**Home Visiting Service for support with form filling and applications Bay ICC and PCN**

**Background**

In Bay 40.5% of the population live in the 20% most deprived wards nationally. There is a clear correlation between health and wealth and helping ensure that our population is in receipt of all finance and support they are entitled to is essential to help enable access services and goods that can help improve health and wellbeing. This includes but is not limited to: Personal Independence Payment, Attendance Allowance, Carers Allowance, Universal credit, Housing benefit, blue badge etc.

We recognise that there are several local organisations who provide excellent services to help support people to understand and apply for monies and services that they may be entitled to.

**Rationale**

Within the Bay Care Coordination and Social Prescribing team we have seen an increased number of referrals for individuals, couples and families who need support to fill in forms to help access various support, but for many reasons are unable to get to services that offer this in person. Discussion with the wider Bay Integrated Care Community partnership in December identified that more support to offer this in people’s homes was needed. Whilst some home visit provision of this nature is available in the district, local organisations present in the discussion who offer this articulated long waiting lists and also the amount of time involved.

We are keen to enable this support to help ensure equitable access to services and finance for vulnerable people within our communities who require additional support in this area.

**Home visiting to provide support, guidance and advice for completion of forms and applications to improve quality of life and health and wellbeing.**

**Funding**

The total amount of funding available to provide this support is up to £10,000.00 – in the interest of fairness we invite applications from any provider who may be able to deliver this service either as a sole provider or in partnership.

The funding is non recurrent, and we hope that a legacy of the funding and interventions is that financial assistance etc will be recurrent for people who have been supported.

We recognise the intensity of the support required and that it is time consuming. We encourage any applicants to be mindful of this and realistic in terms of the number of people that can be supported within the modest financial envelope we have.

**Information for organisations**

* This is a direct funding award from the ICC/PCN in Bay and must be used solely for the benefit of patients of Bay Medical Group/ICC and PCN.
* If your organisation currently delivers a home visit service of this nature, this funding should be used to fund additionality for patients in Bay and not dilute any existing organisational funding into Bay that is intended to benefit the Lancaster district.
* Your organisation is responsible for safe working procedures and practices for staff and volunteers in delivering this service. Organisations applying will have in place all relevant policies, procedures for work of this nature and safe working protocols.
* Digital support at home visits is needed by some people – staff or volunteers must be able to offer digital support in the absence of the person being visited having Wi-Fi access at home.
* Any staff or volunteers involved in delivery of this support must have relevant clearances and undertaken relevant training etc deemed necessary by your organisation to enable 1;1 support for people within our community with form filling, applications and onward signposting and referrals as appropriate.
* Providers must also ensure that appropriate escalation processes and supervision for staff and volunteers is in place.
* Providers must also have safe working protocols in place if lone working will be undertaken.

**Referrals and multi-disciplinary team working**

* Referrals from Care-Coordinators, Social Prescribers and Bay Medical Group staff will be sent securely via email with patient consent. At the point of referral any information apparent on GP systems that could inform the visit will be shared with consent e.g. property access instructions.
* Any information on GP systems that could impact safety of staff or volunteers will be shared in best interest
  + For example: presence of pets, known smoker, visit in pairs etc.
* Referrals from other agencies must be screened by the provider to determine appropriateness for this home visiting support. We would expect other current local services to be considered as options and for the home visit service to be offered if other ways of accessing the support are not possible for the person being referred.
* The provider will be responsible for producing referral forms and process for this project and keep secure records of interventions and support provided/offered.
* Visiting a person in their home environment can often expose other challenges that the person may be experiencing. The expectation is that staff/volunteers will use their local knowledge and networks to help ensure the person receives any additional support/signposting as appropriate, including but not exclusive to:
  + Free Fire Home safety check
  + Support with home energy advice and visits
  + Support to access mobility equipment/ home improvements as appropriate etc
  + Safeguarding concerns as appropriate
  + Food bank / food clubs.

Please complete all sections of the service proposal form and return completed forms to [bay.icc@mbht.nhs.uk](mailto:bay.icc@mbht.nhs.uk) – please also email any queries to this address

**The closing date for applications is midnight Thursday the 27th of February 2025**

***Service proposal form***

*Please note - word count is a guide only – but applications are encouraged to stay under or around the word count specified for each section*.

1. **Contact Information and Outline**

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| **Details of Lead Organisation to receive the funds** *(to include named contact, address, email, phone number and type of organisation? E.g. CIC, charity, private etc.).* |
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| Please confirm you have all relevant policies in place to be able to work with vulnerable people 1;1 in their own homes (DBS checks, lone worker policy, information governance, safeguarding etc.) there will be an expectation that these will be shared prior to approval  **Yes / No** |

1. **Relevant Experience**

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| **Why do you feel your organisation would be best placed to deliver this service and what is your experience of working 1;1 with vulnerable people and supporting form filling?**  **up to 500 words** |
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1. **Summary**

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| **Brief summary of how you would deliver this service, please include; referral details/process, how it would be staffed, other support**  ***up to 500 words*** |
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1. **Schedule**

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| **Proposed schedule of delivery and number of people that could be supported** (to include approximate start and finish dates of the service, estimated hours per week and estimated number of people that could be supported). |
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1. **Evaluation**

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| **Tell us how you will evaluate the impact of this service.** For example, number of people supported, nature of support provided, onward referrals, successful application outcomes etc. |
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1. **Funding**

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| **Amount required to deliver this service** (please breakdown costs as much as possible). |
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| **Is this a new intervention/project for your organisation?** (If you already provide a service of this nature either locally in Bay or across the district or county, please tell us how this funding will be used to provide additional support for people in the Bay ICC and PCN footprint.) |
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1. **Partners**

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| **Will any partners be supporting you in the delivery of this programme?** (if so, who and please confirm that they have the relevant policies and procedures in place as per question 1). |
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1. **Health and Safety**

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| **Knowledge of health and council, relevant VCFSE support, safeguarding etc are essential to safe and successful delivery of this service, please provide details of how you would report/escalate any issues identified during delivery.**  **up to 250 words** |
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1. **Risk**

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| **Please identify any risks to delivery of this service.** | **Please identify mitigations in relation to identified risk.** |
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1. **Any other information**

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| **Please tell us anything else you think is relevant to support this application that you don’t feel there has been opportunity to say in the previous sections of this form** |
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