a local authority.

What does the system look like?

You already know where you are in the system, but in order to make a compelling funding application, it is important to be aware of how each part of the system works and how they all connect to each other.

Health care provision and delivery forms a complex system, which encompasses statutory bodies, voluntary and community sector partners, and private organisations. There are three key tiers in the healthcare system (the System Model).

A good understanding of how these work together is essential in order to:

- Appreciate the reach and repercussions of a volunteering initiative, throughout the system.
- Maximise the impact of volunteering.
- Acknowledge the perspectives of those who operate in other parts of the system.
- Develop a solid business case.

Sustainability and Transformation Partnerships and Integrated Care Systems

Defined by NHSE/I as Systems there are 42 Sustainability and Transformation Partnerships (STPs) or Integrated Care Systems (ICSs) across England. Generally, they cover a population of around 1.5 million people but there are also outliers, such as Greater Manchester that covers 2.5 million people.

These bodies have no statutory basis and have no legally defined decision-making powers. It is anticipated that forthcoming legislation will create legal powers. Each System started life as a loose agreement between CCGs, Social Care providing Local Authorities and Acute Providers who came together to form STPs. All STPs are progressing to become ICSs through an authorisation process. The authorisation process requires extensive evidence in line with centrally defined objectives.

There are 18 Integrated Care Systems at present leaving 24 STPs that are seeking authorisation.

Integrated Care Partnerships

Partners have been encouraged to arrange themselves on what NHSE/I call “place” level. The intention was that this should be along a local authority level but in many cases the geographies of system footprints have not allowed this. In most cases Systems have divided populations equally and defined these as Integrated Care Partnerships (ICP). This is not a centrally mandated structure, but these sub-system level bodies have generally had primary care management devolved to them.

Primary Care Networks

Primary Care Networks (PCNs) are the lowest population level within the NHSE/I System Model. Individual GP Practices are still the lowest level of delivery. Networks are made up of collections of GP Practices covering populations of between 30k and 50k. The network element of this model is the relationship between those practices and the wider community.

A complication to the PCN model is that the majority of GP Practices have previously come together in Federations to maximise business efficiencies. Federations have developed organically and do not relate to centrally mandated geographies.

What challenges do systems face?

Each tier of the NHSE/I System Model has problems that they are currently trying to manage. This How to Guide helps you access resources to fund volunteering initiatives that can mitigate these issues. Understanding these problems and how they affect each part of the system is essential to ensuring that your volunteering initiative is set up appropriately to target the right issues. If you can demonstrate how your volunteering initiative addresses a system issue, you will be more likely to obtain funding for it.

Evidence shows that appropriate volunteering initiatives can support systems address some of their challenges, such as:

Developing primary care networks	Supporting people in care homes	Boosting out-of-hospital care	Supporting people to age well
Enabling people to manage their own health	Developing more personalised care	Reducing pressure on emergency services	Getting people home from hospital
Tackling health inequalities	Improving end of life care	Improving upstream prevention	Improving population health and wellbeing

Supporting hospitals

Volunteering is not a substitute for long-term, sustained investment. However for small investments in supporting volunteering, trusts can transform the experience, quality, and productivity of care. When properly funded and well-led, volunteering services in Trusts can make a major difference: providing more time for care; helping patients return home and regain their independence after a hospital stay; improving patient flow; and reducing length of stay.

Evaluation of the [Helping in Hospitals](#) programme in a partnership between Nesta, the Cabinet Office, DHSC and TSIP found the majority of hospitals showed statistically significant positive results around patient mood, nutrition and hydration levels, and releasing time to care.

Enhancing emergency and urgent care

Volunteers play a key role in Integrated Care Systems by ensuring the earliest possible help, and the best chance of a good recovery, for those in urgent need; minimising unnecessary A&E attendance and unplanned admissions; and preventing emergency re-admissions following hospital discharge.

Altogether Better have established a model of primary care that can reduce frequent attenders to hospitals. By involving volunteers as practice champions they help people manage long-term health conditions. One practice in Pudsey saw a 10% reduction in A&E admissions.

Transforming local services

Volunteering is not simply about addressing gaps in our statutory services or funding. Volunteers perform an important, complementary role in engaging and supporting people at a local level to enhance their health and wellbeing, at every life stage from maternity through to end-of-life, at home, in communities, in care and in hospices. They support the planning and delivery of local services across health and care systems; helping people to navigate and access support; and contributing to the expansion of social prescribing.

Volunteers in hospices ensure the highest quality of care to people with life-limiting or terminal conditions and their families. Volunteers form an integral part of hospice teams, receiving training, support and development. There are at least 125,000 volunteers in the UK supporting care in wards, day services, and the community.

Enabling people

Volunteering provides young people and others who might not otherwise have the opportunity with a chance to learn more about careers and opportunities in health and care services. Moreover, volunteering provides older people who may have left the workforce with a way to build skills and confidence on the route back into paid employment, or to use the skills and experience they have to stay active and engaged in retirement. Volunteers bring and build skills from their personal and professional lives in organisations which might otherwise struggle to access those skills.

Stroke Association Voluntary Groups are examples of peer support groups run by volunteers that help survivors make the best recovery they can, reducing social isolation, improving mental wellbeing, increasing knowledge and self-management, and providing long-term improved quality of life.

How do you make a compelling case to access funding?

The **first step** in making a case for your initiative is to define your project in relation to the priorities of the Integrated Care System or Sustainability and Transformation Partnership. Each system has a plan that sets out the key priorities that each partner organisation will focus on.

Demonstrating how your project will deliver against these priorities is key to enable your system to invest in it.

Common examples of system priorities are:

- **Reducing delayed discharges**, for instance through pharmacy runner volunteers.
- **Improving patient flow**, for instance through volunteer supported discharge lounge and transport home.
- **Reducing readmissions**, for instance through Hospital to Home / Settle in services post-discharge for vulnerable and high risk patients.
- **Reducing deconditioning and frailty**, for instance through mobilising patients on-ward and / or offering resistance-based exercise classes.
- **Reducing malnutrition and dehydration**, for instance through offering volunteer support at mealtime.
- **Ensuring no one dies alone**, for instance through trained volunteers providing emotional support to patients, families & carers.
- **Putting in place timely responses to support treatment at home** or in more appropriate settings than hospitals.
- **Developing new models of delivery** including for smaller acute hospitals serving rural populations.
- **Enhancing local services to improve prevention**, personalising care, and tackling health inequalities, for instance through voluntary schemes aimed at reducing loneliness and isolation, improving health and wellbeing and supporting individual and community resilience.

The **second step** is to think about the best structure for your project. A good structure will not only ensure that it is efficient, but also it will make it easier for your system to commission it. This guide suggests questions you can use to think about your project and how you think volunteers can make a positive difference. This often happens not as a result of setting up a separate team, but rather through intertwining volunteers within existing teams on a service pathway.

- At which points of the existing pathway do challenges / touch points occur, and how could volunteers help address them? Think about this from the point of view of people as well as staff along the care journey.
 - For instance, if the limited availability of transport options causes delays in discharge, could volunteers drive people away from hospital?

- Which local organisations could provide you with volunteers with the relevant skills?
- In what ways can you make the experience of people and staff even better along the care journey through the contribution of volunteers?
 - For instance, by keeping people company or providing extra support at meal times.

How do you look for funding?

Through working with systems we have learned that the projects that have the most success in accessing funding are those that can demonstrate an impact on specific health priorities that are consistent with the overarching Integrated Care System plans. Successful projects also demonstrate a good understanding of where they exist within the structure of Integrated Care Systems. This means that they understand how they relate to either System, Place or Primary Care Networks.

As the King's Fund reports:¹ 'Integrated Care Systems [bring] together commissioners and providers of NHS services with local authorities and other partners to plan and manage services that benefit from being considered at greater scale than can be undertaken at place. [...] The NHS will organise its finances on an ICS footprint, such that resources and prioritisation decisions are taken at ICS level. This will bring together funding for primary care, clinical commissioning group (CCG) budgets and much of specialised commissioning [...] into one pot, with the intention to move to a more strategic outcomes-based approach.'

Therefore, the primary source of funding for volunteering initiatives is through the ICSs.

Charity partner

There are opportunities when seeking voluntary grant funding with a charity partner. There are grant funding opportunities for volunteering projects from funders such as the National Lottery Community Fund, charitable trusts or foundations and other voluntary funding bodies. However, these are usually only open to charitable organisations, so NHS bodies would not be eligible to apply directly but could do so in partnership with a charity partner who would be the lead applicant.

If you want to seek grant funding in partnership with a charity, there are a number of elements to consider.

1. **Working in partnership** - To begin a new partnership with a charity, here are a few of the factors to consider:

- Identify a charity that has the right skills and expertise to deliver the volunteering project with you, for example they may already have community volunteers recruited that could be involved in your new project or they may have experience of developing projects that require recruiting, training and supporting volunteers.

¹ [The next steps towards integrated care](#)

- Confirm that your project idea fits with their vision, mission, values and priorities.
- Agree terms of reference for the partnership, e.g. roles and responsibilities, how will funding be sourced and managed, etc. You will need to bear in mind that most charities have limited capacity for development work, so may find it challenging to co-design new projects or put time into bid writing.

2. Typical requirements of voluntary grant funders

- While funding through the ICS may be focussed on improving NHS systems and productivity, voluntary grant funders will be focussed on ‘people outcomes’, i.e. how people’s lives are improved.
- They will be more interested in people’s lives when they are at home in the community rather than in a hospital setting. This is because they will view care in hospitals to be a statutory responsibility to be funded by the NHS, whereas they may be interested in funding projects in the community that help people to live more independently, less isolated and so on.
- They may only fund the costs of the charity partner and expect NHS bodies to fund themselves through Government funds.
- They vary widely in terms of the size of grants offered, from three figure sums to seven figure sums, but five figure grant sizes are most common, sometimes for a single year and sometimes for multiple years.
- Applying for grant funding is very competitive – if the charity is not known to the funder, a good application might stand a 1 in 10 chance of success. If there is an existing relationship, the probability should be higher, but you also need to remember that your charity partner will have other projects and core costs they need to seek funding for, which will be a higher priority for them than your project idea.
- Once a funding application is submitted, the funders’ decision making timescales vary, typically between three to six months.
- If successful, funders will expect to receive reports on how their funding has been used and whether you achieved the outputs and outcomes stated in your application. The specific requirements vary between funders.

Other options

There are further funding sources. For instance, the Government periodically offers grants and has a search tool to identify potential funding sources:

- [Apply for funding for community projects - GOV.UK](#) - This is a search tool that takes you to your local Council’s funding page.

The [NCVO](#) has extensive resources on how to apply for funding:

- [Funding and income | NCVO](#)

Investing in Volunteers is another organisation, related to the NCVO, which provides useful advice and links on their [Funding](#) page.

[Grants Online](#) is a search engine dedicated to various sources of funding, including for volunteering initiatives.

Checklist / RAG rating

#	Question	Red	Amber	Green
1	To what extent do you know which system issue(s) your project addresses?	Not sure about the system issues at play	Some understanding, but there could be others	Clear understanding, shared by others
2	How confident are you that your project will have a positive impact on the issue(s)?	Not sure it will make any difference	Optimistic that it will make a difference, but not sure how to prove it	Clear evidence of potential impact, previous examples
3	To what extent is the funding you are applying for relevant to your project? E.g. if the funding is specifically for innovative projects, to what extent does your project fit the requirement to be innovative?	Project does not meet funding requirements	Project meets some funding requirements	Natural fit between the project and the funding context

#	Question	Red	Amber	Green
4	To what extent are partner organisations / other parts of the system aware and / or supportive of your project (e.g. commitment of time and resources)?	Not aware / not supportive	Some awareness / some support	Good awareness / good support
5	To what extent can you describe how many people will be involved in the project and how they will benefit?	Not clear on who will be involved / touched by the project	Some clarity on who will be involved / touched by the project	Clear on who will be involved / touched by the project
6	To what extent can you provide evidence that the project is needed?	No / little evidence	Moderate evidence	Good evidence
7	To what extent can you provide a clear and detailed project budget?	Most budget items missing	Some gaps	Comprehensive budget

#	Question	Red	Amber	Green
8	To what extent do you have a compelling and clear case which conveys the need for your project activities or services; what your solution to the need is; and what outcomes your solution will provide?	No clear case or evidence of benefits	Weak evidence of benefits	Good evidence of benefits
9	How well developed is your implementation plan?	Not developed	Somewhat developed	Well developed
10	To what extent have you planned how you will monitor and evaluate the impact of your project through key metrics and report it back?	Not planned	Some metrics identified	Fully planned
11	To what extent does your funding application cover your funding gap?	Funding would cover small proportion of costs	Funding would cover most but not all costs	Funding covers all costs
12	To what extent do you know when and where your project will take place?	No clear ideas	Some ideas	Clear ideas

#	Question	Red	Amber	Green
13	To what extent have you involved / consulted the people who are going to work in the project and benefit from it?	Not involved / consulted	Limited communications	Full involvement
14	To what extent do you have a plan for the long term sustainability of the project?	Project is not sustainable after the funding ends	Some plans for how the project could continue	Good plans in place for long term

If red:

- How can you find out the missing information?
- How can you plug the gap?
- What resources do you need?
- Who will help you?

If amber:

- How can you strengthen your understanding?
- How can you improve the current position?
- What resources do you need?
- Who will help you?

If green:

- Get it signed off!