



# **Creating Community Chests for Social Prescribing in London How to Guide**



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**Produced by Healthy Partnership London and Year Here**

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# Overview

This overview offers key considerations and actions needed to set up a Community Chest. It is comprised of six stages

Phase 1: Estimated time frame: 6-9 months			
Stages		Activities and Actions	Resources Required
<b>Stage 1</b>	<b>Founding</b>	Laying the foundations for a community chest at ICS level. Key activities and actions include, securing investment, time commitment, developing the fund structure, core governance, equity partners and champions of the Community Chest.	<p><b>Staffing Costs</b></p> <ul style="list-style-type: none"> <li>- Programme lead staff member(s)</li> <li>- Support staff (admin, comms, finance)</li> <li>- Governance lead</li> </ul> <p><b>Other Resource</b></p> <ul style="list-style-type: none"> <li>- Equity partners paid</li> </ul>
<b>Stage 2</b>	<b>Developing</b>	Working in partnership with a wide range of community and local government stakeholders to co-create the direction of the Community Chest. Securing buy-in from frontline workers using data and intelligence from social prescribing services to support decision making & setting up the administration and grant management of the fund itself.	<p><b>Staffing Costs</b></p> <ul style="list-style-type: none"> <li>- Community Development lead</li> <li>- Patient Engagement Representative</li> </ul> <p><b>Other Resource</b></p> <ul style="list-style-type: none"> <li>- Grant Management Organisation</li> <li>- Community partners paid</li> </ul>
<b>Stage 3</b>	<b>Engaging</b>	When the Community Chest goes live it will require outreach and relationship building with VCFSE's. This includes communicating about the fund and increasing awareness of it. Key considerations include reaching organisations that serve marginalised communities, supporting organisations and groups to make applications and developing skills and capacity around sourcing funding.	<p><b>Staffing Costs</b></p> <ul style="list-style-type: none"> <li>- Community outreach worker(s)</li> <li>- Comms and marketing lead</li> <li>- Application support worker(s) (Programme leads?)</li> </ul> <p><b>Other Resource</b></p> <ul style="list-style-type: none"> <li>- Awareness events</li> <li>- Space for application workshops/surgeries</li> </ul>

Phase 2: Estimated time frame 6-12 months			
Stages		Activities and Actions	Resources Required
<b>Stage 4</b>	<b>Assessing</b>	Application submissions close and the process of sifting and assessment begins. Risk is considered and evaluated.	<p><b>Staffing Costs</b></p> <ul style="list-style-type: none"> <li>- Grant Management - application processing</li> <li>- Assessment panel convening and coordination</li> </ul> <p><b>Other Resource</b></p> <ul style="list-style-type: none"> <li>- Equity and community partners paid for assessment involvement</li> </ul>
<b>Stage 5</b>	<b>Awarding</b>	Grants are disbursed. Grantees are engaged in a light touch process of monitoring through open and flexible follow up with grant managers. Selected projects are more deeply engaged through in-person visits or calls.	<p><b>Staffing Costs</b></p> <ul style="list-style-type: none"> <li>- Grant Management: finance and contracting, grantee follow up</li> </ul>
<b>Stage 6</b>	<b>Evaluating</b>	A light touch and simple evaluation methodology is used to gather key impact metrics. Learning and best practice is shared through straightforward reporting. This will then feedback into step 2 as a new cycle of the community chest begins.	<p><b>Staffing Costs</b></p> <ul style="list-style-type: none"> <li>- Grant Management: Evaluation lead</li> </ul> <p><b>Other Resources</b></p> <ul style="list-style-type: none"> <li>- Public event</li> <li>- Report/outcomes design (video, podcast)</li> </ul>

## General Considerations

### Amount of Investment

These are suggestions based on conversations at an ICS level and drawn from the best practice examples where CCG's have been the principal funder of grants schemes.

#### Initial investment

These are based on our research of other combined health funded Community Chest initiatives and conversations with ICS's.

- **Pilot:** £20k-40k for one borough
- **Community Chest (year 1-2):** £20k-40k per PCN
- **Community chest (years 2-5):** £40k - £80k per PCN

#### Award size

- Community groups and organisations: £500 - £5000 (subject to eligibility)
- Individuals and to support distinct activity: £50 - £500
- Larger amounts (£5000 -£10,000k) could also be offered to build capacity in certain cases.

### Sustainable VCFSE Funding

Making the investment sustainable is critical. We note that this will require resources and support from the principal funder. The key considerations relating to this are:

- Commitment to a multi year investment (3-5 years) beyond a pilot. Funding can be allocated on a yearly budget basis but if a Community Chest is on the table as a progressive longer-term fund, this is recommended.
- Supporting groups and organisations to apply in consecutive rounds and for projects to scale.
- Offering ongoing support to VCFSE's in terms of developing capacity to receive grant funding (e.g. organisational development, financial competency training and developing key policies as part of funding rounds).
- Supporting pathways to use CC funding to access other funding initiatives e.g. supporting applicants awareness of other grants at the local/borough level.
- Being sure to share and celebrate success (no matter how small) so that grantees can grow their profiles and become attractive to new funders.
- Maintaining relationships once the grant has ended whilst also looking for new organisations and groups who could benefit from the Community Chest.

# Creating and Running a Community Chest

A detailed series of suggestions and recommendations

## Stage 1 - Founding

### 1. Principal NHS investment

- Principal source investment is committed from the ICS.
- Commitment of timeframe for the investment.
- Sources of funding could include: Health Inequalities funding, NHS transformation agenda funding, COVID recovery funds, the Integrated Care Agenda, and the Better Care Fund.

### 2. Partnership funding

- With principal NHS investment committed it will be more likely that other partners will offer contributions of match funding.
- Developing these partnerships would be held at the ICS.
- Other sources of funding would include:
  - Public health funds through the Local Authority.
  - Community development funds through the Local Authority.
- Private trusts and foundations e.g. The Captain Tom Foundation.
- Crowdfunding initiatives e.g. Make London GLA.
- Private corporate funding e.g. London Funders corporate partners.

### 3. Developing Fund Structure and Core Governance

There are a variety of forms the Community Chest could take. This would depend on the local context and the timeframe of the core funding. The fund could:

- Be priority specific, multi stand or open.
- Support borough led initiatives and/or neighbourhood initiatives.
- Support activity based outputs and/or capacity building.

We suggest that the fund should be developed in two maturity stages - see next page:

## Stage 1 - Continued

### First Stage Fund Development (years 1-2)

- ICS (Social Prescribing leads) holds direction setting of the fund.
- ICS holds money for the fund which is then disbursed at a local level.
- ICS acts as insurance for setting up the fund at a borough level.
- Delivery is at borough level through 'place based partnerships' with ICS oversight.
- Partnership board supports the relationship with ICS.
- Funding could be further disbursed to PCN's and neighbourhoods, where more specific agendas and priorities could be set.

### Second Stage Fund Development (years 3-5)

- A mature funding programme is then devolved at the borough level.

### 4. Equity Partners and Champions

- Equity partners are recruited. These are trusted organisations with unique perspectives on the issues of equity and access in services focused on BAME, LGBT+, Disability, refugee & migrants and women's services.
- Champions are key individuals from the borough who understand and celebrate the fund. They include personalised care leads and clinical leads who have been engaged directly by the ICS.
- Equity partners support identification of stakeholders for involvement in **Stage 2** below.

## Stage 2 - Developing

### 5. Fostering Local and Community Involvement

- Steering group recruitment and development.
- Survey of existing initiatives in the borough and developing an integration framework.
- Priority setting through meetings and workshops.
- Identify 'Patient Engagement Representative' who could take on a leadership role alongside the Community Chest steering group.
- Ensure political buy in from local government representatives, ideally key councillors.
- It is vital to use existing consultation mechanisms to support this, these may include:
  - Regional social prescribing meetings.
  - Equity committee meetings (or similar) that may already take place.
  - Community Forums that may already take place.
  - Health Champion programmes that may already take place.

### 6. Administration and Grant Management

This could take on a number of different forms depending on the area. For example:

- ICS/borough level grant management.
- Procuring a separate organisation to manage the grant process (could be NHS linked or third party).
- Local CVS or VCFSE umbrella organisation.
- The grant management process would always have oversight from the core governance team (ICS/borough level) and should also be developed in consultation with the steering group.
- The grant management organisation would be responsible for:
  - Application design
  - Application portal(s) - online application system, alternative application format capture
  - Eligibility checks
  - Exclusions.
  - Due diligence and/or basic checks
  - Involvement of equity partners to input into the initial assessment process
  - Application guidance
  - Transparent assessment criteria and process.
  - Information about likely success rates.
  - Applicant FAQs.



## Stage 2 - Continued

### 7. Data and intelligence input

Data collected from a range of sources would help guide what areas to prioritise. Sources could include:

- Social Prescribers directly through analysing their gaps analysis reports and information stored on their digital systems.
- Information collected by the Social Needs Observatory detailing social determinants to health.
- Data from the NHS (inc A&E) detailing the level of demand for specific services.
- Information directly from local VCFSEs detailing demand for specific services they offer, current levels of capacity and ability to onboard new service-users.

## Stage 3 - Engaging

### 8. Comms and Marketing

- Advertise through existing networks e.g. community networks, organisational mailing lists, volunteer roster mailing lists, community health champion lists, council mailing lists.
- Targeted social media campaigns.
- Visit communities in person and spread the word. This will be required in engaging grassroots and informal organisations who reach underrepresented communities.
- Ensure capturing of data using a CRM about any organisation, group or individual interested in the fund.

### 9. Applicant Support

- This will need to be provided by at least 1-2 dedicated grant programme managers.
- Equity partners to support at this stage, particularly for organisations serving marginalised communities.
- Group based application workshops (in person/online).
- One-on-one bookable application surgeries (in person/online).
- Integrate representation of ICS, or local authority at workshops.
- Application telephone helpline to help with any accessibility issues.
- Video based online tutorial for application form.
- Applicant support FAQ document.

## Stage 4 - Assessing

### 10. Application assessment and decision making - led by Grant management Organisation

- Collating and initial selection of applications using a grant management platform.
- Organisation of panel(s).
- Sharing of applications with relevant decision makers.
- Interview process of second stage applicants with community representative board
- Selection of applicants.
- Sharing of award decisions (successful and unsuccessful).
- Successful grantee agreements sent out and signed.

### 11. Risk mitigation assessment looking at:

- How achievable the project is?
- How well planned is the activity?
- Has evaluation been committed to?
- Is the budget reasonable?
- How will funds be managed?
- Is there any experience of the applicant having had funding before?

## Stage 5 - Awarding

### 12. Grant disbursement

- Simple agreements with grantees are signed.
- Grant monies are transferred.

### 13. Grantee follow up

- Oversight would be from the grant management organisation.
- Ensure open and flexible communication and follow up with grantees to build trust and support project needs once funded.
- Visiting selected organisations in person to understand project needs.
- Ensure simple monitoring is in place before the organisation starts activity e.g. a monitoring workshop for grantees and a mid phase check in.

## Stage 6 - Evaluating

### 14. Monitoring and Evaluation

- Light touch and simple evaluation metrics e.g. number of attendees on a weekly basis.
- Common and uniform evaluation questions and system<sup>1</sup>e.g.
  - What did you do? - Who did you help? - What did you spend? - What did you learn? - What longer-term changes can you see from this work? - What ongoing issues are you, and the people you work with facing?
- Invite video, photo storytelling evaluation formats from applicants.

### 15. Funder reporting, sharing success and sustainability

- Undertake a health inequalities impact assessment looking at social return on investment, equality impact.
- Develop future improvement reporting which looks at how the service can adopt best practices in the future and scale.
- Information is shared about grant awards. This could be as a list and/or on a map of the local area.
- A local local event or showcase is hosted to share and celebrate outcomes of successful projects.
- Capacity building and mentoring is offered to groups and organisations who may go on to apply for the fund in the future.

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<sup>1</sup> Adapted from the London Community Response fund (London Funders)



This document was produced by Year Here: Alex Eisenberg, Charli Skinner, Michael-Jordan Faucher-Folie and Rossa Dooley, as part of a consulting project commissioned by Healthy Partnership London, October 2021.

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