



Department  
of Health

# Voluntary Sector Investment Programme Innovation, Excellence and Strategic Development Fund 2014–15

Information Pack for Applicants

August 2013

'Voluntary Sector' describes the range of organisations which work in the space between what the Government provides and what the private sector provides. These include small local community and voluntary groups, registered charities both large and small, foundations, trusts and the growing number of social enterprises, mutuals and co-operatives. Voluntary Sector organisations share common characteristics in:

- the social, environmental or cultural aims that they follow;
- their independence from government; and
- the way they invest any money they make to further those aims.

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# Voluntary Sector Investment Programme

## Innovation, Excellence and Strategic Development Fund 2014-15

### Information Pack for Voluntary Sector Organisations

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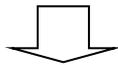
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## Innovation, Excellence and Strategic Development Fund: Application Process Flow Map

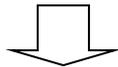
### Registration, to be completed by Noon 11<sup>th</sup> October 2013:

*IMPORTANT: The registration process has changed from previous years, please be sure you have carried out the steps below before the deadline.*

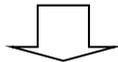
1. **Register as a new user in 'Award Information Management System' (AIMS)** Have you registered yourself and your organisation with AIMS previously? If yes, proceed to step 3. If no, refer to Appendix A of this information pack for information on how to register.



2. **Await an e-mail from the Grants Hub** confirming that the organisation has been registered. Has an e-mail been received? If yes proceed to step 3, if no and 24 hours have passed since registering, contact the Grants Hub on 0113 2545450



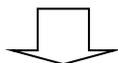
3. **Complete Eligibility Form in AIMS** including reviewing and updating your organisation profile and agreeing terms and conditions. Refer to the AIMS user guide, which can be found in the top right hand corner of the 'AIMS' log-in page.



4. **Await e-mail from Grants Hub** confirming that the eligibility form has been completed. Has an e-mail been received? If yes then registration is complete, go to step 5 to complete the application. If no and 24 hours have passed, contact the Grants Hub on 0113 2545450

### Application Form, to be completed by Noon 25<sup>th</sup> October 2013:

5. **Complete the online application.** Refer to the AIMS guide. Once completed ensure that you press the button 'send application to DH'.



6. **Await an e-mail from the Grants Hub confirming that the application has been received.** Has e-mail been received? If yes, process is complete (we may contact you if we require any further information). If no and 1 hour has passed since completing the application, contact the Grants Hub on 0113 2545450

## Innovation, Excellence and Strategic Development Fund Timetable 2014-15

19 <sup>th</sup> August 2013	We launch the 2014-15 'Innovation, Excellence and Strategic Development' (IESD) Fund and publish the funding themes
19 <sup>th</sup> August 2013 and 3 <sup>rd</sup> September 2013	'Meet the Funder' information events held in London
29 <sup>th</sup> August 2013	'Meet the Funder' information event held in Leeds
Noon on 11 <sup>th</sup> October 2013	Closing date – at 12 noon – for registering on AIMS. Please note that if you, as your organisation's IESD Fund application contact, submitted an application to last year's (2013-14) IESD Fund you are not required to re-register on AIMS. If the organisation applied to last year's Fund but its application contact has since moved on then the new application contact will need to register her/his details by noon on 11 <sup>th</sup> October 2013.
Noon on 11 <sup>th</sup> October 2013	Closing date – at 12 noon – for completing the 'Eligibility Form' – All organisations need to complete this, even if they have applied in previous funding rounds.
Noon on 25 <sup>th</sup> October 2013	Closing date for applications; AIMS will close at noon on that day, after which no applications will be accepted.
Spring 2014	Decisions – Organisations will be informed whether or not they have been successful.

## 1. Introduction

This document provides information about applying to the Voluntary Sector Investment Programme's 'Innovation, Excellence and Strategic Development Fund', which, subject to the approval of budgets, will award grants from April 2014. We call this 'the Fund' in the rest of this document.

All awards from April 2014 are subject to the approval of budgets as part of business planning for 2014-15 in the autumn, by the Department of Health (DH). The launch of this scheme does not commit DH to the funding of any grant awards from April 2014.

We are launching the scheme now to maintain operational continuity and to demonstrate our commitment to working within the principles of the Compact to avoid any unnecessary gaps in funding flows to the voluntary sector. (For more information on 'The Compact' see Appendix D 'Useful Publications').

You should read the information in this guide carefully as there have been changes to the eligibility rules, themes for funding, and improvements made to the on-line application system (AIMS) in recent years.

The document will give you information to help you decide if the fund is suitable for your organisation and the activity you want the funding for. It gives details of:

- the funding themes for 2014–15;
- the areas we will give preference to for each theme; and
- the conditions we use when assessing applications.

If you need more information, you can contact us by:

- e-mail at [voluntarysectorgrants@dh.gsi.gov.uk](mailto:voluntarysectorgrants@dh.gsi.gov.uk); or
- Call our telephone helpline on 0113 254 5450.

## 2. Voluntary Sector Investment Programme

The Innovation, Excellence and Strategic Development Fund (called 'The Fund' in this document) provides funding from one to three years to support proposals in the health and care field. The available funding is very limited and, to be successful, organisations will need to have a clear focus in their applications on how their proposals would support and drive forward new ideas, disseminate and replicate excellence or undertake strategic developments in voluntary sector capacity and/or capability in health and care. The Fund is open for applications for projects to start in April 2014 or later; we cannot accept applications after the closing date, which is at noon on 25<sup>th</sup> October 2013.

In March 2013, Secretary of State for Health Jeremy Hunt announced that of the 318 applications received, 49 charities would receive a share of £5.5 million, as part of the 2013-14 Innovation, Excellence and Strategic Development Fund (IESD) Scheme. These awards ranged from £24,496 to £408,783 (for the first year allocations).

Under the Voluntary Sector Investment Programme from 2014–15 the following funds and programmes maybe available.

### **The Voluntary Sector Strategic Partner Programme (SPP)**

The Voluntary Sector Strategic Partner Programme was launched in April 2009 to improve communication and dialogue between the Department of Health and voluntary sector health and social care organisations across England. The programme enables voluntary sector organisations to work in equal partnership with the DH, NHS and Social Care to help shape and deliver policies and programmes, for the benefit of the sector and improved health and well-being outcomes.

In April 2013, the Department of Health announced the 21 voluntary sector organisations that will be part of the new Health and Care Voluntary Sector Strategic Partner Programme for 2013/14. This new system-wide programme, delivered in partnership with NHS England and Public Health England, will build on the successes and lessons learned from the DH Voluntary Sector Strategic Partner Programme.

[www.gov.uk/government/publications/invitation-to-apply-to-join-the-health-and-care-voluntary-sector-strategic-partner-programme](http://www.gov.uk/government/publications/invitation-to-apply-to-join-the-health-and-care-voluntary-sector-strategic-partner-programme)

### **Health and Social Care Volunteering Fund (HSCVF)**

The Department of Health's Health and Social Care Volunteering Fund uniquely combines grant funding and support to voluntary, community and social enterprises (VCSEs). HSCVF aims to improve VCSEs' potential in the health, public health and social care landscape by increasing their capacity, boosting their abilities and helping them to become more sustainable. The managing body is led by ECORYS UK and it began awarding grants from April 2010.

The next National Scheme will be launched in October 2013, and there will be telephone advice sessions available to potential applicants prior to launch. For further information about this scheme, please visit: [www.volunteeringfund.com](http://www.volunteeringfund.com).

### 3. Important points to note for 2014–15

- We have an on-line 'Award Information Management System' (AIMS) to help you apply and so we can better manage how we award funding. We will only accept applications made on-line. Our system includes some automated eligibility checking. Registration and the eligibility form must be completed by noon on 11<sup>th</sup> October 2013 (See page 43).
- Please note that if you – as your organisation's application contact - submitted an application to last year's (2013-14) IESD Fund you are not required to re-register on AIMS, however the eligibility form will need to be completed. If an organisation's application contact from last year has moved on, the new contact at the organisation will need to ensure her/his registration and eligibility form are completed by noon on 11<sup>th</sup> October 2013.
- An e-learning module guiding you through the registration and eligibility process can be accessed through the AIMS log-in page (in the top right hand corner of the page) or the DH Website. **All applicants should read the e-learning guide, even if you have applied previously as a number of changes have been made to the AIMS system since last year.**
- Appendix A, at the back of this pack provides further guidance on the AIMS system.
- Please contact the Grants Hub team directly if you have problems with accessing AIMS for example due to visual impairment, we will be happy to look at alternative methods of completing the process.
- The AIMS system may not be suitable for users of assistive technology, please contact the helpdesk for assistance if you experience difficulties.

#### **PLEASE NOTE:**

Department of Health does not fund local activities and services that are the responsibility of local commissioners.

## 4. Eligibility

### Are you eligible to apply?

You must meet the conditions set out in section 64 of the Health Services and Public Health Act 1968 to be eligible to receive a grant under the Voluntary Sector Investment Programme. You must meet the following legal requirements (which are a summary of the criteria in Section 64 and not a complete description of the law).

- Your organisation must be carrying out activities that involve "... providing a service similar to a service provided by the National Health Service or by local authority social services, promoting, publicising or providing advice to do with providing either a national health or local authority social service or a similar service".

The Act gives the Secretary of State for Health the power to award grants to not for profit organisations in England whose activities support our priorities.

### Eligibility conditions:

As well as the legal requirements in Section 64 of the 1968 Act, the following eligibility conditions also apply if you want to apply to the fund.

- Your proposal must only provide health and care services in England. There are separate arrangements for Scotland, Wales and Northern Ireland.
- Organisations must be not for profit and:

Incorporated (this would be a company limited by guarantee and registered with companies house OR a community interest company OR a co-operative or industrial and provident society OR a Social Enterprise OR a Mutual).

OR

Have charitable status (registered with the Charity Commission).

### Start-up organisations

Please note that organisations that have been formed within the last 12 months will not be eligible to apply, as we require your last set of audited accounts and a reference from an organisation that has worked with you in the past. It is possible however to partner with an established organisation, with them acting as the lead accountable body. (Please see section on Joint and Partnership bids on page 14)

## Is your proposal eligible?

You can submit:

- One application with your organisation as the designated sole applicant.

**and/or** one of:

- One application (for a separate proposal) with your organisation as the designated lead accountable body for a **partnership** application; or
- One application as an equal partner in a **joint** application (even if you are not the lead contact for the purposes of AIMS).

(Please refer to Page 14 below for the definitions of partnership and joint applications).

If you send in more than one application as the sole applicant and/or more than one application as the lead accountable body for a partnership or joint application, we will ask you to identify which application(s) should continue and which should be withdrawn. Please note that you can be involved in numerous **partnership** applications as a delivery partner, which means that your organisation is not the lead accountable body; however we strongly recommend that this does not exceed 3, as it may be difficult to fully commit resources to multiple proposals.

## Activities

You will be eligible for investment from the Fund if the proposed activities meet the following conditions.

- Have the potential for, an impact nationally. This means we will not consider proposals with a purely local impact. For more information on national impact, please see Page 13.
- Equality and tackling health inequalities must be a central part of all activities.

**The following types of proposals are not eligible for investment through the Fund.**

- Activities that are not allowed under your organisation's aims.
- Delivering an existing service locally that is the responsibility of local organisations to arrange and pay for based on an assessment of local needs.
- Proposals that simply continue existing initiatives or activities.
- Routine on-going, updating or maintenance costs of websites and other electronic communications, phone helplines and hard copies of materials.

- If the organisation plans to use the funding to support party political activities.
- If the organisation plans to use any part of the grant to finance fundraising efforts
- Research projects. Research is defined for this purpose as ‘creative work carried out to increase knowledge’. If you are not sure if your proposal would be included in this definition, please contact us.
- Capital projects, for example, buildings, refurbishment and transport. Your proposal can include up to £5,000 of capital spending for equipment.
- Proposals for the Innovation and Excellence strands where the funding you request for **each year** of the project is more than 25% of your annual income (based on your most recent available final accounts). For the Strategic Development strand, we will look at each application on its merits. (For more information on the 25% rule please see Page 34).
- Proposals that include passing all or part of the grant funding to individuals or other organisations e.g. through grants, will not be eligible.

**The following types of organisation are not eligible to apply to the Fund.**

- Individuals or sole traders
- Organisations that make profit for private gain
- Public bodies including local authorities, schools, universities, community or town councils
- Organisations based outside of England
- Organisations formed less than 12 months ago
- Organisations without suitable accounting records

## 5. National Impact

All proposals under this Fund will need to demonstrate they will have a national impact. The proposal should be able to make a difference to the health and well-being of people across **England**. If your proposal is simply to provide local services, we would advise you to contact local funding organisations for help.

### **Strategic Development & Excellence Applications**

Organisations applying for Strategic Development funding must work across two or more English Regions (as defined by the Office for National Statistics (ONS)).

Applications made under the Excellence Strand must be for projects that are taking place across England. For the purposes of IESD this means that, as a minimum, the project must take place in two or more English Regions. These Regions are: North East, North West, Yorkshire and the Humber, West Midlands, East Midlands, East of England, London, South East and South West. Further details can be found on the ONS website at: [www.ons.gov.uk](http://www.ons.gov.uk).

### **Innovation Applications**

As opposed to the Strategic Development and Excellence Strands, applications to carry out projects under the Innovation Strand do not necessarily have to actively take place across England. However, a locally based project must show it has the potential to have a national impact. There must be clear and specific plans in place to ensure that learning from innovation projects is shared or implemented in other areas of the country. This should be explained clearly within your application.

## 6. Evaluation and Dissemination

### **Evaluation**

It is important that all applications include a clear evaluation methodology which will be in place from the outset and take place throughout the life of the project. The evaluation should focus on how and why the project works and the impact that it has on productivity and quality. As a minimum, you should ensure that there is an assessment of key performance indicators or outcomes which is meaningful and unbiased.

For smaller grants (under £100,000 for the full project costs) the evaluation may be an internally generated document written by the organisation.

For larger grant awards (over £100,000 for the full project costs) we would normally expect an element of the grant award to be set aside for independent external evaluation. It is expected that this would be an amount of around 5% of the total grant award up to a maximum of around £50k.

## Dissemination

For all projects we also expect to see clear national dissemination arrangements reflected in your plans. This should include details of how other organisations across England will factor your proposal outcomes into their working practices. We are not suggesting a preferred method as each project will be different, but some methods could include: learning events and conferences, setting up learning sets and networks, peer-to-peer support, and developing best-practice guidelines. Passing on these findings is essential and would have to be carried out effectively in order to have a national impact and make a difference to health and care across England. To take a worst-case example, we may not support a proposal that produces a report and simply mails it to other organisations across England. We would expect see evidence that it will be effectively used.

## 7. Joint and Partnership Bids

For each application, working with partners or subcontractors, a 'Lead accountable body' (LAB) will need to be assigned. The LAB must be a voluntary, community, social enterprise or mutual organisation. The LAB will be responsible for:

- The audit trail of the project (including work carried out by partners/subcontractors)
- Completion and submission of monitoring data for the whole project, in a timely manner as requested
- Distribution of funds to partners and/or subcontractors
- Provide assurance of the suitability of partners and/or subcontractors
- Undertaking to deal with any breaches of eligibility/audit requirements/disputes amongst partners and/or subcontractors

### **What is the difference between a partnership application and a joint application?**

**A partnership application** is where there is a lead organisation who acts as the 'lead accountable body' for the proposal, and a number of other organisations that deliver certain aspects of the project. These other organisations could act as subcontractors and receive money for delivering the services, but contracts would have to come from the lead organisation and all work would need to be invoiced for. Subcontractors have no management input; they are involved to provide specialist elements of the proposal.

### **I'm making a partnership bid with two other organisations. Can we split the grant money three ways?**

No. The lead organisation will have full responsibility for the project and the grant award throughout the life of the project. The lead organisation will be expected to have strong project governance in place covering all organisations within the partnership.

Where two or more organisations make a joint application to IESD Fund, each of them would need to be eligible to apply in their own right (see the eligibility criteria in the Information Pack).

**For a joint application** two or more organisations would come together as equal partners to apply to the IESD Fund. Although there must be a lead contact for the purposes of AIMS, each organisation would play an equal part in delivering the project. We would include both the names on the offer letter, and could even pay both organisations separately for the work. For joint applications, partners should have a 'Partnership Agreement' in place before the project begins.

We would require both organisations in a joint bid to complete the eligibility form, provide their most recent set of accounts, references and trustee sign off and both organisations would be involved in completing the form, but only the lead contact would submit it. Please contact the Grants Hub to discuss joint bids to ensure that the correct process is followed.

### **Can a private sector organisation be involved in a partnership application or a joint application?**

In a partnership application, as long as the lead applicant (accountable body), who is the recipient of the grant is eligible as a voluntary organisation, it can partner with any other type of organisation (including, for example, private, NHS or local government).

Where two or more organisations make a joint application (as opposed to a partnership application), each organisation would need to be eligible to apply in their own right.

### **Can I make unlimited bids under partnership arrangements?**

For 2014-15, we will allow an organisation to be involved in only one partnership application as the project lead. However, that same organisation could be involved in other partnership applications, provided that it isn't the project lead or involved in a joint application.

### **How will you handle the 25% rule for 'joint' applications?**

We want to encourage joint working through our investments. If a bid is made jointly, we will look at the incomes of both partners when assessing the 25% rule. The reason behind this is that if one of the partners (with a small income) unfortunately has to close down, we would expect the project not to be at risk as it would continue under the management of the remaining partner.

### **How will you handle the 25% rule for 'partnership' applications?**

We also want to encourage partnership working through our investments. If a bid is made as a partnership, we will look at the audited accounts of just the lead partner when assessing the 25% rule and will not take into account the income of any of the partner organisations.

## 8. Communications Activities

### Restrictions on 'communications activities'

Effective, timely and targeted communications about your project will be critical to the delivery of its success. However, there are some considerations in the area of communications of which you need to be aware, principally that there is a £5,000 spend limit on communications activities.

On Monday 24 May 2010 the Chancellor of the Exchequer set out new plans to reduce expenditure to achieve £6.2 billion of net savings. As part of this plan the Government implemented an immediate freeze on all new government advertising and marketing spend.

DH applies restrictions to any communications activity where the marginal cost of carrying it out is in excess of £5,000. Costs of £5,000 and under (not including the time spent on the activity by those already employed by, or donated on a voluntary basis to the organisation) can be approved by the applicant organisation, where it is satisfied that the highest levels of value-for-money have been achieved. Organisations will be required to provide a detailed breakdown and justification as to why the costs that are in excess of £5,000 are essential in the delivery of the project.

For organisations considering applying to the Fund, the restrictions apply to **all** new advertising and marketing spend which is defined as:

Advertising including, but not limited to:

- TV advertising
- Radio advertising
- Digital advertising
- Outdoor advertising
- Print advertising, including advertorials
- Recruitment advertising campaigns
- Costs of media, and fees and commission for media buying, media planning, creative development and production

Marketing activity, including but not limited to:

- Design and branding
- Direct and relationship marketing
- Customer relationship management programmes
- Telemarketing
- Campaign help lines
- Partnership marketing
- Sponsorship marketing
- Field or experiential marketing
- Merchandising

- Advertiser-funded programming
- Audio-visual activity
- Storage and distribution of marketing materials

Communication strategy, planning, concept and proposition testing and development

Market research that informs marketing and advertising activity

Evaluation of marketing and advertising activity

Printing and publications

Events, conferences and exhibitions

Public relations (PR) activity

Digital activity including:

- All website and application development
- Search engine marketing, including pay-per-click
- Search engine optimisation
- Digital display advertising
- Content partnerships
- Email marketing
- Mobile marketing
- SMS marketing
- Interactive online content

## **Definitions**

- 1 *'New' means any activity that is not subject to a binding contractual commitment. Existing binding contractual commitments are not affected.*
- 2 *Binding contractual commitments are those where an immediate financial penalty would be incurred for breaking the terms of the contract*

## **Do these restrictions apply to existing awards made from the Fund?**

Existing grant-funded activity is subject to the same communications conditions as new awards.

### ***What, if any, are the flexibilities?***

If you make an application that includes any/all of the above activities with a planned expenditure of less than £5,000 the restrictions will not apply; however, you will need to be satisfied that the highest levels of value-for-money have been achieved. If a proposal can demonstrate that communications that total more than £5,000 per year would be value-for-money in achieving specified, measurable benefits, the Department of Health will consider the proposal for funding. Each bid will be considered on its own merit, but:

- All bids that involve over £5,000 of communications activities per year may 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. **We may contact you with a request for additional information.**
- 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. Please insert this information in section 1.11 of the application form. Proposals should show evidence of how the communications activities will directly contribute to the projects objectives.
- The preparation and distribution of printed copies of publications will be funded only in exceptional circumstances; for example, where there is a known need from service users 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 and benefits.
- DH is not expecting that, even with value-for-money justification, any application would include a communications element of more than £100,000. Any such proposals over this figure would not only require the approval of DH, but also that of the Efficiency Reform Group at the Cabinet Office.

Please see the Grants Hub's 'Frequently Asked Questions' document for examples of different communications scenarios.

## 9. Funding Strands

Applications to the Fund are made under one of the three Funding Strands: Innovation, Excellence or Strategic Development.

When completing your application you will be asked to identify which one of these strands you are applying under. It is important to select the strand that is most applicable to your proposal as the application form will differ slightly, depending on which strand you apply under. It is important to note that no strand is given priority over any other when assessing applications; the only consideration you should make when selecting the strand is which is the best fit with your proposal.

### Funding Strand 1 – Innovation

We are looking to support new and creative approaches to improve people's health and well-being by developing health and care services both at local and national level. You should choose the Innovation strand if your proposal meets **all five** of the following criteria:

- it is a new approach to improving people's health and well-being;
- it aims to develop a new way of delivering health or care services at local or national level;
- it **has not** been evaluated to see how effective and relevant it is;
- it has the potential to have a national impact<sup>1</sup>; and
- it demonstrates your knowledge of existing services and the way(s) they currently fail to achieve their aims.

We will also consider proposals which explore innovative funding models, such as Social Impact Bonds, in meeting one or more of the theme priorities

### Funding Strand 2 – Excellence

We are looking to support organisations to deliver projects which replicate effective practice and proven models of health and care services. This strand may be used to disseminate the learning from a project previously funded under the Innovation Strand. Smaller organisations may wish to consider a partnership with larger organisations. Choose the Excellence strand if your proposal meets **both** of the following criteria:

- aims to actively share effective practice or copy a proven model of delivering health or care services **across two or more English Regions**<sup>1</sup>; and
- evaluation has taken place which proves that the concept is effective, relevant and has the potential for replication **across two or more English Regions**;<sup>1</sup>

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<sup>1</sup> Please refer to section 5 on 'National Impact' for more information.

## Funding Strand 3 – Strategic Development

We are looking to support voluntary sector organisations to develop improved capacity and capability in health and care and to promote greater partnership and collaboration between voluntary sector organisations, NHS organisations, Local Authorities and other health and care organisations. Organisations applying for ‘Strategic Development’ funding are expected to work across more than one English Region<sup>1</sup>.

Choose the Strategic Development strand if it meets **any** of the following:

- your proposal supports working with local commissioners promoting partnership, co-production and collaborative approaches to improving health and care services;
- your proposal promotes greater partnership working, including developing new models of delivery that are more efficient and effective over the long term;
- your proposal aims to develop your organisation’s business model so your income streams are more diverse, with limited or no need for on-going central government funding;
- you are a small national organisation (see FAQ document for a definition of a small organisation) who wants one year of development funding to develop an improved business model; or to produce plans to merge with similar organisations to improve quality and efficiency;
- you develop business models and approaches that respond to and take forward personalisation in health and care services including access, information and financial models;
- you have a strong proposal that clearly shows how you could improve and develop the sector or your organisation, which is matched with the principles of social enterprise<sup>2</sup> to achieve a long-term benefit for health and care services (*see page 31 for more information on supporting docs*).

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<sup>2</sup> **Social enterprise** – a business with mainly social aims where any money made is mainly reinvested for those aims. It is not driven by the need to make the most profit for shareholders and owners.

The Government’s vision for changes in health and social care services includes developing an environment where new kinds of organisations can emerge, including social enterprises, which will give patients more choice and better-quality services.

We expect social enterprises to provide:

- improved health and social care services;
- the ability to meet the needs of a particular client group;
- staff who are more involved in the business and services they provide;
- expert knowledge in certain areas; and
- wider benefits to those groups who are traditionally harder to reach.

## What you will need to show

For all applications, made under any of the three strands you will need to be able to demonstrate:

- how your proposal addresses the theme and priority that you are applying under;
- how your proposal will improve the quality of services, in particular, focusing on outcomes;
- how your proposal will improve the productivity of services, identifying quantifiable and measurable benefits;
- who will benefit from the proposal, including the role of volunteers, and the effect on people and health and care services;
- how your proposal will contribute to the Big Society agenda;
- that equality and the tackling of health inequalities are central to the proposal;
- value for money;
- a realistic project plan to achieve the outcomes you expect (*see page 31 for more information on supporting docs*);
- a clear framework for learning and evaluating success. This will include plans to actively pass on learning and experience from the project beyond the initial area of benefit;
- a sustainability strategy showing how the project would be continued after the end of the grant funding period if it is successful. For local projects which have the potential to have an effect nationally, we would expect to see links to organisations which arrange and pay for local health and care services either at the application stage or within the first year of the project's development and to show links with national organisations and/or partners that could support long-term delivery or improvement.

## 10. Funding Themes

Once you have decided on the most appropriate strand to apply under, the next step is to look at the cross-cutting funding themes and the priorities within them. Your proposal should show how it contributes to one of the following themes:

- **Theme 1**     **Personalisation and Choice of Care and Support**
- **Theme 2**     **Delivering Better Health and Care Outcomes**
- **Theme 3**     **Improving Public Health**
- **Theme 4**     **Improving Long-Term Care and Support**
- **Theme 5**     **Delivering Safe and Compassionate Care**

We describe these in more detail on the following pages.

The theme relates to the project, not to your organisation. You should choose the theme that most closely fits your project. There will be additional space in the application form if you want to describe how your project fits in with the other funding themes. However, choosing more themes does not increase your chance of success.

## Theme 1: Personalisation and Choice of Care and Support

**Proposals that build and strengthen people's choice and control over their own care and support. This includes information support and advocacy that promotes a preventative approach to health and care.**

Priorities (select one of the below):

1. Take forward, help and bring to life the vision of 'no decision about me without me' along the patient pathway. This will include projects that seek to:
  - Involve patients in decisions about their care and treatment;
  - Ensure that patient, carer and service user voice and experience is at the centre of the way the health and care system plans, commissions and delivers care;
  - Help the health and care system to design services around individuals, their families, carers and communities;
  - Support the most disadvantaged and excluded and those with mental health problems.
  
2. Increase access to new and developing forms of information that promote choice and control so people are actively engaged in their health and care, as citizens and members of communities. We are keen for projects that:
  - Enhance 'digital inclusion' by helping people to access digital services or support them to access the same services by other means;
  - Develop, in people and communities, skills in locating and using a variety of health and care information including information relating to prevention and early intervention;
  - create new ways of providing people and communities with health and care information and advice. We are keen to see projects that use a combination of approaches and mechanisms, - for example, brokerage models - in integrated ways;
  - develop information technology applications that help to join up care efficiently and effectively to support individuals, their families, carers and communities;
  - support individuals, their families and carers to make choices about community and mental health services that are offered as part of the support for the planned roll out of 'Any Qualified Provider' for a range of these services from 2013;
  - develop new ways of seeking and using patient, service user and carer feedback and insight in ways that drive improvements in service quality and outcomes;

3. Design and deliver business models and integrated service offers for people choosing to use personal budgets for both health and social care. This may include, for example, the development and application of assistive technologies that foster independence or brokerage and support (including peer support) that enable people to plan and manage a budget.
4. Support the delivery of new integrated models of responsive, person-centred services that can improve the quality of care provided to individuals with their own personal budget and through local commissioning arrangements.
5. Develop and design ways of supporting equal access to personal budgets for health or social care, particularly their use by those who are more vulnerable or are traditionally harder to reach.
6. Design and deliver innovative models that improve the way the health and care system reaches out and listens to people and communities who are poorly served, disadvantaged or suffer discrimination.

## Theme 2: Delivering Better Health and Care Outcomes

**Proposals that support improved health and care outcomes including interventions that will result in measurable reductions in health inequalities and improvements in health and life expectancy in disadvantaged or vulnerable groups and communities.**

### Priorities (select one of the below):

1. Will improve physical and mental health for children – including those with physical and /or learning disabilities, those in care, those in secure training centres or those in contact with the criminal justice system in the community – by improving care during pregnancy and the early years and improving outcomes for families with multiple problems, to contribute towards the Prime Minister’s ambition to “try and turn around every troubled family in the country by 2015”; reduce the impact of adverse experiences in childhood; and, involve children and young people in decisions about their own health and care.
2. Will tackle violence effectively. Health and care interventions which aim to reduce violence and reoffending. Interventions which support victims, such as children who are sexually exploited and/or physically or emotionally abused, and provide appropriate skilled and integrated care and support to improve the health and wellbeing of some of the most vulnerable people in our society. Victims of violence include sexually exploited young people, women or girls who have female genital mutilation or are at risk of it; women, girls, men or LGBT people who experience sexual, physical or emotional abuse ;

people who experience gang-based violence, 'honour'-based violence or who are being trafficked into England for any form of exploitation.

3. Promote prevention and early intervention approaches across the life course, including:
  - targeted awareness raising, early identification and support for self-management, for preventable health conditions – both physical and mental health;
  - care planning and maintenance that promotes recovery, independence and postponement of dependency, including identifying models for incentivising measurement of outcomes and evidenced based practice;
  - interventions and support that promote the health and well-being of troubled families;
  - interventions that reduce the impact of social isolation and loneliness.
4. Improve the evidence of measurable improvements in outcomes for patients through new Patient Related Outcomes Measures (PROMS) and Patient Related Experience Measures (PREMs), including those with lifelong conditions or disabilities; and consider new approaches to measuring improvements in outcomes by carers.
5. Develop evidence-based approaches that can be used to reduce inappropriate and unsafe medication use for vulnerable groups, particularly the over use of anti-psychotic medication for dementia or those with learning disability or autism or challenging behaviour and evidence based methods to improve medication safety and reduce physical interventions, including physical restraint in care homes and other residential settings including detention settings.
6. Demonstrate or promote effective integration within and between health, community, primary, acute, social care and education services so that they are designed and commissioned around people, their families, carers and communities including through the use of personal budgets across health and care. We are particularly interested in proposals that support councils, the NHS and communities, as well as wider local partners, to work together and through health and wellbeing boards, to understand the needs and the assets in communities, to plan how they will work together to meet those needs and reduce health inequalities. We particularly support applications which focus on integration in communities or population groups with high levels of health inequality where there is a measurable and timely outcome indicator. We are also interested in proposals that support continuity of care for people leaving prisons and returning to the community.

7. Explore and establish responsive models of commissioning support that make adjustments for the different needs of different groups and enable Clinical Commissioning Groups (CCGs) and local authorities to put patients, service users and carers of all ages and communities at the heart of health and care commissioning systems and processes. This might include: promoting the voice of citizens of all ages and communities, particularly currently poorly served groups and areas including the most excluded; providing niche or specialist advice, expertise and evidence to CCGs, local authorities and commissioning support organisations.

### Theme 3: Improving public health

**Proposals that promote better public health and help reduce premature mortality. We are particularly interested in proposals that take a preventative approach across the life course in relation to the priorities set out below.**

#### Priorities (select one of the below):

1. Support and enable all parts of society, particularly disadvantaged groups, to make positive changes in their lifestyle choices and behaviours that will help them to live longer, healthier lives and improve their overall wellbeing, for example, by improving diet and nutrition; increasing levels of physical activity; reducing smoking and use of tobacco products; preventing and recovering from substance misuse (drug and alcohol misuse);
2. Promote public mental health and wellbeing at individual and community levels. Prevent suicide in high risk groups. Improve mental, physical and emotional health in the workplace.
3. Improve access to sexual health and HIV services and the treatment of drug and alcohol dependence by socially excluded groups, where stigma and discrimination has previously prevented access to these services. These projects will promote positive behaviours, including behaviour change, and raise self-esteem amongst these groups. Promote integrated approaches which recognise the role of alcohol and drugs in high risk sexual behaviour at all ages, including the use of 'club drugs'.
4. Improve identification and management of people with other key risk factors for premature mortality such as high blood pressure and high cholesterol.
5. Improve awareness and understanding amongst the public at large and in particular the young and vulnerable and socially excluded groups about infectious diseases, steps that they can take to minimise risk of spreading infections, the role of antibiotics and the need to use them correctly in order to slow down antibiotic resistance.

## Theme 4: Improving Long-Term Care and Support

**Proposals that help older people and those with long term conditions to maintain independence and well-being, including support for carers, families and communities to support people with care needs. Proposals for innovative approaches to integrate support around individual needs, and to ensure high quality, person-centred care for all, including people who lack capacity.**

### Priorities (select one of the below):

1. Developing local innovative approaches to information, advice and support for people, their families and carers to increase awareness of care and support options, and to plan and arrange support to meet individual needs. This should specifically include information, advice and support to enable carers to better undertake and balance their caring responsibilities and to enable them to maintain employment, education, wider community participation as well as maintain their own health and wellbeing.
2. Support earlier diagnosis of people with dementia and other long-term conditions and involves them, their families, carers and communities in planning their care and support.
3. Projects that support locally developed approaches that build community capacity and resilience against the factors leading to poor health and well-being. In particular projects that:
  - empower, bind and connect people within communities and make it easier for them to get involved, share their experiences and good practices so that they can be actively engaged in health and care, tackle inequalities and shape and influencing local services, building on local community resources and skills;
  - reduce levels of loneliness and social isolation in order to improve the health and well-being of older people and other vulnerable and disadvantaged groups. This might include local schemes building on a 'Neighbourhood Watch' type of approach; or
  - provide information and advice to promote healthy behaviours to increase physical and mental well-being within communities

4. Innovative approaches to coordinating a range of services around individual care and support needs, bringing together health, care, housing, and wider voluntary and community support.
5. Projects to support the embedding of best practice in supporting people who lack capacity, so that the principles and requirements of the Mental Capacity Act are mainstreamed in health, social care and other support.

## Theme 5: Delivering Safe and Compassionate Care

**Proposals that promote and bring to life the vision of safe and compassionate care along the patient pathway particularly for vulnerable older people, people with learning disabilities, children and young people with complex needs and those experiencing mental health issues.**

### Priorities (select one of the below):

1. Develop novel ways to share patient stories and consider feedback and complaints as a means to inspire and motivate staff;
2. Develop innovative approaches to involving patients, carers, service users and the community voice into the way that services are developed, run and improved;
3. Develop and promote approaches to restorative redress for patients following an untoward incident, for example, approaches to support patients and their families in the event of a failing in care;
4. Deliver innovative training and support to enable front line staff, particularly care assistants/ support workers (NHS Bands 1-4), to improve services and deliver a better experience for patients;
5. Develop local innovative approaches to improving staff emotional health and well-being including building resilience without diminishing compassion;
6. Develop capability within health and care organisations to connect with other organisations and local people in ways that offer challenge, learning opportunities and benefits for staff motivation and well-being.

## 11. The application process

This chapter gives guidance on the application process and timescales.

### What makes a good application?

A good application:

- is concise;
- focuses on clearly defined aims and measurable outputs;
- proves it will have an effect nationally, or clearly explains how it will have the potential for a national effect
- clearly describes what benefits the proposal will bring, avoiding jargon and abbreviations (unless explained);
- is clear about how the proposal contributes to the Departmental aims;
- is relevant to and tackles the requirements of the funding strand you have chosen;
- shows how it contributes to the funding theme you have chosen;
- has a strong project plan and clear details of costs (see Appendix B for Budget Template);
- shows meaningful arrangements for working with others;
- has a realistic strategy for long-term plans, including an 'exit strategy';
- has clear evaluation criteria and strategies to pass on what has been learned; and
- shows how equality and the tackling of health inequalities are central to the proposal.

### How do I apply?

There are two separate deadlines to be aware of, the first is to register your organisation (if you have not already previously registered) and complete the 'Eligibility Form' for your proposal by **11th October 2013**, the second is to complete an on-line application form on our 'Award Information Management System' (AIMS) by **noon on 25<sup>th</sup> October 2013**. You can access AIMS, including registering for the first time (if applicable) using the 'register' link, at:

<https://www.thirdsectorinvestment.dh.gov.uk>

**(Note: we have been made aware that some users have experienced difficulties with AIMS when accessed using older versions of Internet Explorer. We advise using Mozilla Firefox as your browser to access AIMS).**

## Important Information

You should be aware that we do not fund all applications that meet the criteria and preferences. In 2013/14 we funded 15% of applications received. We are looking for those that best meet the criteria and preferences and this will allow us to take account of any similarities between proposals. If we identify similar proposals from different organisations, we will either choose the ones that show most potential on the information provided, alternatively, we may ask you to consider working together with the other organisation on a joint proposal.

Remember that the information we use to assess applications will be what you give on the application form and our knowledge of existing and planned initiatives in that area. If you know of similar services, you should explain on the form how your proposal adds to but does not just copy similar services.

We will provide feedback on all unsuccessful applications. We provide this in a constructive way so you can review your proposals and see where we felt the strengths and weaknesses were in your application.

## Application Form – Questions

You can download a word template of the application form from our website. You may find it helpful to draft your application off-line, but please note that **your application must be submitted on-line** through the AIMS system. You should make sure that the responses you give clearly answer each question as fully as possible. Relate the responses to the detail set out in this Information Pack for the Fund.

All answer boxes have a character limit (please note that character counts are not the same as word counts, they contain letters, numbers, spaces, line breaks and any additional formatting such as bullet points). Please use the facilities on your word processing package to count the characters, as we will not be able to save text exceeding the character limit in our database. AIMS has a character counter under each answer box. For the proposal summary (Q1.8), we are asking you to restrict your summary to 100 words. This is because we will use the summary in publications and need a concise and consistent approach.

You must submit your application via AIMS **by noon on 25th October 2013** and include all the details we need to assess your application. We will not accept extra or supporting information received after this date and treat it as if you have not supplied it. We will not accept applications after the closing date. We have fixed these deadlines to be fair to everyone applying and to make sure we can start the assessment process. Incomplete applications affect our ability to complete the assessment process as planned. Please retain a copy of the application before submitting, as you will be unable to obtain a copy of your application on AIMS once it has been submitted.

## What supporting information do I need to supply?

You will need to provide the following information in electronic form through the on-line AIMS system:

For Innovation applications we will need:

- a project plan and risk management plan covering all years of your project; (Please see Appendix C)
- your last years' annual report and final accounts, unless these are available on the Charity Commission website;
- confirmation that your organisation has equal opportunities and health & safety policies;
- details of your staffing structure for the proposal;
- a copy of your memorandum and articles of association, constitution or other governing document for organisations that are not registered charities;
- a budget plan covering all years of the project; (please see Appendix B)
- Stakeholder references (Please see the references section).

For Excellence applications we will need:

- a project plan and risk management plan covering all years of your project; (Please see Appendix C)
- relevant evaluation report to demonstrate proof of concept;
- your last years' annual report and final accounts, unless these are available on the Charity Commission website;
- confirmation that your organisation has equal opportunities and health & safety policies;
- details of your staffing structure for the organisation and proposal;
- a copy of your memorandum and articles of association, constitution or other governing document for organisations that are not registered charities;
- a budget plan covering all years of the project; (please see Appendix B)
- Stakeholder references (Please see the references section).

For Strategic Development applications we will need:

- your organisation's business plan as agreed by your board;
- a one page summary of your business plan which highlights the pages(s) in the business plan that identify then need for IESD funding;
- a project plan and risk management plan; (Please see Appendix C)
- your last years' annual report and final accounts, unless these are available on the Charity Commission website;
- confirmation that your organisation has equal opportunities and health & safety policies;
- details of your staffing structure for the organisation and proposal;

- a copy of your memorandum and articles of association, constitution or other governing document for organisations that are not registered charities;
- a budget plan covering all years of the project; (please see Appendix B)
- Stakeholder references (Please see the references section).

If you do not have electronic copies of your annual report and final accounts and these are not available on the Charity Commission website, please say this on the application form. You will also need to send hard copies – as well as a hard copy of your memorandum and articles of association, constitution or other governing document, if not available electronically – to the address below:

Voluntary Sector Grant Funding Hub  
Department of Health  
2E23 Quarry House  
Quarry Hill  
Leeds LS2 7UE.

All proposals will be expected to consider the sustainability of their project after IESD funding has ceased. We would expect projects to develop a sustainability strategy showing how the projects outcomes will continue.

### Application completion guidance

Some areas of the application form have resulted in questions from organisations in previous funding rounds. Please see the guidance below for advice on completion:

**1.3 Proposal summary:** Please ensure that this is kept to no more than a few sentences (100 word limit); this should be a very brief synopsis of what the proposal aims to achieve.

**1.6 Joint/Partnership Bids:** Please ensure you are completely clear on which structure type you are applying under, organisations have failed eligibility due to selecting the wrong option for joint or consortium bids. Please see page 14 for further information.

**1.15 Reference:** You are required to provide a reference letter as further evidence of your ability to deliver a project effectively. The reference must come from a stakeholder you have worked with recently on a project, for example an NHS organisation or Local Authority. The letter should provide some context (including a timeline) as well as contact details. Please note that this must not be a Department of Health member of staff.

## Attachments

For **Innovation** and **Excellence** projects, applicants will be required to provide a detailed Project Plan & Risk Management Plan for the lifecycle of the project, showing what you plan to achieve for each 3 month period of the project. For **Strategic Development**, applicants will be required to provide the organisation's strategic plan & Risk Management Plan.

We will also require the following attachments:

Items	Tick (✓)
Have you thoroughly explained any marketing and communications costs? (not applicable if your communication costs are £5,000 or less)	
Have you included your 'Organisation Chart'? (for the proposed project structure)	
Have you included your 'Risk Management Plan'? (See Annex C)	
Have you attached your organisation's business plan as agreed by your board? (Only if you have applied under Strategic Development)	
Have you attached your one page business plan summary highlighting the pages that identify the need for IESD funding? (Only if you have applied under Strategic Development)	
Have you included any previous bids within your application?	
Have you attached a Project Plan?	
Have you attached a Budget Plan? (See Annex C)	
Have you attached a Stakeholder Reference? (Please see guidance above)	
Have you attached your most recent financial accounts? (Unless available on the Charity Commission website)	
Have you attached proof of evaluation? (Only if you have applied under Excellence)	
Have you attached a Strategic Plan (Only if you have applied under Strategic Development)	
Have you considered full cost recovery within your application?	

All attachments must be uploaded to AIMS in a .pdf format.

If you are unsure as to how to save a file to .pdf, please follow the link below to the Microsoft help guide: <http://office.microsoft.com/en-gb/help/save-as-pdf-HA010064992.aspx>

## 12. Costings

### Working out the costs of the proposal:

In 2013-14 we made 49 awards totalling £5.5m for first year allocations. Details are available at:

[www.gov.uk/government/publications/innovation-excellence-and-strategic-development-fund-new-awards-2013-to-2014](http://www.gov.uk/government/publications/innovation-excellence-and-strategic-development-fund-new-awards-2013-to-2014)

These awards ranged from £ 24,496 to £ 408,783 (for the first year allocations). Only 15% of applications were funded. We do not have a minimum or maximum amount you can apply for but you should be aware that this is a budget-limited scheme. Your bid should be realistic and follow the principles of recovering the **full cost** of your proposal.

Don't forget to take account of cost increases for years 2 and 3 of the proposal. We will not automatically increase future years in line with inflation.

We will not accept proposals under the Innovation and Excellence strands where the proposal costs are more than 25% of your annual income **for each year of the project** (based on your most recent available final accounts). For proposals under the Strategic Development strand, we will look at each application on its merits. We have introduced this rule because experience has shown us that organisations who receive a single project grant which is a high percentage of their income may experience difficulty in covering core costs which then has an effect on their ability to deliver the project. If there are particular circumstances which mean that your latest accounts do not represent your current or expected income, please explain this on the form.

You do not have to pay VAT on these grants as they are generally considered out of scope of VAT because we do not receive direct benefit from the grant. We cannot give you advice on whether the activities you will be carrying out with the grant will be charged VAT. You will need to discuss this with HM Revenue and Customs. It could be that while the income (the grant) is outside the scope of VAT, the activities you are providing may be charged VAT. If you need to pay VAT on any of the work and you cannot get it back, you should include this in the initial costings.

As part of the process of sharing learning with other grant holders and us, we may want you to go to networking events or presentations throughout the course of the grant. You should plan for travel and related costs for up to 12 events over a three-year grant period and include this in your costings. Please note that the majority of travel will be to Central London.

### Recovering the full cost of the proposal

You should aim to recover the full costs of delivering services for public sector organisations, including overhead costs and VAT that you cannot recover. This will involve you presenting

applications for funding on the basis of strong and evidence-based calculations of the costs of the funded activity or service. Overhead costs can include accommodation, human resources, utilities, maintenance for premises and monitoring requirements. This is not a full list. These overhead costs need to be both relevant and reasonable.

We would normally expect overheads to make up a maximum of 10% of your projects costs, if your overhead costs are higher please provide an explanation why.

(Reference: taken from Chapter 5, *Improving financial relationships with the Voluntary Sector: Guidance to funders and purchasers*, HMT 2006)

**Please note, you may find it helpful to refer to clause 3.8 of the Compact (see ‘Useful Publications’) in relation to recovering the full cost of the proposal. There are also organisations in the voluntary sector that may be able to support you in calculating these costs, including the Association of Chief Executives of Voluntary Organisations (ACEVO) and the National Association for Voluntary and Community Action (NAVCA).**

## 13. Using DH logo's and branding

You will not normally be able to use the DH or the NHS logos on any material you produce through a grant from the fund. You can use 'Produced with funding support from the Department of Health' or similar. But the statement should not suggest that we have guaranteed the quality of the product or that we endorse the product.

If you are producing material that has intellectual property rights (IPR) or copyright issues, we ask that you highlight this in your application. We may want to discuss this with you.

### Data Protection and Confidentially

It is essential for the grant recipient to have all the necessary processes in place to ensure the exchange of information between external bodies throughout the lifetime of the project is fully respected, secure and to adhere to rules of the Data Protection Act (DPA) 1998, the Freedom of Information Act 2000 and the Human Rights Act 1998. The grant recipient will need to take reasonable care to prevent inappropriate access, modification or manipulation of data from taking place. In practice, this is applied through three cornerstones – confidentiality, integrity and availability;

- information must be secured against unauthorised access – **confidentiality**;
- information must be safeguarded against unauthorised modification – **integrity**;
- information must be accessible to authorised users at times when they require it – **availability**.
- For further information please refer to *Principles of information security* on NHS Connecting for Health's website at

<http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/security>

### References and background information

#### Freedom of Information

The Freedom of Information (FOI) Act gives you the right to see a wide range of public information. For example, you are entitled to see the documents that we used to assess an application for a grant from the Fund. All applications received are covered by the Act and copies will be provided when requested. Unless there is a good reason, we must provide the information within a month. If we decide to withhold information, we must give you the reason. You can find out more about the FOI Act and making a request for information held by the Department of Health at:

<http://transparency.dh.gov.uk/category/foi/>

## 14. Contact us

**Telephone helpline:** 0113 2545450

**Opening Hours:** The helpline will be open from 9am to 5pm, Monday to Friday. Out of hours, please leave a message or e-mail the helpline and an account manager will get back to you as soon as possible.

**By email:** [voluntarysectorgrants@dh.gsi.gov.uk](mailto:voluntarysectorgrants@dh.gsi.gov.uk)

**By letter:** Voluntary Sector Grant Funding Hub  
Department of Health  
2E23 Quarry House  
Quarry Hill  
Leeds, LS2 7UE

## 15. What happens next?

We will assess applications using the conditions set out for the funding strand and the preferences set out for the funding theme you have chosen with the supporting information you have provided.

We will ask for expert advice from policy programmes within the Department and its 'Arm's length bodies' that are relevant to your proposal. For example, a proposal to develop a support service for women with a learning disability during pregnancy would go to the Learning Disability team and the Children, Families and Maternity team for advice. We may want to ask for advice from agencies or from other government departments if there are shared interests. For example, proposals related to teenage pregnancy may need advice from the Department for Education. We may contact CCG's and/or Local Authorities in your area to discuss your proposal with them. If we send any applications outside the Department, we will also inform them that the proposals are confidential and they should not discuss them with others.

We will give advice to Ministers on each proposal and how it matches up with our conditions and preferences; and which proposals will have the biggest effect on the health and well-being of people in England, so Ministers can make their decisions about which proposals to fund.

### Giving you our decision

We aim to inform you of our decision of the outcome of your application by **Spring 2014**. We will do this by e-mail to the main registered contact on AIMS. So please let us know if the following changes: the e-mail address of the application contact and/or her/his organisation; the name of the organisation and/or its application contact; the address of the organisation. Some organisations have their e-mail systems set to automatically filter out 'system-generated e-mails', so if you have not received a reply from us after 2 working days, please check your 'spam' or 'junk' folders before contacting the helpdesk. We will keep our website updated with any changes or updates.

You do not have to start the project on **1 April 2014** and can start later if you wish. Please note that if the project starts later than originally planned, the grant will be made pro-rata according to the start date. For example a project, originally scheduled to start in April 2014, that starts in July 2014 will receive 75% of the 2014–15 amount, the remaining 25% will carry forward into 2015-16.

### Summary of conditions of the award

If you are successful, we will send you an award letter showing the full terms and conditions of the grant. Below are some of the conditions you should be aware of at this stage.

- The terms and conditions must be accepted by a board member (trustee or director) or the chair of the management committee if you are an unincorporated association.

- We confirm the grant for year 1 but the amounts for years 2 and 3 are provisional offers.
- Grants are restricted funds and are recorded as such in the accounts. (Identifying the grant in your accounts is required as a measure of accountability for the use of public funds).
- You will have to repay the grant if you do not use it for the purposes intended.
- You cannot pass all or part of the grant funding to individuals or other organisations, funds can only be moved to pay for contractual activities as part of a partnership or joint bid.
- You will be required to provide us with monitoring information (See page 40)
- We are not committed to provide any funding after the agreed term of the grant.

You must identify the grant in your accounts as being from 'Department of Health'.

## Appeals

The Fund is a discretionary scheme and you cannot appeal against the decisions made by Ministers. However, we do know that, at times, you may feel that we have not followed the grant application process correctly and you may want to raise a concern. We treat these requests as complaints and use our complaints procedure. The first stage is 'informal resolution' where the Voluntary Sector Grants Hub would handle your complaint. If you are unhappy with the response, you can make a formal complaint to the 'Deputy Director of Departmental Financial Management and Partnering'. The complaint will be investigated and the findings reported back to you.

Deputy Director of Departmental Financial Management and Partnering  
 Voluntary Sector Grants Hub  
 2E23 Quarry House  
 Quarry Hill  
 Leeds  
 LS2 7UE

If you are unhappy with that response, you can take this further within our complaints procedure by writing to the Head of Customer Service.

Complaints Manager - Customer Service Centre  
 Department of Health  
 Richmond House  
 79 Whitehall  
 London  
 SW1A 2NS

This is a summary of our complaints procedure and you can find full details at <http://www.dh.gov.uk/en/ContactUs/ComplaintProcedures/index.htm>

## 16. Delivery and monitoring

### Summary of monitoring requirements

All Government Departments have a duty to ensure that all grant awards offer value for money and are spent in line with the original plans. The Department therefore places great importance on the monitoring of all grant awards. If your application is successful and you receive grant funding, you will be asked to provide the following documents during the period of the grant:

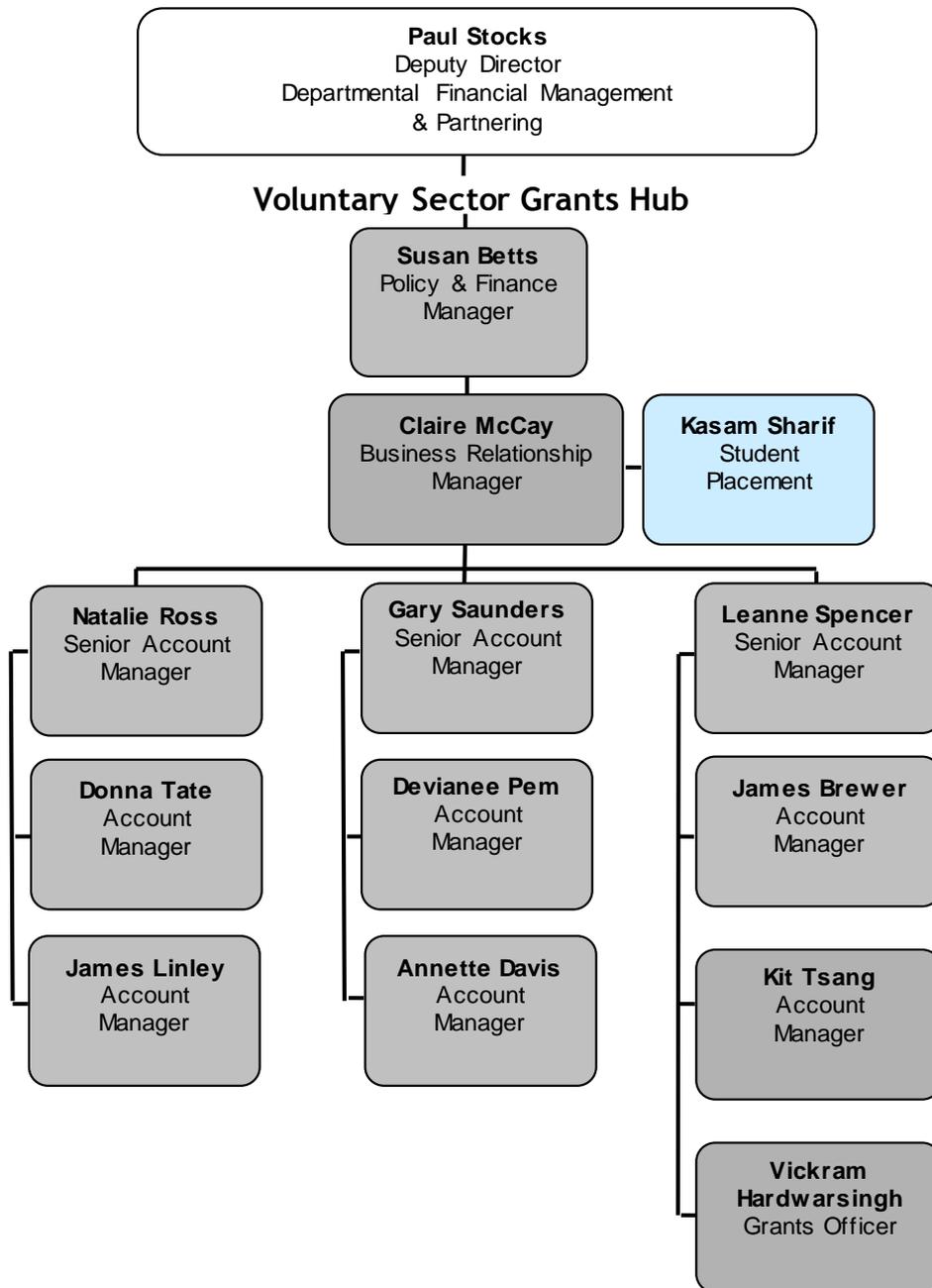
- an end-of-year progress report and forward plan for next year, including expected spending;
  - an end-of-project report and summary of total spending on the project; and
  - Annual accounts to show you have identified the grant correctly or;
  - 'Certified statement of the project's income and expenditure' signed by any of the following; - trustee, company director, chief executive, finance officer/treasurer, registered auditor, reporting accountant or independent examiner. This must be in the same detail as the budget template provided in Annex B.
  - You may also be asked to provide a 'Certified statement of the project's income and expenditure' if we feel that the accounts provided are unclear.
- 
- However if your organisation is not legally required to have its accounts audited, reported on by a reporting accountant or independently examined, then you must provide one copy of a 'statement of your organisation's gross income and total expenditure', in which the grant must be separately identified, and signed by a trustee or, if a limited company, a company director.

You will be assigned an Accounts Manager, they will:

- Monitor your progress against your project plan/milestones/outcomes
- Discuss and manage any risks against delivery
- Agree any changes to the project plan
- Agree payment against outcomes

**Please note, you may find it helpful to refer to sections 3 and 4 of the Compact (see 'Useful Publications' on page 48), particularly clause 3.6**

## 17. Voluntary Sector Grants Hub Structure Chart



The Voluntary Sector Partnership Team is responsible within the Department of Health for promoting the Voluntary Sector in the context of health and care policy, service development and delivery. The Voluntary Sector Grants Hub's Team manages the Department's Voluntary Sector Investment Programme (please refer to page 8 for more details of this Programme). The 'Innovation Excellence and Strategic Development Fund' falls under this Programme.

## Appendices

### Appendix A: Award Information Management System

Prior to making an application, you will need to ensure your registration is completed (as opposed to submitting a completed application form) on AIMS by **noon** on **11<sup>th</sup> October 2013**.

**Please note that if you – as your organisation’s 2013-14 IESD Fund application contact - submitted an application to last year’s IESD Fund you are not required to re-register on AIMS, you will however still need to complete the ‘Eligibility Form’. If the organisation applied to last year’s Fund but its application contact has since moved on then the new application contact will need to register her/his details by noon on 11<sup>th</sup> October 2013. An eligibility form for any proposals will also have to be completed on AIMS by 11<sup>th</sup> October 2013, without this stage being completed before the deadline we will be unable to accept applications.**

**Aims Link:** <https://www.thirdsectorinvestment.dh.gov.uk>

If, as the application contact for your organisation, you have forgotten your password from last year please enter your e-mail address on the entry page of AIMS and check the ‘Forgot your password’ link. You will then be sent a new password. If in doubt, please contact our Helpline and we will advise you if you are already registered on AIMS or not.

IT systems, including AIMS, often struggle to cope with high volumes of activity. Last year we received a significant number of applications on the morning of the closing date. We strongly encourage you to submit your application as soon as it is complete.

You can draft answers before submitting on AIMS by using a template application form – for the appropriate funding strand - available by visiting [www.dh.gov.uk](http://www.dh.gov.uk). Search for ‘IESD’ for the most recent news feed which will contain a copy of the application form.

**The template is not the application form** and we will not accept applications sent in using this template.

Important: AIMS has a 'time-out' facility. This is currently set at 4 hours. Applicants are advised that when completing application forms they should 'Save as draft and exit form' if they are going to be longer than 4 hours. However there is now an auto-save functionality, which will save every 3 minutes.

## The e-learning Module

The e-Learning module is accessible from the AIMS homepage. It can be accessed before registering or logging on. It is designed to take applicants through the registration process and the initial steps, up to and including the completing of the application form.

Due to the method in which the AIMS e-learning module has been produced we recommend adjusting your screen resolution to 1024 x 768 to ensure highest quality picture.

**An e-learning user guide is available to guide you through the process, this can be found in the top right hand corner of the 'AIMS' log-in page.**

The example used in the e-learning module is purely a test application used as an example for this purpose. It is not a real application. The Grant's Hub recommends that every user look at the e-learning module before using AIMS. Any queries regarding the e-learning module or the AIMS process can be directed to the Grants Hub team using the contact details in this document.

## New Users

If this is the first time you are applying for a grant via the IESD scheme then you will need to register with our online grant management system – AIMS. Applications to the IESD scheme are only made online.

To register, click on the 'Register' button underneath the heading 'New Users'. You will then be asked to complete a Registration form.

As a new user, you will also need to register the organisation you are applying for, as it may not already exist within AIMS.

### **IMPORTANT**

**At this point you will not be able to proceed any further on AIMS because the next step is for the Grants Hub to link you, as the application contact, to the organisation you have just registered.** In the past, some applicants have assumed that there has been a fault and so started again which leads to duplicated records on the system. You will not be able to continue until we have completed the necessary linking at our end.

You will receive an email notification once we have done this so continue to check your emails for this. You will then be able to login and complete the remaining steps (see below – The Registration Process). Instructions are also included in the email notification.

## Existing Users

If you are already a registered user, you can enter your login details and begin the process (see below – The Registration Process). If you have forgotten your AIMS password, you can be sent a reminder by clicking the ‘forgot your password?’ link.

## First steps

For all users, once you have been linked to your organisation and have received the email notification from AIMS, you can continue to the eligibility form for your proposal and once approved as eligible, the application form.

## Appendix B: Budget Template [Information only]

Please use the Excel version of this form when you submit your application.

<b>INNOVATION, EXCELLENCE AND STRATEGIC DEVELOPMENT - BUDGET TEMPLATE</b>				
Organisation Name:				
Project Title:				
Reference Number:				
	Year 1 £	Year 2 £	Year 3 £	Total £
<b><u>INCOME</u></b>	-	-	-	-
Grant requested from Department of Health				-
Other sources of funding for this project				-
<b><u>TOTAL INCOME</u></b>	-	-	-	-
<b><u>CAPITAL EXPENDITURE</u></b>				
Computer(s)				-
Fixtures/ fittings				-
Office Equipment(s)				-
Software/programmes				-
<b><u>REVENUE EXPENDITURE - DIRECT COSTS</u></b> (See note 1)				
Salary (please provide a breakdown by post name giving full salary cost)				-
				-
				-
				-
				-
				-
On cost of salary (NI & Pension)				-
Consultancy (excluding marketing)				-
Creation of a Database				-
Evaluation & Dissemination				-
Recruitment				-
Staff Training				-
Travel & Subsistence (staff)				-
Volunteers training				-
Volunteers' Costs (travel & subsistence)				-
<b><u>Communication Costs</u></b> (See Note 3)				
Disks/CDs				-
Events (Conference & Seminars)				-
Market Research				-
Marketing Consultancy				-
Marketing/Promotion/Publicity				-

Printing				-
Website Design Cost				-
Website Maintenance Cost				-
<b><i>TOTAL REVENUE EXPENDITURE - DIRECT COSTS</i></b>	-	-	-	-
				-
<b><i>REVENUE EXPENDITURE - INDIRECT COSTS (See note 2)</i></b>				
Administrative Staff				-
Audit and Accountancy				-
Database Maintainance				-
Finance				-
Governance Costs				-
HR				-
IT				-
Legal Expenses				-
Management Meetings Cost				-
Postage				-
Rates				-
Rent				-
Telephone				-
Trustees				-
Utilities				-
Other (you must provide a full description)				-
				-
				-
				-
				-
<b><i>TOTAL REVENUE EXPENDITURE - INDIRECT COSTS (See note 4)</i></b>	-	-	-	-
<i>Percentage of Indirect Costs</i>	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b><i>TOTAL EXPENDITURE</i></b>	-	-	-	-

(1) Direct costs are sometimes referred to as 'variable expenses' or 'variable costs'. These costs are directly related to producing a specific product or service. These types of costs include salaries, marketing and events.

(2) Indirect costs are sometimes referred to as 'overheads'. These costs often occur on a regular basis, but do not directly relate to the product or service the organisation provides or offers. These costs are administrative by nature for example utilities, rent or legal expenses.

(3) Please ensure you are aware of the restrictions on 'communications activities'. Please see Page 16 of the Information Pack.

(4) Please note indirect costs should not be no more than 10% of the total amount requested from the Department of Health.

## Appendix C: Risk Management Template

RISK REFERENCE No.	RATING (Likelihood)	RATING (Impact)	DESCRIPTION of IMPACT	ACTION BEING TAKEN TO MANAGE THE RISK	RISK MANAGEMENT RESPONSIBILITY
E.g. 001: Impact upon NHS and/or other organisations	Low	Medium	One of the key drivers for the project is to improve functionality for NHS users in order to achieve significant efficiency gains.  <b>Impact:</b> Failure to do this would result in reduced confidence both in the system and the DH's ability to deliver promised enhancements	Project Manager will closely monitor the project and report progress to the Project Board both by means of Highlight Reports and Board meetings. Any significant project issue will be immediately brought to the attention of the Project Chair.	Project Manager (PM), Project Board (PB)
E.g. 002: Impact on customers ability to conduct business	Medium	High	One of the key drivers for the project is to introduce changes to the current functionality of XXXX to support DH and NHS users to make more effective use of the system.  <b>Impact:</b> Failure to do this would result in reduced confidence both in the system and the DH's ability to deliver promised enhancements	Project Manager will closely monitor the project and report progress to the Project Board both by means of Highlight Reports and Board meetings. Any significant project issue will be immediately brought to the attention of the Project Chair.	PM & PB

## Appendix D: References and background information

### Freedom of Information

The Freedom of Information (FOI) Act gives you the right to see a wide range of public information. For example, you are entitled to see the documents that we used to assess an application for a grant from the Fund. All applications received are covered by the Act and copies will be provided when requested. Unless there is a good reason, we must provide the information within a month. If we decide to withhold information, we must give the requester the reason. You can find out more about the FOI Act and making a request for information held by the Department of Health at:

<http://transparency.dh.gov.uk/category/foi/>

### Useful Publications

#### **Compact Voice – Publications:**

<http://www.compactvoice.org.uk/resources/publications>

#### **Fair Society, Healthy Lives (February 2010) :**

<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

#### **Recognised, valued and supported: next steps for the Carers Strategy (November 2010) :**

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_122077](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122077)

#### **Health, Work and Well-being is a cross-government initiative that promotes the positive links between health and work :**

<http://www.dwp.gov.uk/health-work-and-well-being/>

#### **Improving Outcomes: a Strategy for Cancer (December 2012) :**

<https://www.gov.uk/government/publications/improving-outcomes-a-strategy-for-cancer>

#### **Equality Objectives 2012-16 (April 2012) :**

<http://www.dh.gov.uk/health/2012/04/equality-objectives-2012-16/>

#### **Voluntary Sector Strategic Partner programme 2013-14 (November 2012) :**

<https://www.gov.uk/government/publications/invitation-to-apply-to-join-the-health-and-care-voluntary-sector-strategic-partner-programme>

**Guide to the healthcare system in England (May 2013) :**

<https://www.gov.uk/government/publications/guide-to-the-healthcare-system-in-england>

**Improving Care for People with Dementia – Policy (2013)**

<https://www.gov.uk/government/policies/improving-care-for-people-with-dementia/activity>

**The Francis Executive Summary:**

<http://www.midstaffspublicinquiry.com/report>

**The Government’s initial response to ‘the Mid-Staffs Report’; ‘Patients First & Foremost’:**

<https://www.gov.uk/government/publications/government-initial-response-to-the-mid-staffs-report>

You can download other relevant publications from

[www.gov.uk/government/organisations/department-of-health](http://www.gov.uk/government/organisations/department-of-health)

Please check the GOV website regularly for updates and forthcoming publications.