



Department
of Health &
Social Care



Public Health
England



VCSE Health and Wellbeing Fund Starting Well 2020/21

**Information pack for voluntary, community and social
enterprise (VCSE) sector organisations**

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Executive Summary

Purpose of this information pack

The Department of Health and Social Care (DHSC), Public Health England (PHE) and NHS England and NHS Improvement (the system partners) are seeking applications from voluntary, community and social enterprise (VCSE) sector organisations to the next round of the Health and Wellbeing (HW) Fund.

This information pack provides VCSE organisations with the information required to make an application to the HW Fund. **Please read all the sections carefully to ensure your organisation and project or programme is eligible.**

Background

The system partners value the significant contribution that the VCSE sector makes towards improving health and care. We see the VCSE sector as a key partner in delivering our strategic priorities and improving health and wellbeing across England.

To support this, the system partners are jointly releasing the VCSE Health and Wellbeing Fund (HW Fund) 2020-21 to support projects and programmes led by VCSE organisations.

The theme of the HW Fund 2020-21 is Starting Well. The Fund aims to:

- Improve health outcomes for children from preconception to two and a half years old in one or more of the following communities:
 - Black, Asian and Minority Ethnic (BAME) groups
 - Children in areas of high deprivation (including urban, rural and coastal areas)

The HW Fund aims to support the following health outcomes:

- Improvement in perinatal mental health
- Reduction in the percentage of babies born with low birthweight
- An increase in babies being breastfed
- Obesity prevention and support
- Reduced smoking or smoke-free homes

- Improvement in learning and speech and language development
- High immunisation rates and reduction in rates of preventable disease
- Expand or develop existing projects and programmes that have been running for at least three years, and which are whole-family and/or community-centred
- Promote equalities and reduce health inequalities for children
- Work with both the target age range **and** the target groups
- Support strong and sustainable local connections between VCSE and statutory services, without duplicating other existing initiatives
- Facilitate co-production between local partners and service users
- Evaluate different approaches and share learning.

Funding is available for grants between £200,000 to £510,000 per applicant over three financial years to expand or develop existing schemes.

Key dates for VCSE Health and Wellbeing Fund 2020/21

The closing date is fixed. Please note other dates in this timeline are indicative and for guidance only.

Process	Dates (indicated by week commencing)
Fund launch	21 August 2020
Meet the funder webinars	<ul style="list-style-type: none"> • 8 September, 2-3pm • 10 September, 2-3pm
Closing deadline for applications	Noon on Friday 30 October 2020
Assessment of applications	November - December 2020
Ministerial approval	November – December 2020
Contract Award	December 2020

Note that the closing date for applications is noon on Friday 30 October 2020 with a full timetable available on page 19. However please note that timescales indicated may be altered due to COVID-19 response.

Note that all awards from April 2021 onwards are subject to the approval of budgets as part of annual business planning by DHSC. The launch of this scheme does not commit DHSC to the funding of any grant awards from April 2021.

Strategic context

The HW Fund will support the delivery of the system partner's strategic priorities, with a continued focus on promoting equality and reducing health inequalities. These strategic priorities are outlined in:

- [The NHS Long Term Plan](#): published in January 2019 with the aim to make the NHS fit for the future and get the most value for patients.
- [PHE Strategy 2020 to 2025](#): published in September 2019, it sets out how PHE will work to protect and improve the public's health and reduce health inequalities over the next five years. It outlines PHE's role within the public health system, 10 priorities where PHE will focus particular effort and the areas where PHE will build capability within the organisation to support delivery of its strategic objectives and wider activities.
- [The Department of Health and Social Care's Single Departmental Plan](#) (published annually) commits to keeping people healthy and independent in their communities, supporting the transformation of NHS Primary, community and mental health services, and local authority public health and social care.
- The Government's ambition to halve the 2010 rates of stillbirths, neonatal and maternal deaths and brain injuries that occur during or soon after birth, and to reduce the pre-term birth rate from 8% to 6% by 2025.
- **Annex 1** provides specific content on the maternity policy context for Starting Well.

In light of the COVID-19 pandemic, we expect these priorities to be reviewed in the coming months in line with the [Government's recovery strategy](#), published in May 2020.

Background

Overview

The Voluntary Community and Social Enterprise (VCSE) Health and Wellbeing Programme (HW Programme) was launched in April 2017 following publication of the [VCSE Review](#). The Review looked at the role of the VCSE sector in improving health, wellbeing and care outcomes. The HW Programme is a joint initiative by the Department of Health and Social Care (DHSC), Public Health England (PHE) and NHS England and NHS Improvement (the system partners).

The HW Programme enables the system partners to work together with the VCSE sector to promote equality, improve health inequalities and to help families and communities to achieve and maintain wellbeing.

The HW Programme's objectives are to:

- **Encourage co-production** in the creation of person-centred, community-based health and care which promotes equality for all
- **Enable the voice of people** with lived experience and experiencing health inequalities to inform national policy making and shape service delivery
- **Build evidence of sustainable, scalable solutions** to mitigate and prevent inequalities impacting on health and wellbeing of communities.

The HW Programme consists of:

- A national partnership arrangement: the VCSE Health and Wellbeing Alliance (HW Alliance)
- Funding for bespoke projects and programmes: the VCSE Health and Wellbeing Fund (HW Fund).

The HW Alliance is in its fourth and final year in its current format. The system partners have committed to refreshing the Programme including the membership and building on its successes and learning from an external evaluator. This includes strengthening the leadership and collaboration opportunities that are essential elements for the next phase of the Programme.

The HW Programme will continue to adapt to ensure positive and constructive working between the VCSE sector and the health and care system.

VCSE Health and Wellbeing Alliance 2021-24

Please note this information pack is not for the HW Alliance, and this section is for background only.

The refreshed HW Alliance will start on 1 April 2021, subject to funding, ministerial approval and system pressures due to COVID-19. It is intended that the Programme will operate with the same membership and structures as set out in this information pack for three years to 31 March 2024, subject to approval of annual budgets by DHSC and regular performance reviews of members.

The HW Alliance facilitates collaborative working between the VCSE and statutory sectors and brings the voices and expertise of the VCSE sector, and the people they represent, into national policy development and delivery.

The refreshed HW Alliance will build on the successes of the current Programme with greater alignment to the national strategic priorities of the system partners while maintaining a continued focus on promoting equality and reducing health inequalities.

VCSE Health and Wellbeing Fund

The aim of the HW Fund is to promote equalities and reduce health inequalities by building the evidence base about good practice, sharing lessons and widening the adoption of interventions with a proven track record.

The Fund focuses on one specific theme each year, which is agreed across the system partners and in co-production with the VCSE sector.

The first round of the Fund was themed around social prescribing, and there were [23 successful applicants](#).

The theme for the second round of the Fund was children and young people's mental health, and again there were [23 successful applicants](#).

Further information

Updates from the HW Programme, including information on the HW Fund, can be received by signing up to the DHSC monthly [newsletter](#).

1. Aims of the Fund 2020-21

The theme of the HW Fund 2020-21 is Starting Well. The Fund aims are set out below.

Target communities

- Improve health outcomes for children from preconception to two and a half years old in one of more of the following communities:
 - Children in areas of high deprivation (including urban, rural and coastal areas)
 - Black, Asian and Minority Ethnic (BAME) groups

Age range and types of support

Early intervention, from pre-conception to two and a half years old, can help reduce health inequalities. The HW Fund will support projects and programmes that are working with target communities and provide support for:

- Pre-conception health
- Pregnancy
- Birth
- Children from birth to two and a half years old.

Further information on definitions and examples of types of care is contained in Annex 2, as well as in the following publications on [reproductive health and pregnancy](#) and on the [best start in life](#).

Health outcomes

The HW Fund aims to support the following health outcomes:

- Improvement in perinatal mental health
- Reduction in the percentage of babies born with low birthweight
- An increase in babies being breastfed
- Obesity prevention and support

- Reduced smoking or smoke-free homes
- Improvement in learning and speech and language development
- High immunisation rates and reduction in rates of preventable disease

Community centred and whole-family approaches

The HW Fund will support the following types of approaches:

Community centred approaches – are about mobilising assets within communities, promoting equity and increasing people’s control over their health and lives. Types of community centred approaches can be grouped around four strands:

- Strengthening communities – where approaches involve building on community capacities to act together on health and the social determinants of health
- Volunteer and peer roles – where approaches focus on enhancing individuals’ capabilities to provide advice, information and support or organise activities around health and wellbeing in their or other communities
- Collaborations and partnerships – where approaches involve communities and local services working together at any stage of planning cycle, from identifying needs through to implementation and evaluation
- Access to community resources – where approaches connect people to community resources, practical help, group activities and volunteering opportunities to meet health needs and increase social participation

Further information can be found in [The Guide to Community Centred Approaches](#)

Whole-family approaches – these approaches follow the recognition that the development of children from preconception and to two and a half years old does not take place in a vacuum: instead, development sits within the context of families and social and educational environments. Projects and programmes should therefore target individuals, families and carers (including extended families) and the communities they live in.

Additional aims

- Expand or develop existing projects and programmes that have been running for at least three years, and which are whole-family and/or community-centred
- Promote equalities and reduce health inequalities for children

- Work with both the target age range **and** the target groups
- Support strong and sustainable local connections between VCSE and statutory services, without duplicating other existing initiatives
- Facilitate co-production between local partners and service users
- Evaluate different approaches and share learning.

Further information on the policy context and priorities for Starting Well is contained in Annex 1.

The intended outcomes of the HW Fund are:

- An increase in system partners' evidence base on sustainable and scalable person-centred approaches to reduce health inequalities for families, carers and children from pre-conception to two and a half years old
- The production of evidence and findings from VCSE-led projects and programmes that can be disseminated to different audiences across the system to inform and influence local and national policy and practice
- An increase in the capability for the VCSE sector to capture and evaluate the impact of their work, to demonstrate to policy leads the benefits of their projects or programmes with specific communities

2. Fund criteria

To be considered for grant funding the application must demonstrate it supports the aims of the HW Fund by meeting all the following criteria.

Expansion or development of an existing scheme or programme

The proposed expansion or development of an existing scheme should not simply aim to make a scheme larger or to support geographical extensions; instead, applicants must clearly demonstrate the need for expanding an existing scheme through highlighting a gap in the evidence base. This should enable an existing scheme to achieve additional outcomes or to reach a different audience – e.g. age range, type of support and/or demographic.

Funding

Grants between £200,000 to £510,000 per applicant over three financial years will be available to expand or develop existing schemes. It is anticipated that we will fund approximately 20 projects and programmes.

Applicants are required to provide a supporting letter from their local statutory commissioner – e.g. Clinical Commissioning Group (CCG), Sustainability and Transformation Partnership (STP), Integrated Care System (ICS), or Local Authority (LA), and are welcome to obtain additional funding that supports their project or programme.

Please note that DHSC will not be able to provide additional funding to cover any shortfall in local resourcing, and that grants from the HW Fund must be used within the funding year in which they are allocated.

Demonstrate sustainability of the organisation

Applicants will need to confirm that they have suitable funding for their organisation for three years (the length of the HW Fund grant). There is no restriction as to where this funding should be from (e.g. statutory provider, other VCSE organisation, The National Lottery Community Fund etc).

We expect that projects and programmes that have proven successful will be fully sustainable from the end of year three (the end of the funding period from DHSC).

Organisational eligibility

Organisations must:

- Meet the conditions set out in Section 70 of the Charities Act 2006 to be eligible to receive a grant for the HW Fund, and subject to completion of due diligence processes. A summary of the legal criteria in Section 70 is set out in Annex 3
- Work in England, with a plan to operate their project or programme in England only. There are separate arrangements for Scotland, Wales and Northern Ireland
- 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
 - have charitable status (registered with the Charity Commission)
- Not apply for grant funding amount of more than 25% of their current annual turnover, as demonstrated by your audited or independently examined accounts
- Have worked with families and carers with children from preconception to two and a half years old for the past three years
- Have an equal opportunities, health and safety and safeguarding policy
- Demonstrate that they have a clear connection to one of the communities outlined in the grant specification.

Joint applications

We welcome joint applications – e.g. collaborations between VCSE organisations. There is no limit to the number of partners. However, we require one partner to take the lead and complete a significant proportion of the project or programme activity.

Local health connections

Applicants must clearly demonstrate how the project or programme is strategically linked up with other local initiatives and service planning, and that is not duplicating another local initiative. This should include having a strategic input into services planned locally.

A letter of support from a relevant body will be required for all applications.

Co-produced

Applicants must clearly demonstrate how their proposed expansion or development of the project or programme has been, or will be, developed in co-production with those that the project or programme seeks to benefit.

Evaluation

To achieve the aims and outcomes of the HW Fund, applicants must commit to completing an evaluation and sharing learning with the system partners.

The evaluation relates to the expansion or development element of the project or programme only. Applicants will be required to commission an external evaluator for their individual projects or programmes, with at least 5% of the budget to be dedicated to evaluation.

In detailing their evaluation plan for the end of the proposed project or programme, applicants will be required to set out which data they already collect and plan to collect, what outcomes they seek to achieve, how they will measure them over time, and how they plan to share their learning.

What we will not fund

We are only able to fund projects and programmes that meet all the criteria and eligibility requirements.

This funding is for VCSE organisations only; VCSE organisations may work with other bodies from other sectors, but a VCSE must be the lead applicant.

The HW Fund will not fund national VCSE organisations unless it is clear that they are directly working with local communities.

3. Eligibility to apply

Eligibility to receive grant funding

Your organisation must meet the below eligibility criteria outlined in Section 2 (organisational eligibility).

Joint Applications

We welcome joint applications between VCSE organisations. The lead applicant must meet the eligibility criteria outlined above as they will be receiving the DHSC grant funding.

Meet criteria

You will need to meet all the criteria detailed in Section 2. This needs to be demonstrated in the application form and through the required supporting information.

Monitoring and Reporting

Minimum reporting requirements have been identified for funded schemes. Successful organisations will need to agree to these monitoring and reporting arrangements at the outset, which will align to the Cabinet Office Functional Standards. Organisations that do not meet these requirements may risk having future grant payments withheld.

4. Application Process

Applicants are required to complete the application form published alongside this information pack and provide all the supporting information outlined below, submitting this to startingwell@dhsc.gov.uk no later than Friday 30 October 2020 at 12 noon. Please note that applications submitted after the deadline, even due to circumstances beyond the applicants control, will not be considered.

The assessment process will be conducted by a panel made up of representatives from each of the system partner organisations. The panel will assess applications against the criteria set out, and they may wish to discuss your proposal in more detail. Each application will also undergo a due diligence process by DHSC to ensure that the organisation is suitable to receive grant funding.

Meet the funder webinars

Interested organisations will be able to take part in webinars involving policy leads from the system partners, to hear about the fund and gather further information on what projects and programmes we are specifically interested in funding. Presentations from webinars will be made public, and a set of Frequently Asked Questions will be generated during the application process; both will be shared online for reference.

There will be two webinars, and you are strongly advised to register to attend one. Registration will be limited to one person per organisation, and will be allocated on a first come, first served basis. Webinars will take place on:

- 8 September 2020, 2-3pm.
- 10 September 2020, 2-3pm.

To book a place on these webinars, please e-mail startingwell@dhsc.gov.uk

What makes a good application?

A good application:

- Meets all the essential criteria, providing evidence where appropriate
- Is concise and respects the word limits noted
- Is relevant to and addresses the requirements of the HW Fund and the VCSE HW Programme more widely

- Outlines how you will achieve something and not just why.

Supporting information

Applicants will need to provide the following:

- If applicable, your Charity number, or for non-charities, your Company number
- Copy of Memorandum and Articles of Association or constitution/governing document for organisations not established as Charities
- Your last years' annual report and final accounts
- Your organisation's Business Plan, including financial forecasts for 2021-24
- A project or programme budget, including a breakdown of costs
- Confirmation that your organisation has equal opportunities, health and safety and safeguarding policies
- Staffing structure for your organisation – clearly showing the staff who will be working on the HW Fund project or programme
- Any evidence requested against specific criteria
- A complete risk assessment (template available)
- An exit plan (template available).
- A signed letter/agreement from a statutory provider. This should also include confirmation that:
 - The current project or programme and proposed expansion is connected to other local provision and service planning
 - That the proposed project or programme is not currently being delivered anywhere in the locality
 - That there is support for the project or programme proposed expansion or development

Please note successful applicants will need to accept the conditions of the grant award (see Annex 6). Please note that any information provided is subject to the Freedom of Information Act 2000 (Fol) and the General Data Protection Regulation (GDPR).

Notification of progress

You will be notified of the progress of your application using the e-mail address on your application form. We aim to send you a notification in line with the following timeline, with final notifications being issued subject to DHSC business planning. If you have not received notification by December 2020 then please contact us. Unfortunately, we are unable to provide specific feedback about unsuccessful applications.

The final decision on successful applications will be taken by Ministers.

Timeline

The closing date is fixed. Please note other dates in this timeline are indicative and for guidance only.

Process	Dates (indicated by week commencing)
Fund launch	21 August 2020
Meet the funder webinars	<ul style="list-style-type: none"> • 8 September, 2-3pm • 10 September, 2-3pm
Closing deadline for applications	Noon on Friday 30 October 2020
Assessment of applications	November - December 2020
Ministerial approval	November – December 2020
Contract Award	December 2020

How to submit your application

Your application form and supporting documents should be sent via e-mail to startingwell@dhsc.gov.uk before 12 noon on 30 October 2020. Applications received after this time, even for circumstances beyond the applicants' control, will not be accepted.

Electronic copies of your annual report and final accounts, or links to your website/the Charity Commission website, are preferred. We are unable to accept hard copies of any documents at present.

Appeals

The HW Alliance is a discretionary scheme, and as such there is no appeal process on decisions made by Ministers. We do recognise that, on occasions, applicants may feel that the application process has not been followed correctly, and may wish to raise a concern accordingly. We will treat these concerns as informal complaints, which will be handled in line with our complaints procedure outlined in Annex 5.

Annex 1 – Maternity Policy Context

Maternity policy context and system priorities

The National Maternity Review [Better Births](#), published in February 2016, sets out a clear vision: for maternity services across England to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred on their individual needs and circumstances. Implementing the vision of Better Births supports the Government’s national ambition to halve the rate of stillbirths, neonatal and maternal deaths and brain injuries occurring during or soon after birth by 2025. A second ambition is to reduce the pre-term birth rate from 8% to 6% by 2025.

The [Maternity Transformation Programme](#) (MTP) seeks to achieve the vision set out in Better Births by bringing together a wide range of organisations to lead and deliver across 10 work streams. The programme is led by a [Programme Board](#), supported by a [representative group of stakeholders](#) that will support delivery and challenge the programme as it develops. Public Health England is leading workstream 9 (WS9) to prevent poor outcomes through actions to improve women’s health – before, during and after pregnancy to ensure that families get off to the [best start possible](#). The priority areas, aims and projects that sit within the prevention workstream of the MTP link to a range of key policies and national outcomes, and support local transformation of services through Local Maternity Systems.

[Local Maternity Systems](#) (LMS) are the mechanism for delivering transformational change to maternity services. Providers and commissioners of maternity services, Local Authorities, Maternity Voices Partnerships and other local organisations have come together to form LMS to deliver maternity transformation and to plan the design and delivery of services of populations of 500,000 – 1,500,000 people.

Personalised care and genuine choice

Better Births states that maternity services must recognise the unique role they can play in supporting parents of all backgrounds to maximise their own mental and physical health, and in equipping parents with the skills, information and confidence needed to maximise their child’s emotional, physical and cognitive development. It recommends a focus on personalised care for women, their babies and families - based around their needs and decisions where they have genuine choice informed by unbiased information. Evidence-based interventions and services to help improve health and wellbeing and reduce health inequalities and risk factors before, during and after pregnancy are a key element of personalised care, improving the choice and quality of services on offer to women. For

example, those that enable women to be fit for, during and after pregnancy such as pregnancy planning support, the promotion of contraceptive choices and healthy choices to improve wellbeing and resilience, reduce risk factors and manage long term conditions, as well as the availability of early access to universal advice and support to promote positive healthy behaviours regarding smoking, obesity, diabetes, and hypertension.

Safer maternity care

The MTP provides the infrastructure for delivering the governments ambition to halve the 2010 rates of stillbirths, neonatal deaths, neonatal brain injuries and maternal deaths; and to reduce the pre-term birth rate from 8% to 6% by 2025. A substantial programme of initiatives aimed at preventing harm and improving outcomes is being implemented. Together these initiatives aim to support all women, babies and their families to have the best start to life. Interventions are focussed on optimising maternal physical and mental health, reducing risk factors and promoting parent-infant bonding.

Postnatal and perinatal mental health care

Better Births highlights the importance of better postnatal and perinatal mental health care, which can have a significant impact on the life chances and wellbeing of the woman, baby and family. Early intervention and support for perinatal mental health and breastfeeding are key to reducing poor outcomes.

Addressing inequalities

There are significant and widening health inequalities in maternity care. When compared to babies of White ethnicity: Black/Black British babies have a 121% increased risk for stillbirth and 50% increased risk for neonatal death and the gap has been widening since 2013; Asian/Asian British babies have a 66% increased risk of neonatal mortality and this risk is rising and an increased risk of stillbirth of around 55%. Babies born to mothers in the most deprived quintile have a 30% increased risk neonatal mortality and the gap between the most deprived and the least deprived quintiles is widening. (MBRRACE [2018](#)).

Continuity of carer provides consistency in the midwife or clinical team that provides care for a woman and her baby throughout the three phases of her maternity journey: pregnancy, labour and the postnatal period ([NHS England 2017](#)). Women who receive midwifery-led continuity of carer are 16% less likely to lose their baby, 19% less likely to lose their baby before 24 weeks and 24% less likely to experience pre-term birth and report significantly improved experience of care across a range of measures ([Sandall et al 2016](#)). Pre-term birth is a key risk factor for neonatal mortality.

Continuity of carer can significantly improve outcomes for women from ethnic minorities and those living in deprived areas ([Rayment-Jones et al 2015, Homer et al 2017 in RCM 2018](#)). In line with the NHS Long Term Plan, maternity services are working towards 75% of Black and Asian women receiving Continuity of Carer by 2024, along with women living in the most deprived areas.

NHS Long Term Plan (LTP)

Maternity commitments in the LTP seek to build on the delivery against the recommendations from Better Births and align prevention initiatives with key deliverables which aim to improve safety, choice and personalisation of maternity care. The LTP commitments reflect 'gap' areas – specifically, smoking in pregnancy, perinatal mental health, weight management, breastfeeding, and reducing inequalities - where additional resources will strengthen existing action.

Early Years

It is well recognised that children's development and experiences in the early years impact on physical and emotional health all the way through into adulthood. That is why Best Start in Life has been identified as one of Public Health England's ten strategic priorities for 2020-2025. This programme of work aims to help reduce inequalities and improve health outcomes for children and families across England. We want all mothers to experience good health before, during and after pregnancy, and all children to have a happy healthy childhood.

A significant focus of this work will be on the refresh the Healthy Child Programme. The current HCP was produced in 2009 and since that time [new evidence](#) has been developed, policies and system architecture have changed, new screening and immunisations programmes have been introduced and there has been significant development in data and information, and in opportunities of digital platforms. To ensure that the programme remains responsive to the evidence, in line with current commissioning arrangements, and responsive to the needs of families, a programme of HCP modernisation will take place between 2019-2023.

In 2009, the overarching HCP framework was published in two volumes:

- [Healthy Child Programme: Pregnancy and the First 5 Years of Life](#)
- [Healthy Child Programme: 5 to 19 years old](#)

The modernisation of the Healthy Child Programme links with a range of key policies and national outcomes:

Prevention Green Paper:

'To support parents, we will modernise the Healthy Child Programme so it's universal in reach and personalised in response.

This will enable effective, focused services where additional needs are identified; use of the latest evidence on effective practice; and help bring councils, the NHS and partners together to achieve priority outcomes for children and families.

We will modernise the programme by: making better linkages to other health records, including the digital red book; adding components including a digital support tool; and new pathways for speech and language development and pre-conception and pregnancy advice. We will also extend the upper age range of the programme (from 19 to 24-year-olds) for those young people needing extra support, and look to improve the way we support perinatal mental health and the healthy social and emotional development of babies and young children. We will seek views on this separately.

NHS Long Term Plan

The NHS Long term plan highlights a commitment to improve the rate of childhood immunisations, reduce maternal mortality and perinatal mortality, expand children's community mental health services amongst other things and expand children's services up to 24 years.

Healthy Child programme evidence updates, including:

- [Healthy Child Programme: rapid review to update evidence](#)
- [Early Intervention Foundation; What Works to Enhance the Effectiveness of the Healthy Child Programme: An Evidence Update](#)
- [EIF Foundations for Life: What works to support parent-child interaction in the early years?](#)
- [Health for all Children](#)

Target Communities

Black, Asian and Minority Ethnic (BAME) groups and children in areas of high deprivation (including urban, rural and coastal areas) have been identified as experiencing specific challenges with health access or inclusivity, leading to inequalities in health outcomes. For example:

- Black and Asian women have a higher risk of dying in pregnancy than their White counterparts, and Black and Asian babies are at an increased risk of dying than White babies. Women living in the most deprived areas and babies born to them are more likely to die than women and babies living in the least deprived areas. (MBRRACE [2018](#), [2019](#))
- Children from higher deprivation areas often experience difficulties with access to healthcare
- Children with speech, language and communication difficulties will often also experience difficulties with accessing support in a timely way
- The [report on disparities in the risk and outcomes of COVID-19](#) found that BAME individuals, and those living in the most deprived areas, were at a greater risk of dying after contracting COVID-19. These effects could be compounded by other data such as gender, pre-existing health conditions, age or occupation

This can lead to inequalities in health and wellbeing and life chances. The HW Fund aims to reduce health inequalities in these communities.

Annex 2 Definitions and examples of care

Pre-conception health:

Pre-conception health is applicable to women of childbearing age and to men from puberty onwards. It comprises the following aspects:

- Biological: the days and weeks before embryo development
- Individual: the time of wanting to conceive
- Through a population lens: any time a woman is of childbearing age

Preconception has been identified as a period that is often overlooked by service users and care providers. Preconception interventions target individual behaviours and needs before gestation. They involve collaborative commissioning within local maternity systems, across primary care, and within Sustainable Transformation Partnerships (STPs) or Integrated Care Systems (ICS). In this way, health services can intervene at earlier stages, such as visits to pharmacies or GPs for contraceptives or pregnancy tests. At these points, women do not necessarily disclose pregnancy or seek care. This represents an opportunity to raise awareness of risk and health factors and help them to adopt healthy behaviours early.

Preconception care might include screening, nutrition, reduction of alcohol intake, stopping smoking and contraception, as well as awareness raising of potential risk factors for pregnancy.

Pregnancy:

Health and wellbeing during pregnancy are important for both the woman and the developing baby/babies. Support during pregnancy can include:

- Healthy eating and staying active
- Stopping smoking/alcohol/misuse of drugs
- Mental and emotional health
- Accessing antenatal appointments with maternity care-givers
- Accessing information to be able to make informed choices about pregnancy, birth and the postnatal period.

Birth:

This can happen safely at home, in a midwife-led unit or birth centre, or in an obstetric unit in a hospital. Babies are either born vaginally or by Caesarean or operative birth.

Support during labour and birth can include:

- Practical and emotional support (birth planning, relaxation, coping strategies, etc.).
- Early support with breastfeeding and bonding and attachment.
- Support to process the birth and access emotional and mental health support, should the woman need it following birth.

Children from birth to two and a half years old:

Initiatives at this stage are crucial to ensuring cognitive development, secure relationships and social development, readiness for education, and supporting later educational outcomes. This is also a period where parents and children are more likely to be in regular contact with care providers.

Types of care and support: the Healthy Child Programme and Healthy Start are examples of government-wide programmes taking a holistic approach to child development and families. Initiatives range from screening and immunisation and breastfeeding support, to continuing mental health support of parents. Regular reviews are designed to assess personalised the needs of children in their individual, family and social context.

Areas of deprivation

The Ministry of Housing, Communities and Local Government published The English Indices of Deprivation 2019 which should be considered when addressing areas of deprivation. More can be found:

- [Full report](#)
- [Summary report](#)

Annex 3

Section 70 of the Charities Act 2006 eligibility criteria

The following is a summary of the criteria set out in Section 70 of the Charities Act 2006:

To be eligible to apply to be part of the Alliance, your organisation must be a charity or institution (other than a charity) established for charitable, benevolent or philanthropic purposes.

The Act gives the Secretary of State for Health and Social Care the power to award grants to any charitable, benevolent or philanthropic institution in respect of any of the institution's activities which directly or indirectly benefit the whole or any part of England.

For the purposes of law, a charitable organisation must demonstrate that it serves the public interest.

Activities should benefit the whole or part of England.

Where an organisation is not a charity, we would need to see their specific governing documents to ensure that they legally fulfil the required criteria.

Annex 4

Eligible and Ineligible Expenditure

All Eligible Expenditure must be claimed net of VAT and is recoverable from HM Revenue and Customs.

The following costs/payments will be classified as Eligible Expenditure if made for the purposes of the Funded Activity:

- Fees charged or to be charged to the Grant Recipient by the external auditors/accountants for reporting/certifying that the grant paid was applied for its intended purposes
- giving evidence to Select Committees
- attending meetings with Ministers or officials to discuss the progress of a taxpayer funded grant scheme
- responding to public consultations, where the topic is relevant to the objectives of the grant scheme. This does not include spending government grant funds on lobbying other people to respond to the consultation
- providing independent, evidence-based policy recommendations to local government, departments or Ministers, where that is the objective of a taxpayer funded grant scheme, for example, 'What Works Centres'
- providing independent evidence-based advice to local or national government as part of the general policy debate, where that is in line with the objectives of the grant scheme.

A payment is defined as taking place at the moment when money passes out of Grant Recipient control. This may take place when:

- Legal tender is passed to a supplier (or, for wages, to an employee)
- A letter is posted to a supplier or employee containing a cheque
- An electronic instruction is sent to a bank/building society to make a payment to a supplier or employee by direct credit or bank transfer.

The Grant Recipient must not deliberately incur liabilities for Eligible Expenditure in advance of need; nor pay for Eligible Expenditure sooner than the due date for payment.

INELIGIBLE EXPENDITURE

The following costs must be excluded from Eligible Expenditure. The list below does not override activities, which are deemed eligible in this agreement:

- Paid for lobbying, which means using grant funds to fund lobbying (via an external firm or in-house staff) to undertake activities intended to influence or attempt to influence Parliament, Government or political activity; or attempting to influence legislative or regulatory action
- Using grant funds to directly enable one part of government to challenge another on topics unrelated to the agreed purpose of the grant
- using grant funding to petition for additional funding
- input VAT reclaimable by the Grant Recipient from HMRC
- payments for activities of a political or exclusively religious nature.
- Goods or services that the Grant Recipient has a statutory duty to provide
- Payments reimbursed or to be reimbursed by other public or private sector grants
- Contributions in kind (i.e. a contribution in goods or services, as opposed to money)
- Depreciation, amortisation or impairment of fixed assets owned by the Grant Recipient
- The acquisition or improvement of fixed assets by the Grant Recipient (unless the grant is explicitly for capital use – this will be stipulated in the Grant Offer Letter)
- Interest payments (including service charge payments for finance leases);
- Gifts to individuals
- Entertaining (entertaining for this purpose means anything that would be a taxable benefit to the person being entertained, according to current UK tax regulations)
- Statutory fines, criminal fines or penalties
- Liabilities incurred before the issue of this funding agreement unless agreed in writing by the Funder.

Annex 5 - Complaints Procedure

The HW Alliance is a discretionary scheme, and as such there is no appeal process on decisions made by Ministers. We do recognise that, on occasions, applicants may feel that the application process has not been followed correctly, and may wish to raise a concern accordingly. We will treat these concerns as informal complaints, which will be handled in line with our complaints procedure detailed below.

Stage 1

The first stage of the complaints process is initiated when someone indicates that they wish to complain. The complaint should be investigated and responded to by the team leader of the individual or team that has been named in the complaint. If the complaint is received by the Ministerial Correspondence and Public Enquiries Unit (MCPE), the Complaints Manager will forward it on to the relevant team leader. The target for Stage 1 response is 20 working days. The Complaints Manager can advise teams on their response, and should be copied in so that a record can be kept centrally.

The Voluntary Sector Health and Wellbeing Programme Engagement Team will handle complaints at this stage.

Stage 2

The second stage of the complaints process is initiated if, after having received a Stage 1 response, the complainant is still unhappy. At this stage, the complaint will be escalated to the Deputy Director (DD) or Grade 6 (G6) of the team that has been named in the complaint, and they will investigate and respond. The target for Stage 2 response is 20 working days. The Complaints Manager can advise on the response and should be copied in so that a record can be kept centrally.

The Voluntary Sector Health and Wellbeing Programme Engagement Team will escalate complaints to respective seniors at this stage of the process.

Stage 3

The third stage of the complaints process is initiated if, after having received a Stage 2 response, the complainant is still unhappy. At this stage, the complaint will be allocated to a G6 or DD independent of the team that has been named in the complaint, and they will investigate and respond. The target for Stage 3 response is 20 working days. The Complaints Manager can advise on the response, and should be copied in so that a record can be kept centrally.

The Voluntary Sector Health and Wellbeing Programme Engagement Team should continue to be engaged at this stage of the process, and will engage with respective colleagues internally to comply with the Stage 3 processes.

Escalation to PHSO

If after exhausting the three internal stages the complainant is still unhappy, they can escalate their complaint to the Parliamentary and Health Service Ombudsman (PHSO). All DHSC replies to complaints must include details of escalation procedures to bring complaints to the attention of the PHSO. The following text should be used at the end of the letter:

This concludes the Department's complaints process.

If you are not satisfied with the way the Department has handled your complaint, you can ask the Parliamentary and Health Service Ombudsman to review the case. You will need to ask your MP to do this for you.'

This is a summary of our complaints procedure, and full details are available [here](#).

Annex 6 - Summary of conditions of the award

If you are successful you will be sent a grant agreement letter, which will reflect principles outlined in the Compact funding and procurement code, detailing the full terms and conditions of the grant. Some of the terms you may wish to know in advance are:

- 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
- Grants are restricted funds
- The grant is recoverable if you do not use it for the purposes intended, including if you do not fully spend it
- Funding for all future financial years of the award is indicative, subject to annual Departmental Business Planning and cannot be guaranteed
- There is no automatic right of carry forward, and funds unspent at the end of each financial year should be returned to the Department by default
- The intention is to fund the proposed activity, however there is no commitment to funding the maximum amount awarded if this is not required
- The grant may not be passed to a third party
- There is no commitment to any funding after the agreed term of the grant
- The grant must be identified in your accounts as being from the Department of Health and Social Care

If successful a Trustee or Director will be asked to sign a statement of grant usage which will confirm that the grant will not be used to fund the following activities:

- paid for lobbying, for example using grant funds to fund lobbying (via an external firm or in-house staff) to undertake activities intended to influence or attempt to influence Parliament, Government or political activity; or attempting to influence legislative or regulatory action
- using grant funds to directly enable one part of government to challenge another on topics unrelated to the agreed purpose of the grant

- using grant funding to petition for additional funding
- expenses such as for entertaining, specifically aimed at exerting undue influence to change government policy; input VAT reclaimable by the grant recipient from HMRC
- payments for activities of a political or exclusively religious nature.

Monitoring and reporting

Minimum reporting requirements have been identified for funded schemes. Successful organisations will need to agree to these monitoring and reporting arrangements at the outset, which will align to the Cabinet Office Functional Standards. Organisations who do not meet these requirements may risk having future grant payments withheld.

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