

Title of document

To go in here

2022-2023

Covid-19 Vaccinations

Access & Inequalities (A&I)

Scheme Funding Toolkit

2025-2026



# Funding Information

Many communities within Greater Manchester are impacted by health inequality and deprivation. The NHS Greater Manchester (NHSGM) has a responsibility to assess the extent of these inequalities and take corrective action. In 2024-25, NHS England issued all ICBs ringfenced funding to widen access to vaccines and reduce health inequalities in communities of low engagement and lower uptake.

NHS GM was allocated £2.3m to spend in 2023/24 and we were able to commission 68 projects across GM at a total of £2.1m, including local pop-ups, social media campaigns, digital billboards and extended services clinics for additionally vulnerable cohorts.

The majority of funding was spent at a locality level to enhance and promote the offer from local services. Most was spent with local Primary Care Networks and voluntary sector partners.

Services offered included:

* Pop-up clinics in community locations
* Community engagement through existing hubs and services
* Engagement through places of worship and community leaders
* Extended services including specialist vaccine clinics
* Health and language education programmes

We saw also an emphasis on the Making Every Contact Count (MECC) model – working with trusted professionals and services already engaged with patients to promote vaccination and reduce risk of serious illness.

We have been advised there will be a substantial reduction in funding available for A&I in 2025-26, we will have a renewed focus on fully utilising funds and ensuring value and sustainability are considered at the design stage.

GM have an allocation of £725,000 for 2025-26, a reduction of nearly 70% when compared with our allocation last year. Of this, over £450,000 will be available for local projects to enhance access to underserved groups and address our population health inequalities.

This toolkit has been designed to provide all of the required financial and process information for commissioners and providers, including standardised agreements, evaluation checkpoints and SFI-compliant signoff.

# Process and Guidance

The timetable below has been created to support decision-making in the early planning stage and assumes that funding and reporting timetables required by NHS England will be as previously indicated.

Consideration in the allocation of resources will be given to the access and health inequalities landscapes affecting the proposed populations, including existing inequity in uptake of vaccinations, social and economic deprivation, and other relevant indicators.

# Scheme Information

This document should be completed collaboratively between the entities that will be involved in delivery of the project, documenting the rationale and expected resources for the scheme. Consideration should be given to identifying local communities impacted by health inequalities and barriers to access, and how the scheme will target and address those inequalities. This document will capture key information and form part of the governance to ensure that scheme objectives align with the purpose of A&I funding and can be delivered within the funding timescale.

## Scheme Details

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| --- | --- |
| **Commissioning Locality** | |
| Locality: | Choose an item. |

|  |  |
| --- | --- |
| **Scheme Name & ID** | |
| Scheme Name: | Eg Pike View Scheme |
| Unique Scheme ID: | Eg A&I-STO-001 |
| National ID: | *Added by GM Team once known.* |

|  |  |
| --- | --- |
| **Scheme Provider Information** *(this should be an appropriate contact at the scheme provider)* | |
| Provider Org Name: |  |
| Provider ODS Code: |  |
| Contact Name: |  |
| Contact Email: |  |

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| --- |
| **Identifying Health Inequalities and Deprivation**  *- Which inequalities have you identified in your local areas?*  *- What challenges/barriers do these communities face accessing services?*  *- Are you expecting to target a selection of ethnic groups, health conditions or groups affected by deprivation? How are these selected?* |
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| **Planned Scheme Operation**  *- What will the scheme do, and how will it address those inequalities?*  *- Consider referring to experience from previous schemes – what worked well?*  *- How will the scheme deliver value from the funding?* |
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## Scheme Costs

The attached project costs template should be used to capture the resources that will be taken up by the scheme, including any staffing, facilities, vehicle hire or promotional costs. This information will be considered closely to ensure funds are being spent lawfully and in line with organisational policy.

In general;

* Costs should be reasonable and clearly linked with the objectives of the project.
* Capital equipment costs will not ordinarily be funded.
* Hospitality may not be funded, however this does not prevent collaborations from choosing to arrange this element themselves.
* Care should be taken to ensure that projects are additional to core contract obligations, and that we are not ‘dual funding’ the same work.

## Scheme Outcomes

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| **Expected Outcomes & Measures of Success**  *- What outcomes are you expecting from the Scheme?*  *- How will these be monitored through the life cycle of the scheme?* |
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| **Scheme Evaluation Process**  *- How will outcomes and benefits be evaluated following scheme completion?*  *- Sustainability – if successful, how would this be embedded in normal practice and sustainably funded?* |
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## Scheme Approval Process

The flow below should be followed to authorise a new project and dispense funding. The purpose of this section is to ensure documented approval in line with NHS financial controls, as well as confirming provider acknowledgement of the standard Memorandum of Understanding in Annex A.

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| --- | --- |
| **1 – Provider Agreement** *(this should be an appropriate contact at the scheme provider)* | |
| Name: |  |
| Role: |  |
| Signature: |  |
| Date: |  |

|  |  |
| --- | --- |
| **2 - GM Lead Approval** *(this will be the relevant Budget Holder at NHSGM)* | |
| Name: |  |
| Role: |  |
| Signature: |  |
| Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3 - Scheme Reporting Information (Office Use)** | | | |
| Added to Scheme Planner by: |  | Date: |  |
| Reported to GM  Fin. Manager by: |  | Date: |  |

# Annex A – Scheme Monitoring Tool

This document should be completed every two weeks while the scheme is in operation and a copy shared with your local commissioners and the GM Winter Vaccinations Team ([england.gm.massvaccpmo@nhs.net](mailto:england.gm.massvaccpmo@nhs.net)). The purpose of this process is to capture key information about each initiative and enable contract monitoring in a consistent style, as well as meeting NHSE national assurance requirements.

|  |  |
| --- | --- |
| **Scheme Name & ID** | |
| Scheme Name: |  |
| Unique Scheme ID: | Eg A&I-STO-001 |

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| **Scheme Monitoring Information** |
| * *Has the activity started? Is it progressing as expected?* * *Are there any risks or concerns about delivery? Do you have sufficient vaccine?* * *How many Covid vaccines have been given through this scheme to date? (If applicable)* * *What other quantitative or qualitative benefits have been identified?*   *(eg, Making Every Contact Count, Health Promotion Conversations, Flu Vaccines,*  *Winter warm packs or other health/poverty alleviation)*   * *Have payments been transacted? If not, when will this happen?* |

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| **Provider Confirmation** *(this should be an appropriate contact at the scheme provider)* | |
| Name and Role: |  |
| Sign and Date: |  |

# Annex B – Scheme Assessment Tool

The GM Programme Team are required to ensure that schemes funded with A&I monies align with key criteria, set out below. This tool is designed to support decision-making in the planning stages and will be used at approval stage when awarding funding to schemes.

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| --- | --- | --- | --- | --- | --- | --- |
| Criteria | 1  *(Poor)* | 2 | 3 | 4 | 5  *(Good)* | Score |
| 1) Target Demographic  *How well does the scheme identify a community affected by inequality or deprivation?* |  |  |  |  |  | **0** |
| 2) Vaccinations  *How does the scheme expect to drive vaccination? Is a connection drawn between plans and future uptake?* |  |  |  |  |  | **0** |
| 3) Making Every Contact Count (MECC)  *Does the scheme take advantage of existing offers and services to make the best use of contacts and conversations?* |  |  |  |  |  | **0** |
| 4) Value  *How does the scheme deliver value for funding awarded? Is there consideration of past performance or a forward evaluation plan?* |  |  |  |  |  | **0** |
| 5) Sustainability  *Is there an onward plan to learn from the scheme and incorporate benefits into everyday practice? How would this be funded?* |  |  |  |  |  | **0** |
|  |  |  |  |  | **Total** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessed by:**  *Sign & Date* | *(GM Team use only)* | **Added to Plan:**  *Sign & Date* | *(GM Team use only)* |