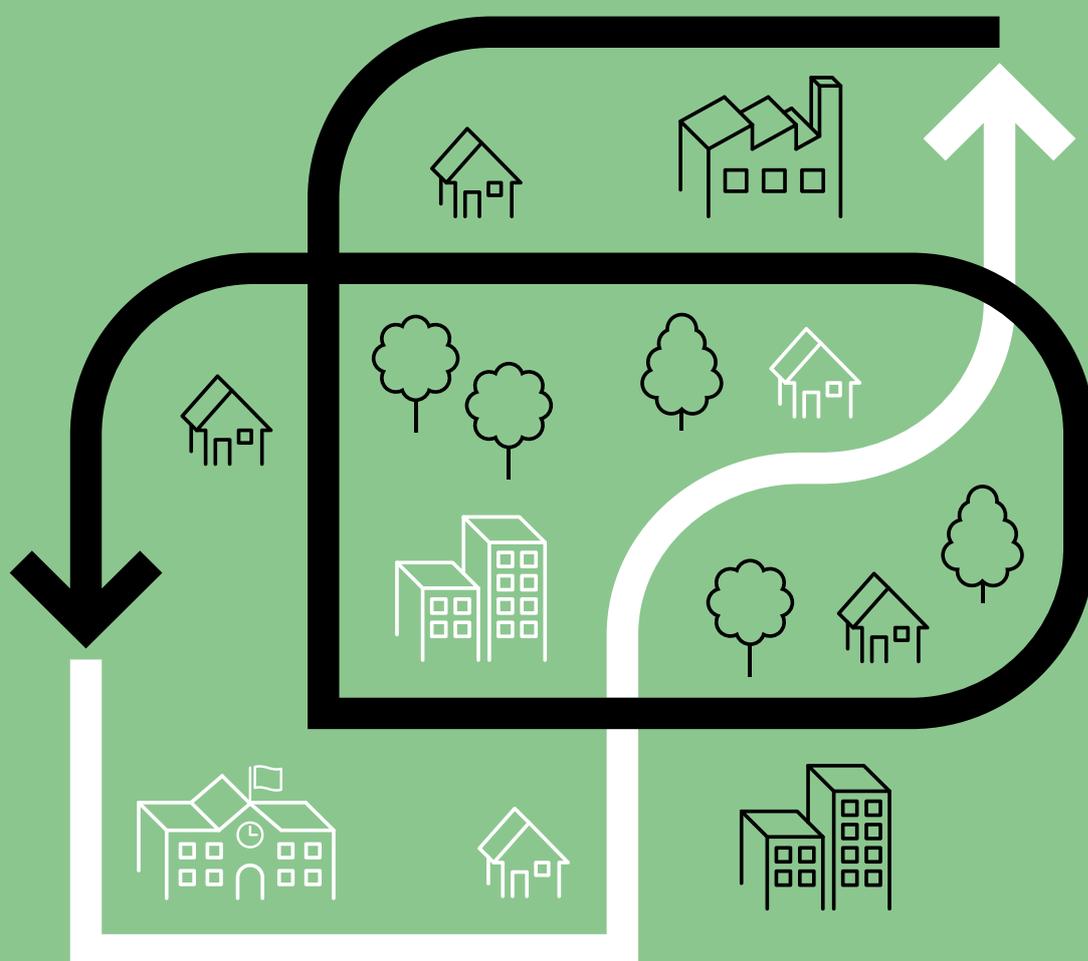


Call for applications

November 2020

Economies for Healthier Lives

Call for applications



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The Health Foundation

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

For more information visit
www.health.org.uk

Our commitment to diversity and inclusion

The Health Foundation is committed to embracing values of equality, diversity and inclusion by promoting and sustaining an open, inclusive and supportive environment which affirms the rights of individuals to be treated fairly, equitably and with respect. Our equality and diversity policy applies to our relationships within and between our staff, our board of governors and the external stakeholders, grant holders, partners and suppliers with whom we work.

[Download our equality and diversity policy](#)



Introduction to Economies for Healthier Lives

1

1.1 Overview of the programme

Economies for Healthier Lives is a new £1.72m funding programme for local partnerships to use economic development strategies to improve health and reduce health inequalities. People's economic circumstances including their income level, job quality, wealth and pay have a strong influence on their opportunity to live a healthy life.¹ As a result, economic development strategies can be powerful mechanisms to improve health and reduce health inequalities. However, many opportunities to use economic development to improve people's health are missed because economic development and public health strategies tend to be designed separately.

The COVID-19 pandemic has highlighted the strong links between the economy and health. It has not been a 'great leveller' but rather is having an unequal impact on our already unequal society. As we move into recovery, there is an opportunity to build back better. Local authorities have a critical role to play in both improving health and leading local economic development activities – for example, by supporting people into work or promoting the growth of particular sectors.

Our recently published report, **Using economic development to improve health and reduce health inequalities**, sets out how economic development strategies that promote inclusive economies can be used to improve people's health and reduce health inequalities in the UK. We see an inclusive economy as one in which there are opportunities for all, and prosperity is widely shared. We found there were six things that local areas could do to build more inclusive, health-promoting economies:

- build a thorough understanding of local issues with robust evidence
- develop long-term visions for local economies that are good for people's health
- engage with citizens to build momentum for action
- capitalise on existing local assets and use local powers more actively
- cultivate close working between public health and economic development professionals
- provide services that meet people's economic and health needs together.

We are aware of the pressure the pandemic is putting on local areas and a decision to go ahead with the programme launch was not taken lightly. On balance, we felt that a decision to launch in 2020 rather than delaying until Spring 2021 would better fit with timelines for local economic recovery planning. We have tried to take into account capacity concerns by designing a light-touch expression of interest process and we will consult applicants on timing before confirming timelines for subsequent assessment stages.

1. Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. *Health Equity in England: The Marmot Review 10 Years On*. The Health Foundation and Institute of Health Equity; 2020 (www.health.org.uk/publications/reports/the-marmot-review-10-years-on).

This funding programme offers the opportunity to put the findings from our research report into action. We are inviting local and regional partnerships to apply for funding of between £300k and £500k over 3 years, to use economic development activity as a mechanism to improve health and/or reduce health inequalities. We hope the programme will:

- improve the capacity and capability of economic development and public health professionals to take joint action to use economic development to improve health
- develop a better understanding of the mechanisms through which economic development interventions affect health outcomes
- support the development of metrics to monitor the health impacts of economic development interventions
- build understanding of how to translate the evidence base into practical action
- capture learning from the programme to be used to inform and change practice across the UK through wider dissemination by the Health Foundation.

1.2 The opportunity

The Economies for Healthier Lives programme will fund up to four partnerships that aim to promote health and reduce health inequalities through the use of economic development strategies.

Each award will provide:

- grants of up to £500k in total across 3 years to support economic development projects² that seek to improve health and reduce health inequalities
- tailored support to partnerships through a learning support provider commissioned by the Health Foundation; this support could include coaching, facilitation and systems leadership development
- a programme of activities, including regular events, to help build a supportive community and share learning between award holders.

The Health Foundation will also commission an independent evaluation of the Economies for Healthier Lives programme. This programme-level evaluation will draw shared learning from the partnerships and inform whether we run future rounds of the programme. The evaluation will seek to capture the experiences of those who have been involved in the programme and partnerships will be expected to support the evaluation activity.

2. We anticipate funding being used to supplement existing plans or projects linked to economic development to make enhancements that aim to improve health and reduce health inequalities (see section 2.2).

For clarity, the following terms for the purpose of the call have distinct meanings:

Intervention

Any existing proposals or plans (for example, existing economic development strategies or proposals for recovery from the impact of COVID-19) that would have happened without Health Foundation funding.

The project

The work that you would do locally as a result of Health Foundation funding.

The partnership

The partners involved in delivering the Health Foundation-funded project.

The programme

The overarching programme delivered by the Health Foundation.



Eligibility criteria

2

This guidance will help you decide if your idea is right for the Economies for Healthier Lives programme. Please consider the criteria below before applying.

2.1 Who can apply for the programme?

The programme is open to partnerships that should include:



a local authority or combined authority (lead partner)



public health bodies and leaders (where this responsibility sits outside of the local authority)



an academic partner (most likely a university, but this does not have to be the case)



a specialist partner that can provide additional topic or community engagement expertise (this could be a national representative body, a voluntary and community sector organisation or a business).

We would expect partnership plans to include joint working across public health and economic development functions. We recognise that these functions are structured differently across the four nations of the UK. Where public health functions sit outside the local authority, we would expect the relevant national and/or local public health organisations to be involved in the partnership. We would also strongly encourage the involvement of relevant regional bodies such as Local Enterprise Partnerships in England or Regional Economic Partnerships in Scotland.

While Economies for Healthier Lives will support a range of organisations through its partnership approach, the lead partner must be a local authority or a statutory regional body such as a combined authority. An application from a combined authority would not prevent its constituent councils from applying individually but, in determining final selection, assessors will look at geographical spread of awards to ensure a varied set of partnership locations.

Each application must be submitted by a lead applicant from the lead organisation representing the partnership. Grant funds will be paid to the lead organisation. All arrangements for subcontracting and/or transfer of funds to other parties will be the responsibility of the lead organisation.

Current and past grant holders from the Health Foundation are eligible to apply. However, those partnerships which are also bidding for funding via the **Shaping Places for Healthier Lives programme** will need to include a section on how they would manage capacity and ability to engage with two programmes in parallel. We will not double-fund the same work.

2.2 What type of work will we fund?

The core objectives of the Economies for Healthier Lives programme are to:



improve the capacity and capability of economic development and public health professionals to take joint action to use economic development to improve health – for example, through the development of joint posts or organisational development activities



develop a better understanding of the mechanisms through which economic development interventions affect health and wellbeing outcomes – for example, by studying how local investments in infrastructure might change the conditions people need to lead healthy lives



support the development of metrics to monitor the health and wellbeing impacts of economic development interventions – for example, through the provision of resource to build health, wellbeing and inequality measures into economic development strategies



build understanding of how to translate the evidence base into practical action – for example, to tailor evidence about active labour market interventions to reflect local needs and priorities



capture learning from the programme to be used to inform and change practice across the UK through wider dissemination by the Foundation.

Our recent report **Using economic development to improve health and reduce health inequalities** can act as a guide for the type of strategies which the programme is designed to support. It highlighted a number of levers that can be used to create healthier lives, as shown in Table A below.

Table A: Economic development levers that can be used to create healthier lives

Lever	Opportunity to create healthier lives
Infrastructure	The physical environment can be shaped to enable people to live healthy lives, in a way that also supports the economy to thrive. For example, public transport systems, housing and digital infrastructure and existing powers around planning and land use could all be utilised to design interventions to support better health.
Capital, grants and procurement expenditure	Subsidies, public money and supply chains can all be used to create an economy that is good for people's health. For example, requirements may be set around the quality of work in public procurement, or to favour businesses that pay a living wage.
Regulation, including licensing	Devolved, local and regional governments all have some regulatory control. These powers can be applied to economic development, for example through limited licensing of businesses that may be harmful to people's health.
Education, skills and lifelong learning	A variety of policy avenues can be used to provide opportunities for people to access training and education over their lifetime, to help them access and remain in good quality work; return to work after a period of unemployment or time spent out of the labour market; and to increase their potential.
Labour market programmes	Interventions that promote labour market inclusion by helping people enter or remain in good quality jobs could enhance people's health. For example, return-to-work interventions could be tailored for people with health conditions that act as barriers to employment.
Financial systems and approaches to investment	Access to and control over investment allows bodies to use their financial influence flexibly and across sectors and businesses that promote people's health and equity. For example, public bodies could commit not to invest in health-harming sectors.

We anticipate that funding will be used to supplement existing plans or projects linked to economic development, to make enhancements that aim to improve health and reduce health inequalities. For example, by reframing programmes to build in additional elements aimed at tackling inequalities or by amending interventions to make them more likely to be health-enhancing.

This is the first year running this programme and we are more focused on **how** to implement economic development strategies targeted at health rather than assessing the effects of specific interventions.

We expect a portion of the funding to be used to support meaningful public involvement. This engagement should go beyond existing consultation mechanisms.

The programme **will not** support projects simply to develop analysis of local needs or the development of a new economic development strategy.

2.3 The different roles of partners

The fundamental requirement of partnerships is that they take a collaborative approach to improving health or reducing health inequalities through collective approaches to economic development. As well as representation from public health and economic development functions, we expect to see the following partners involved.

Local authority or combined authority (lead partner)

The local authority as the lead partner will be responsible for convening and leading the development of the partnership, sub-contracting other partners and leading the application process.

Specialist partner

The specialist partner will bring additional topic experience or experience in the specific area targeted by the project. The specialist partner could for example be a voluntary and community sector organisation, a business or national stakeholder organisation. That list is not exhaustive and there is no limit to the number of specialist partners.

One of the criteria for assessment will be plans for community engagement and collaboration. The specialist partner might facilitate community engagement or provide unique topic or user experience expertise. For example, an intervention focused on labour market interventions might choose a specialist partner with expertise in that area or could use a specialist partner to facilitate user engagement.

Academic partner

The involvement of an academic partner is intended to bridge the gap between research and implementation in this field. The primary focus of the academic partner is to contribute expert knowledge in supporting the partnership with implementation, metric development and evidence gathering. The academic partner will also play a critical role in supporting real-time learning. Ideally this would build longer-lasting relationships with the other partners.

We would expect this partner to provide some or all of the following:



support to identify and share existing evidence from the literature on specific economic development interventions that can improve health and reduce inequalities



support to identify evidence on the best ways to implement specific interventions or processes



formative evaluation of the process of putting policy into practice (with regular feedback) and gathering lessons about the process of partnership working



support to identify and develop metrics that will help to measure the impact of their intervention



support to gather and analyse data.

The academic partner is likely to be a university, but it doesn't have to be. It could be a research organisation or consultancy. It also does not have to be locally based, but this is likely to be advantageous in cementing long-lasting relationships. It is not a requirement for the partnerships to produce local evaluations of the projects, but partnerships could use funding to do so if that would be helpful locally. The role of the academic partner is to support the partnership to strengthen the use of evidence within projects rather than to evaluate their effectiveness.

We understand that finding the right academic partner might be easier in some areas than others. At the expression of interest stage, we are not expecting fully developed plans for the academic partner. However, we do expect as a minimum, an outline of how the academic partner could support and enhance the proposed projects and a commitment from an academic partner to progress the proposal should it be successful at the expression of interest stage.

Other partners

Funder (the Health Foundation)

We will make grants to the lead local authority and commission the learning support and external evaluation. We will make links with national policymakers and will seek to develop and maintain relationships between policy and practice. We will also help to disseminate learning from the programme.

Evaluation provider

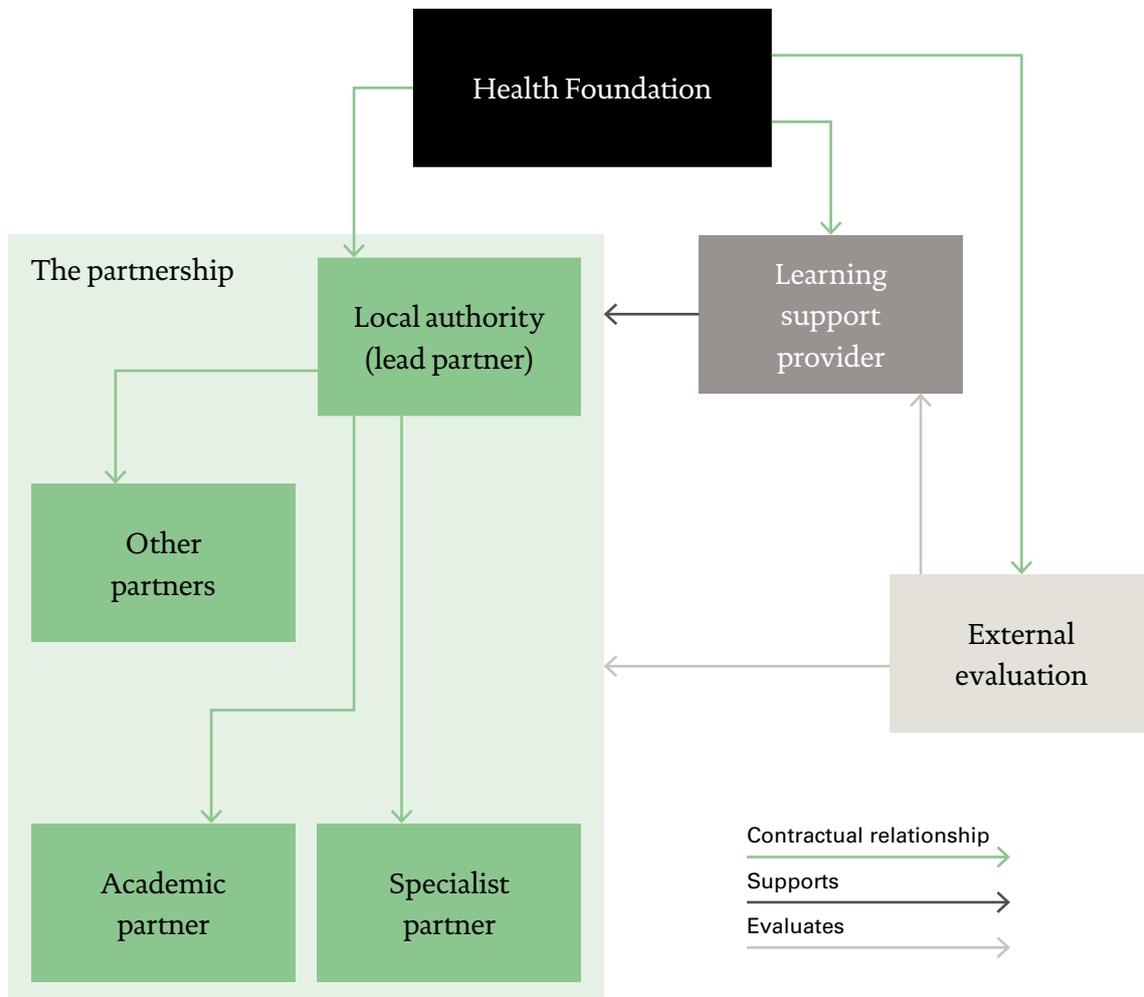
The evaluation provider will work with the partnership, funder and learning support provider to collect and synthesise learning on the effectiveness of the programme and support the Health Foundation in future decision-making about this area of work.

Learning support provider

The Health Foundation will also commission a learning support provider to produce a tailored package of learning and development support to partnerships. The learning support provider will organise and facilitate opportunities for broader learning.

As part of the expression of interest phase, we will ask all applicants to consider the type of learning support that would be most helpful to them. This will enable us to tailor our tender process for the learning support partner.

Figure 1: Roles and relationships of different partners



2.4 How will learning be captured and evaluated?

Learning will be captured at both a programme and project level.

Programme-level evaluation

An independent programme evaluation will be commissioned by the Health Foundation in February 2021 to capture learning from the partnerships and generate lessons on how the partnership sites have used economic development strategies to promote health and reduce health inequalities. The evaluation will be formative and should help the Health Foundation understand the extent to which the programme is achieving its desired aims. It will not attempt to evaluate the impact of individual projects' economic development interventions on health.

The programme-level evaluation will seek to capture the experiences of those who have been involved in the programme and it is expected that each partnership will support the evaluation activity and this valuable opportunity to develop and share programme-wide learning.

Programme-level learning

At the programme level, our intention is to foster sharing of learning and experiences between projects and beyond. Successful partnerships will be expected to be involved in the dissemination of findings and to participate in learning events facilitated by the Health Foundation or the learning support provider. A condition of funding will be the submission of an annual project report to highlight emerging lessons and to detail how the grant funding has been spent.

Successful partnerships will be expected to work with the external evaluators and the learning support provider to share emerging findings, best practice and dissemination of emerging evidence. In addition to annual project reports, evaluation reports may be required.

Project-level learning

At a local level, we would expect the academic partner to support learning activity throughout the programme. This activity should be integrated with the delivery of work so that partnerships can respond to the findings on an ongoing basis.



How to apply

3

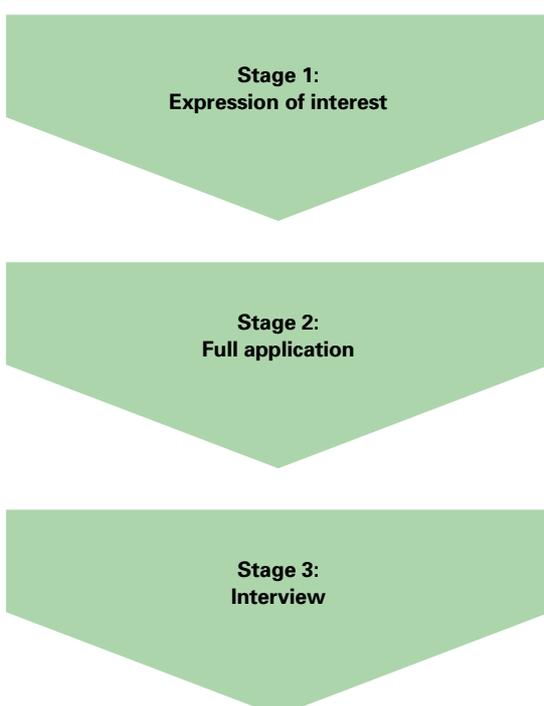
3.1 Application timetable

The application process for Economies for Healthier Lives will aim to follow the process below. Given uncertainty about the impact of COVID-19, these timelines are indicative and may be subject to change. We will remain as flexible as possible in response to feedback from applicants. Before launching the full application stage, we will consult selected applicants on timing. If you have concerns about capacity locally during the application process, please get in contact with us.

Activity	Date
Expressions of interest open	Monday 9 November 2020
Programme information webinar (pre-recorded)	Tuesday 24 November 2020
Deadline to submit expressions of interest	12.00 (midday) on Friday 29 January 2021
Longlisted applications invited to submit full applications	Monday 29 March 2021
Deadline to submit full applications	Friday 4 June
Shortlisted applications invited to interview	w/c Monday 12 July
Interview	w/c Monday 19 July
Final decision	Friday 30 July

3.2 Application process

There are three stages to the application process:



Stage

1

Expressions of interest

12.00 (midday) on Friday 29 January 2021

Expressions of interest must be submitted through our applicant portal by the deadline. Expressions of interest submitted via alternative means will not be considered, and late submissions will not be accepted.

The lead partner must lead the application process and submit the expression of interest form. We will only accept one expression of interest per partnership.

Please note that we will not consider partnerships that do not submit an expression of interest.

The Health Foundation will review expressions of interest against the programme's assessment criteria (section 4). A team from the Health Foundation will review all expressions of interest. We will then invite between 10 and 15 partnerships to submit full applications.

We expect to receive a large number of expressions of interest; therefore, we will not offer individualised feedback to unsuccessful applicants at this stage. Applicants who are successful at the expression of interest stage will receive feedback and detailed instructions on how to complete the full application.

Stage

2

Full applications

12.00 (midday) Friday 4 June 2021

We will invite the selected 9 partnerships to submit a full application in March 2021.

Full applications will be assessed against the programme's assessment criteria by the Health Foundation and external assessors, who have expert subject knowledge. Further information will be provided to those who are invited to submit a full application.

We will shortlist between five and eight partnerships and invite them to interview in July 2021.

Partnerships that submit full applications but are not shortlisted for interview will be able to request feedback.

Stage

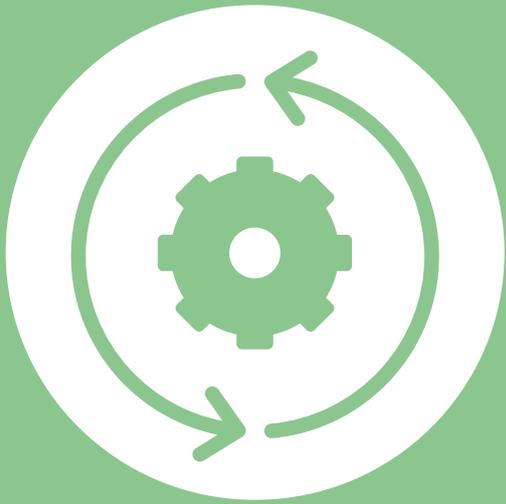
3

Interviews

July 2021

We aim to hold interviews in July 2021. Given uncertainty around COVID-19, the interview stage process will be confirmed closer to the time. The panel is likely to comprise staff members from the Health Foundation and external experts.

You will be expected to prepare a presentation in advance, in which you will set out your proposal in greater depth. This will also be an opportunity for the interview panel to ask questions about your proposal and how you will approach the challenge as a team.



How your application
will be assessed

4

We welcome partnerships from all four nations of the UK and we will be looking at geographic spread as part of the assessment process. The assessment criteria are set out in detail below. They are structured around five central questions:

4.1 Core assessment criteria

1

Will the proposal support action to improve health and/or reduce health inequalities through economic development strategies?

2

How will the partners work together?

3

How well does the proposal support each of the programme aims?

4

Is collaboration and public engagement central to the proposed work?

5

Does the proposal's design, budget and governance arrangements adequately support the proposed work?

At the expression of interest stage, we will be asking partnerships to submit answers to the sections outlined in the table below. The focus should be on what our funding would specifically support and applications should be clear about what Health Foundation funding would bring, over and above existing plans. We would encourage applicants to seek out the best available evidence on **what works** and use this to shape the design and delivery of proposals. We will place a greater emphasis on criteria 1 and 3 at the expression of interest stage of selection.

4.2 Expression of interest: application and assessment questions

Question and criteria assessed	Content to cover
Context: Area information Not assessed	Information about the partners, the area, basic demographic information.
How would the proposal support health improvement or reduce health inequalities? (<i>Assessment criteria 1</i>) (Up to 500 words)	<ul style="list-style-type: none"> • Why do you believe the actions you plan to take will have an impact on health outcomes or health inequalities? • What would success look like for your project and how would you measure impact? • How would you ensure that any benefits last beyond the funding period?
How would the partners work together? (<i>Assessment criteria 2</i>) (Up to 300 words)	<ul style="list-style-type: none"> • Do you have commitment for the work at a senior level from the relevant partners? • What engagement has there been so far between economic development and public health functions? • Is there an academic partner already in place? <ul style="list-style-type: none"> • If so, what will they focus on and how will they support the process of putting evidence into practice? • If not, how do you propose to find and work with an academic partner to produce a more detailed proposal for the full application stage?
How would your project meet the programme aims set out in section 2.2? (<i>Assessment criteria 3</i>) (up to 750 words)	See objectives in section 2.2.
How would you collaborate with service users or the public to strengthen the delivery and outcomes of your project? (<i>Assessment criteria 4</i>) (up to 300 words)	<ul style="list-style-type: none"> • How would you ensure that public or service users are able to participate and their voices are heard? • Describe how your project considers diversity and inclusion.
How would you use the funding and manage risk? (<i>Assessment criteria 5</i>) (Up to 350 words)	<ul style="list-style-type: none"> • Please provide an indicative budget. • Why would your proposal represent good value for money? • What are the key milestones for the elements of the intervention linked to our funding? How would you ensure they are delivered to time and to a good quality? • What do you think would be the greatest challenges and how would you manage risk?



Terms of funding

5

Partnerships can apply for awards of between £300k and £500k, over a period of up to three years. Partnerships should be ready to start the funded aspect of the project within three months of securing the award. Partnerships must be able to deliver the work with any required sign-off from senior staff. Partnerships must be willing to report on progress and financial status throughout the award period. 10% of the award funding will be held back until the production of a final learning report.

At the full application stage, applicants will be expected to provide detailed budgetary information on the total cost of the work, what the funds will cover and details of any co-funding or matched funding.

5.1 What Economies for Healthier Lives funding can and cannot be spent on

During the full application phase, you will need to provide a detailed budget for the work, what the funds will cover and details of in-kind funding being provided.

The following list outlines types of expenditure we would expect to fund. The list is not exhaustive, and we are aware that applying partnerships may require other types of expenditure:

staffing costs, including staffing to provide project management and administrative support

expenses and small payments for public and user engagement

costs of the academic and collaboration partners

partnership meeting costs, including room hire and catering where appropriate

communication and dissemination materials

workshops, learning events and team development

general conference attendance if it is with the express intention of gaining knowledge linked directly to the Economies for Healthier Lives programme (for example, economic development specialists attending public health conferences) or attendance to present findings and spread learning

reasonable fees paid to sub-contractors.



The following list outlines types of expenditure we will not fund:

capital expenditure such as for vehicles or for building acquisition or refurbishment

organisational overheads such as costs of premises, management and HR

procurement of day-to-day consumables or of 'business-as-usual' equipment

costs to promote or enhance profit-making services.



5.2 Intellectual property

The Health Foundation will expect the award holder to ensure that it either owns or is able to use all intellectual property produced by any of the partners for the purposes of the project funded by the award.

With regard to intellectual property that it is able to use rather than own, the award holder will ensure that it is able to secure usage rights for the Health Foundation, for the Foundation's own public benefit purposes.

The Health Foundation will seek the award holder's permission to use any of the intellectual property produced by any of the partners for the purposes of the project funded by the award, for its own public benefit purposes.

5.3 Communications

Applicants at the full application stage will need to clearly demonstrate how the learning from the partnership will be communicated, both internally and to wider (national and international) stakeholders.

As part of the partnerships' communication strategies, teams may choose to present papers and posters at relevant conferences. These should be made available for publication on the Health Foundation's website.

The Health Foundation is interested in learning from the partnerships it funds. Teams may be asked to host site visits for Health Foundation staff and stakeholders for learning and knowledge-sharing purposes.

If you have any questions, please contact us
by email on
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