

Department of Health

Further details of £30 million funding for children's palliative care in 2010/11 announced 26 June 2010

Aims of funding

To fund applications from the ten regional children's palliative care networks and other relevant organisations for central funding to support projects focused on benefitting the lives of children with palliative care needs and enhancing palliative care services for children, bringing together local commissioners and providers, including third sector organisations.

To provide for, or move further towards:

- a more nationally equitable provision of children's palliative care services;
- children's palliative care services which:
 - are sustainable;
 - are relevant to and based on an understanding of local needs;
 - provide more care closer to home, which is the predominant wish of children and their families, and which can avoid inappropriate delays and the costs associated with unnecessary Accident and Emergency attendances and in-patient hospital care;
- better transition from children's to adult services for those with palliative care needs.

Eligible applicants

1. NHS organisations are eligible to apply for funding.
2. Voluntary organisations that meet the conditions set out in section 64 of the Health Services and Public Health Act 1968 can apply for the funding described in this note - a "voluntary organisation" means a body whose activities are carried on otherwise than for profit, but does not include any public or local authority.

3. Other organisations that are interested in applying should contact childrens30mfundingforpalliativecare@dh.gsi.gov.uk to confirm the specific position in relation to their organisation.

Eligible projects

4. Applications should promote the following general aims:
 - **Better health and well-being for children with palliative care needs and their families** – help children and young people with palliative care needs stay as healthy as possible; help families live independently, and tackle inequalities in health. (Inequalities in health relate to differences in general state of health because of disadvantages linked to background, culture, financial status and adversity.)
 - **Better care** – offer safe and effective health care, when and where children and families need help, and give them the power to choose levels and types of support appropriate to their needs.
 - **Better value** – deliver affordable, efficient and long-term services which make an important difference to the lives of children with palliative care needs and their families.

5. The funding is to support projects that meet one or more of the specific objectives set out below. Where a project would support additional objectives identified as local priorities, those objectives should be shown and the project's contribution to them will be taken into account.
 - Improve the functioning of and/or co-ordination between all agencies and disciplines involved in the care and support of children with life-threatening illnesses and their families.
 - Improve coordination between service providers both within the health service and outside (statutory and non statutory), including providers in the primary and community health care sectors, in particular with general practitioners, community nurses, especially community children's nurses, health visitors and specialist paediatricians.
 - Promote the role of a "lead professional" to mobilise other services and act as contact for children and their families with other services both within the NHS and between other

organisations eg education, social services and the voluntary sector.

- Improve the information available about the number of children and young people with life-threatening illnesses and use this information effectively in planning and commissioning services.
- Provide support (eg clinical supervision or provision for stress management) and development for people working in children's palliative care services.

Eligible activities

6. Applications will be considered for all aspects of the child and young person's journey through the ACT care pathway from pre-diagnosis to death and bereavement including the neonatal period (ACT/BLISS pathway).
7. The sorts of activities whose development might be funded include (the list is not exhaustive):
 - offering liaison services when children or young people with palliative care needs are admitted for specialist or tertiary care and providing a contact point for families at these times;
 - providing for or facilitating specialist nursing care and advice, home care when needed and short term respite support to enable a family time away from home, and practical support and assistance (eg domestic help, shopping) to enable the family to cope with caring;
 - providing for or facilitating emotional, psychological and spiritual support particularly for parents and other family members as individuals when a child or young person is deteriorating or to minimise psychological distress caused by medical interventions, uncertainty and crisis for both the child and young person and the family;
 - facilitating and pursuing optimal and appropriate provision of equipment, home adaptations, transport arrangements and

provide support in accessing support from local and national services;

- supporting implementation locally of the National Framework for Children and Young People's Continuing Care;
- improving the appropriateness of admissions to acute, special and tertiary hospital services;
- promoting sustainable and cost-effective teams which are planned and commissioned across total populations of at least 1 million, are capable of providing a range of services, including end of life care and bereavement support, can provide support and advice 24 hours a day, 7 days a week and include lead professionals to co-ordinate these services and maintain contact with families;
- assisting the development of a range of accessible services, co-ordinated by lead professionals and core community teams and including: specialist paediatric care; core palliative care services, including community nursing teams, hospices and specialist respite care; and more access to universal services.

Ineligible activities

8. The following types of activities will not be funded:

- Activities that relate to the care of specific children and young people.
- Delivering an existing service locally that is the responsibility of another local organisation.
- Routine ongoing, updating or maintenance costs of websites and other electronic communications.
- All paid for advertising including but not limited to online and offline advertising including advertorials.

- All paid for marketing activity including public relations and printing and publications.
- Any market research or communications development.
- All paid for digital activity including website development and maintenance, email or other electronic communications.
- All paid for events, conferences and exhibitions

However if a proposal can demonstrate that paid-for communications would be value-for-money in achieving specified, measurable benefits for children, parents and carers, DH and the Panel will consider that proposal for funding. Each bid will be considered on its own merit, but:

- All bids that involve paid-for communications will be subject to an additional approvals process within DH. This would consider whether, in the particular case, the measurable benefits from the paid-for communications proposed outweighed general concerns about the value-for-money of using Government funds in this way.
- Proposals will need to include consideration of how they could achieve their outcomes other than through paid-for communications and why these options are not being proposed.
- The preparation and distribution of printed copies of publications will be funded only in exceptional circumstances, such as known demand from parents or the need for the document to be available in circumstances where electronic access is not available.
- Conferences and events will not be funded, unless they are explicitly for training or development and can demonstrate measurable outcomes.
- New websites will not be funded, but microsites or extranets which are hosted on existing platforms and which can demonstrate measurable benefits may be funded.
- DH is not expecting any proposals over £25,000 for paid-for communications activities. Any such proposals over this figure would be subject to Cabinet Office approval.

For further advice please contact the Disabled Children's Services Team in the Department of Health, through the e-mail address at the end of this note.

- Political or party political activities.
- Fundraising.
- In general, research projects are ineligible. However applications which include creative and evaluative activity carried out to increase knowledge and enhance understanding of local needs for children and young people's palliative care (eg evaluation of data on services), will be considered. The eligibility of applications for such activity should be discussed with the Panel.
- Major building projects are ineligible. Depending on the audit guidance of the organisation applying for funding, applications may be able to include up to £5000 capital spending.

Requirements

9. **Equal opportunities** must be a central part of all activities to be funded.
10. **Limits on funding** - there is no specific limit on funding individual applications. We expect most applications to be for £5,000 or more revenue funding.
11. **User participation** - applications should normally include active user participation with children and young people and their families.
12. **Project leader** - projects to be funded should have a clearly identified project leader, where relevant with recent experience of dealing with the needs of children and young people in the community.
13. **Involvement of local children's palliative care networks** - where a project is not put forward by a children's palliative care network, the panel may seek the views of the chair of the network, with a view to ensuring co-ordination between and complementarity of local services.

14. **England** – the proposals must relate to children’s palliative care in England.

Other details to be included in applications

15. **Evidence of local need** – applications should provide evidence of a local assessment of need and how the proposed project would help meet that need.

16. **Evidence of likely impact** – applications should identify the number of children and young people with life-threatening illnesses and families who would benefit, with details of the benefits that would be achieved.

17. **Evidence of local support** – as far as possible, applications should demonstrate support from local children, young people and families and local providers (including non statutory providers) and that arrangements have been identified for close working between agencies.

18. **Cost** – applications must list all costs relating to the project including VAT if applicable and all overhead costs and indicate those of the costs for which funding is being sought.

19. **Duration of funding** - applications must demonstrate that they can use all the funds applied for solely within the financial year 2010/11.

20. **Sustainability** – applications should demonstrate how the services to be developed would be funded after 31 March 2011.

21. **Evaluation** – applications should include provision for local evaluation of the success of the project eg quality of life measures, reduction of stress and anxiety of family members, changes to hospital admissions rates, lengths of stay and appropriateness of admissions. Evidence of impact, including in relation to equality, across the whole of the local population should be provided.

Criteria for assessing applications

22. Applications should be focused on areas where existing community children’s services and voluntary services are less well developed,

but should indicate awareness of those services that are already available or being developed, whether provided through the NHS (including primary care) or the voluntary sector - for example children's hospices.

23. Applications will be welcomed which involve various agencies and service providers, drawing on multi-disciplinary professional and voluntary support – in order to bring together different services and support in order to meet the physical, emotional, educational, social and spiritual needs of the children and young people and their families.

For further details contact:

childrens30mfundingforpalliativecare@dh.gsi.gov.uk