

## Healthier Futures Fund

Supporting innovation in the Voluntary, Community and Social Enterprise (VCSE) sector is an important part of delivering health and wellbeing improvements that really work for our local people and communities.

To make this happen, NHS Cambridgeshire & Peterborough (part of the ICS) has committed £2.25 million to invest in the VCSE partners across the area. Of this funding, £2m has been allocated for projects led by VCSE partners and £250k in the VCSE infrastructure and the grant process. This grant will be for initiatives that focus on the following:

- Children's & Young People's Mental Health
- Frailty
- People who use health services very frequently – also referred to as high intensity users of services.
- Advanced illness – which means an irreversible progressive disease or medical condition that can significantly impact on quality of life
- Cardiovascular disease (including but not limited to smoking cessation)
- Discharge funding (A specific amount has been ringfenced within the fund to support people who are medically fit to leave hospital)

These areas will help our partnership deliver the four system strategic priorities found in our joint [Health and Wellbeing and Integrated Care Strategy](#):



-  Ensure our children are ready to enter and exit education, prepared for the next phase of their lives
-  Create an environment that gives us the opportunity to be as healthy as we can be
-  Reduce poverty through better employment, skills and housing
-  Promote early intervention and prevention measures to improve mental health and wellbeing

The £2 million fund will support projects that are up to a maximum of three years in duration, ranging in value from £50,000 to £100,000 per annum (up to £150,000 to £300,000 over three years).

The ICS is providing funding to support the delivery of our recently published [Health & Wellbeing Integrated Care Strategy](#) in a number of ways to better integrate the work of our partnership and to speed up progress for our communities. This funding opportunity offers a new opportunity (ideally aimed at a wider area within our geography) and is in addition to

the ICB's s Challenge Prize 2023 which launched in February and aimed at tackling health inequalities focussing on personalised care approaches. More details about this funding opportunity can be found here: [Cambridgeshire Health Inequalities Challenge Prize 2023 | Cambridgeshire Community Foundation \(cambscf.org.uk\)](https://www.cambscf.org.uk/cambridgeshire-health-inequalities-challenge-prize-2023)

### The Strategic Context

We know that our Voluntary, Community and Social Enterprise (VCSE) sector is as diverse as the people and communities it serves. It brings together a myriad of skills, experience, approach and specialism in different fields, with different people, and across different types of organisations.

Our local VCSE sector is vibrant, flexible and innovative, and reaches hundreds of thousands of local people every year, empowering individuals, supporting families and individuals, and strengthening communities. This is why we have committed £2 million of funding through this grant process to enable true partnership working to tackle our key priorities and create new opportunities to support local people and communities.

We know that VCSE organisations include tiny grass roots community support groups run entirely by a single volunteer, larger national charities specialising in supporting people in crisis, social enterprises that run cafes and offer training opportunities, campaigning organisations dedicated to improving the lives of refugees and migrant communities, and everything in-between. This diversity is one of the VCSE sector's greatest strengths, which is why we have tried to make this fund as accessible as possible no matter what the size or scope of the VCSE organisations that wish to bid for funding.

It is also a commitment to delivering the Action Plan set out in our co-produced VCSE strategy – [Working Together for a Better Future](#) – to identify where there are gaps in funding to the VCSE sector, and create opportunities to fill them, supporting our shared areas of interest around prevention, early intervention and health inequalities..

### The ICS as an 'Anchor System'

We understand the importance of being an anchor institution in our local area. As a key part of our anchor role, the NHS influences the health and wellbeing of communities simply by being there. However, by choosing to invest in and work with others locally and responsibly, through the funding being made available to our VCSE partners, we can have an even greater impact on the wider determinants of health and start to tackle the inequalities that fall outside the direct control of the NHS. The Healthier Futures Fund is an important demonstration of this commitment.

### Health inequalities

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. Identifying and tackling inequalities is a priority for Cambridgeshire & Peterborough ICS. A focus on tackling health inequalities will be a key feature of successful bids.

## The Vision – All Together for Healthier Futures

To meet the strategic aims of the ICS, your scheme must be designed to help people and root this work in their communities by addressing at least one of the six areas of focus referred to above.

Some high-level system data on the current challenges affecting these groups is available within the appendices.

## The criteria

All schemes must use the ICS design principles:



### Think Local

Everything should be done as near to where people live their lives as possible.



### Keep it simple

For both residents and staff remove all unnecessary layers that add limited value.



### Do it together

Partners integrate to get better results. Including voluntary sector and small providers.



### Prove it

Use evidence to show the impact of what we are doing.

We want to encourage wide engagement in the development and delivery of bids, with VCSE partners leading but joining with other system partners including other VCSE organisations.

## Scheme criteria

The following criteria should be considered when developing the scheme at the heart of each bid, acknowledging the impacts of each to a greater or lesser extent dependent on the scheme type.

- **Specification:** Does the scheme meet one of the key objectives set out in the ICS vision?
- **Innovation:** Does the scheme introduce a new or original adaptive way of working?
- **Understanding:** Does the scheme demonstrate a knowledge of the issue it is trying to resolve and the people and communities it will focus on?
- **Health Inequalities impact:** Whether the scheme will have a significant impact in addressing health inequalities.
- **Purchasing/employment:** does it widen access to work and/or purchase more locally and for social benefit?
- **Environmental:** Does it reduce carbon impact and use existing buildings, space and resources?
- **Quality:** Is the scheme fit for purpose and has the project met any relevant safety, governance, security or other applicable standards?
- **Integration:** Does the scheme evidence engagement and collaboration?

We can offer further advice and information to support the development of bids if required or helpful. Our partners in PCVS, Hunts Forum and CCVS have helped us to develop this brief and have agreed to support VCSE bidders in developing your grant application.

Each successful bid will receive a grant (up to the maximum value shown below) to support the developed solution. The lead provider will be asked to sign an agreement to deliver the project within the agreed timescales and parameters.

### Eligibility

- Schemes must be delivered in the Cambridgeshire and Peterborough area to the benefit of Cambridgeshire and Peterborough people and communities and to target groups of people specified in the vision.
- VCSE is defined for the purposes of this bid process as a registered charity in the UK whose charity's purposes include supporting people and communities in Cambridgeshire and Peterborough; A member of Social Enterprise UK; or a registered community interest company. Other organisations must partner with a lead member who fulfils this criteria.
- VCSE's must be registered with the Real Living Wage in order to be eligible to receive this funding. Organisations can submit applications without being registered but no funds will be released until registration has been confirmed. It is permissible to include up to £60 registration fee as a line in the proposed project budget to cover this cost.
- Schemes must meet the principles set out in the criteria.
- Schemes can be developed with private sector, public sector bodies and NHS organisations, providing they have the support of the VCSE lead bidder (defined as above) who will be responsible for delivery.
- Schemes must be delivered with the involvement and contribution of the integrated neighbourhood partners relevant to the target groups of people in the local area.
- Funding is non-recurrent and the grant process will be managed by Cambridgeshire Community Foundation [Cambridgeshire Community Foundation | Inspiring Donors. Enabling Change. \(cambscf.org.uk\)](https://www.cambscf.org.uk). Beyond this funding allocation, should the initiative be continued, an alternative source of funding should be identified.

### Using the funding

What the funding can pay for:

- Materials related to your project
- Staff costs associated specifically and exclusively with the project
- Infrastructure crucial to the delivery or testing of your project such as equipment, internet subscriptions, etc

- Hire of venues or facilities to host activities directly related to the project
- Consultants or expert advice
- Web, media or marketing materials for your project
- Any activities beneficial to the development of your project

What the funding cannot pay for:

- Organisational running costs, such as existing staffing, moving services online, installing or upgrading internet connectivity at your organisation's office, or computers or mobile phones for staff that are not directly related to the project
- Wages for staff that are not at least the [Real Living Wage](#)
- As additional top-up funds to an existing project already funded by a public sector body, unless there is a clear rationale for this
- The continuation of business as usual for an organisation
- Anything already covered by core funding or otherwise already funded

#### Demonstrating return on investment

We want to stimulate innovation and transformation through this fund, so we recognise the risk that not all projects will be successful. However, all projects - including those that are not successful – need to provide materials for a case study at the end of the initiative including:

- If the project has not been successful to be able to provide an analysis of the contributing factors for this and any learning for future initiatives
- Showing clear outcomes
- Show how the budget has been spent
- Create examples and case studies of the benefit of the project from the perspectives of users
- Collecting data from those who will benefit from your project such as:
  - which group of people will benefit?
  - how many people will benefit?
  - how often they have used the product/services

#### Allocation

Bids will allocated between £50,000-£100,000 (or £150,000-£300,000 over a three year period). However, this will be at the discretion of the bid assessment process and different proportions of the allocation may be provided if the scale, reach and integrated nature of the project justifies this or when considering projects between one and three years.

#### Timeline

- Applications will be submitted via CCF's online portal accessed via the Healthier Futures Fund landing page on our website [www.cambscf.org.uk](http://www.cambscf.org.uk) (fund page will be live for launch with new address).

Deadlines will be 00:00 on 1<sup>st</sup> May 2023 with outcomes published by end of November and 00:00 on 1<sup>st</sup> November 2023 with outcomes published by end of March 2024

### **Timetable 2023/2024:**

- March - April 2023 - programme scoping and set up
- 31 March - fund transfer deadline

#### **Round 1**

- 1 May fund launch - website, branding, applications, full evaluation details, workshop assets
- May, June, July application window (three months)
- 1 August application deadline
- October panel meeting
- Awards made before 30<sup>th</sup> November 2023

#### **Round 2**

- 2 August launch
- 1 November deadline (three month application window)
- February panel meeting
- Awards made before 31 March 2024

Funding will not be allocated to the relevant VCSE organisation until the proposal has been approved by the ICS team and our North/South Places and MH/LD & Autism Collaborative and Childrens and Maternity Collaborative. Grants will be provided in advance of the project being implemented following bid approval.

### **Appendices:**

#### Children's & Young People's Mental Health

- Peterborough has the highest rate of hospital admissions as a result of self harm (10-24 years) in 2020/21 in the region with 607 per 100,000. Source: FingerTips - [Public health profiles - OHID \(phe.org.uk\)](#)
  - This is particularly the case for 10-14 year olds - [Public health profiles - OHID \(phe.org.uk\)](#)
  - Please note for both of these indicators the confidence intervals are broad due to the sample size i.e. small numbers in a small population.
- Across England 2.8% of school age children have a social, emotional or mental health need. Source: FingerTips - [Children and Young People's Mental Health and Wellbeing - OHID \(phe.org.uk\)](#)
- It is estimated that 16.9% of those aged 16+ have a common mental disorder. Source: FingerTips - [Children and Young People's Mental Health and Wellbeing - OHID \(phe.org.uk\)](#)

### Frailty

- Around 10 per cent of people aged over 65 years have frailty, rising to between a quarter and a half of those aged over 85.
- Population forecasts predict that by 2041 we will see an increase of 128% of over 85 year olds in Cambridgeshire and Peterborough as well as increasing population in 65-84 year olds.
- Frailty prevalence in the over 85s is rising to between 25% and 50% (Age UK)

### People who use health services very frequently:

- There is a clear link between high intensity use of services (particularly urgent and emergency care services) and wider health inequalities.
- Those who frequently attend emergency departments (ED) are generally low in numbers, but their impact on the wider health system is significant<sup>1</sup>
- In 2019, data showed that approximately 2% of the general population used emergency services at least once, 76% of these patients attending only once. However, there were a small proportion (68 patients) who attended 20 or more times in a twelve-month period, with the highest number of attendances being 97 in the same timeframe. These patients were more likely to be discharged without follow up compared to non-high intense users.
- More recently, between April and October 2022, there were 255 patients identified as attending ED 10 or more times amounting to a total of 3,783 visits. This cohort of patients also had contact with:
  - 111 service (1,158 times)
  - The ambulance service (1,469 times)
  - Mental health service contacts (6,459 times)
  - Outpatient appointments (2,027 times)

### Advanced illness

- In 2020 the recorded prevalence of dementia in the Peterborough population aged 65+ was 4.65% and 3.53% for Cambridgeshire. Source: Fingertips - [Public health profiles - OHID \(phe.org.uk\)](https://www.phe.org.uk/public-health-profiles)
- In 2020 the under 75 mortality rate from cancer (persons, 1 year range) per 100,000 (Directly age standardised) in Peterborough was 146.4, the second highest in the region and above the England rate. Source: Fingertips - [Public health profiles - OHID \(phe.org.uk\)](https://www.phe.org.uk/public-health-profiles)
- Across the ICB around 3,727 people are receiving palliative/supportive care, which is around 0.4% Source: Fingertips - [Public health profiles - OHID \(phe.org.uk\)](https://www.phe.org.uk/public-health-profiles)

### Cardiovascular disease

- Cardiovascular disease (CVD) is a general term for conditions affecting the health or blood vessels.

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<sup>1</sup> British Red Cross report, "Nowhere else to turn: Exploring high intensity use of Accident and Emergency services", November 2021: <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/exploring-the-high-intensity-use-of-accident-and-emergency-services>

- Globally, more people die from CVD than any other cause.
- Between 2016-18, CVD accounted for 24.9% of all deaths in Cambridgeshire and Peterborough.
- CVD is among the largest contributors of health inequalities, accounting for approximately one-fifth of the life expectancy gap between the most and least deprived communities.
- Preventable, under 75 years of age, mortality rates for CVD are significantly worse in Peterborough compared to the England and regional average.
- You are at greater risk of CVD if you have diabetes, or a family history of heart disease, if you are a smoker, or are from a Black, Asian or minority ethnic background.
- Smoking prevalence in Cambridgeshire and Peterborough are positively correlated with rates of deprivation (i.e., higher smoking rates in more deprived areas).
- Fenland district has the highest smoking prevalence rate in England.
- The prevalence of overweight (including obesity) are closely correlated with rates of deprivation, with both rates of both childhood and adult

#### Discharge

- Rates of patients being delayed in their discharge from acute hospitals across the eastern region in December 2022 was 14.25%. In Cambridgeshire and Peterborough the average rate over the same period was 21.5%. This meant more people were spending long in hospital when they didn't need to be there in our system.
- At NWAFT, which is the main acute hospital trust in the north of the Cambridgeshire and Peterborough ICS, an area in approximately 95% of the people from our most deprived quintile live, had an average of 28.25% delayed discharges in this period whereas at CUH which is the main acute hospital provider for the south of the system where most of the people from the least deprived areas live, averaged 15.75% delayed discharges at the same time.