



Argyll and Bute Community Health Partnership

Health and Wellbeing Fund 2016- 2017

GUIDANCE PACK

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Protocol for submitting an application

The Health and Wellbeing Partnership is responsible for administering the Health and Wellbeing Fund (HWF) on behalf of Argyll and Bute Community Health and Social Care Partnership. This Fund consists of NHS public health resources provided for upstream preventative health improvement activities. The HWF is distributed using a resource allocation formula based on the NHS National Resource Allocation Committee (NRAC).

It is distributed to the 8 Health and Wellbeing Networks as follows:

Area	Amount
Bute	£10173
Cowal	£19922
Helensburgh	£28303
Islay and Jura	£5441
Kintyre	£11210
Mid Argyll	£12778
Mull, Iona, Coll, Tiree and Colonsay	£6042
Oban and the Inner Isles	£21131
Total	£115000

Applications for funding should be submitted to your local network coordinator, and example is in [appendix 2](#).

The application form is available at:

<http://healthyargyllandbute.co.uk/application-for-funding/>

Refer to the flowchart in [appendix 1](#) for guidance on submitting applications.

All application must be completed on the relevant form for the year submitted. Please use the link above to ensure you are completing the correct form. Applications for funding must be completed electronically and then emailed to your local network coordinator.

Area	Email Address
Bute	hwnbute@ab-rc.org.uk
Cowal	chwn@homestartmajik.eclipse.co.uk
Helensburgh	audreyabhwn@gmail.com
Islay and Jura	Gill@argylltsi.org.uk
Kintyre	hwnkintyre@ab-rc.org.uk
Mid Argyll	Antonia.Baird@argyll-bute.gov.uk
Mull, Iona, Coll Colonsay and Tiree	tcmhwn@gmail.com
Oban, Lorn and Inner Isles	olihwn@gmail.com

Guidelines for approving allocations from the HWF

The following guidelines and scoring system will be used by the assessment panel to approve applications:

1. Principles

- Fairness
- Equity
- Community involvement

2. Criteria

- There is a clear rationale for the project and an identified need.
- The project targets one or more of the strategic priorities
- Activity has clear aims and objectives
- Bids should be for non-recurring expenditure
- Local networks may have different arrangements but in most cases a maximum award of £2,000 can be made

Monitoring and Evaluation

The Health and Wellbeing Partnership requires annual feedback on the progress of all HWF activity including outcomes, completion dates and financial monitoring ([appendices 5](#)).

Until a monitoring report is returned to a satisfactory standard, applicants will not be eligible to submit further HWF applications.

Scoring System

CRITERIA		STRONG PROJECTS WILL HAVE...	WEAK PROJECTS WILL HAVE...
A	Rationale	Evidence that the community needs this project. Clear links to policies or research stating that this project is appropriate.	Proposals based on anecdotal evidence or out of date research with no direct reference to the client group.
B	Priority	Clear links to local health improvement priorities.	No links to health improvement priorities.
C	How will the project be evaluated?	Clearly explained method for measuring the success of the projects.	Little evidence of an evaluation plan.
D	Is the project time limited? Can the project be sustainable in the long term?	There is a plan for how the initiative will continue without HWF funding in future.	No thought has been given to what will happen to the project when the grant funding ends.
E	Partnership working	Clear links with other partners.	No links with other partners.
F	Value for money	Makes best use of resources. Identified match funding. Applying for other funding.	No references to other funding sources or existing in-kind resources; or it is a costly project.

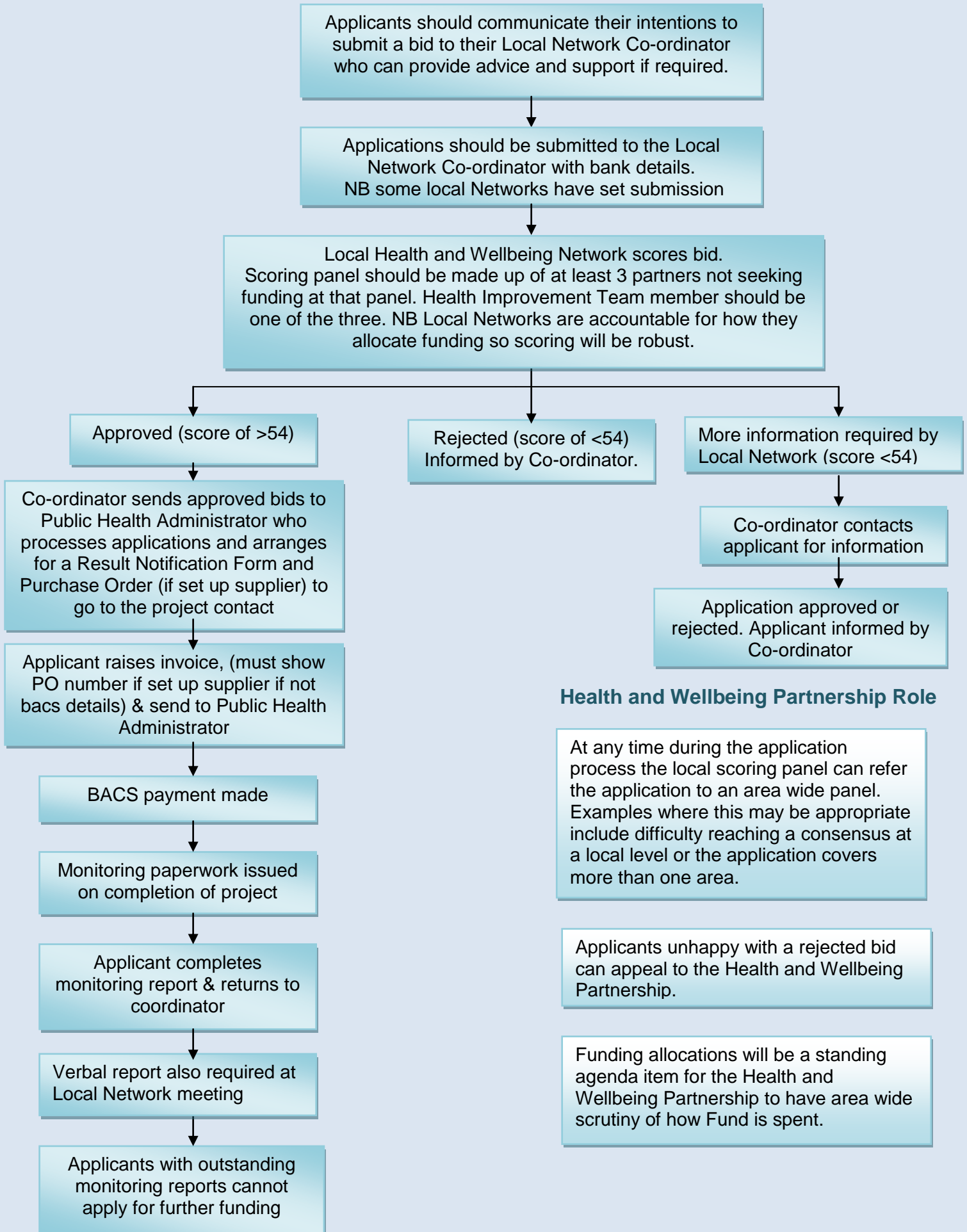
SCORING SYSTEM	
1	Weak
2	More weaknesses than strengths
3	Average
4	More strengths than weaknesses
5	Strong

Criteria	Score Range	Weight	Max Weighted Score
A	1-5	4	20
B	1-5	4	20
C	1-5	3	10
D	1-5	3	15
E	1-5	2	15
F	1-5	2	10

Maximum score = 90 Minimum score = 18 Mid score = 54

Applications scoring less than 54 should be referred back to the applicant or rejected.

Appendix 1 Flowchart for Submitting a HWF Application



Health and Wellbeing Partnership Role

At any time during the application process the local scoring panel can refer the application to an area wide panel. Examples where this may be appropriate include difficulty reaching a consensus at a local level or the application covers more than one area.

Applicants unhappy with a rejected bid can appeal to the Health and Wellbeing Partnership.

Funding allocations will be a standing agenda item for the Health and Wellbeing Partnership to have area wide scrutiny of how Fund is spent.

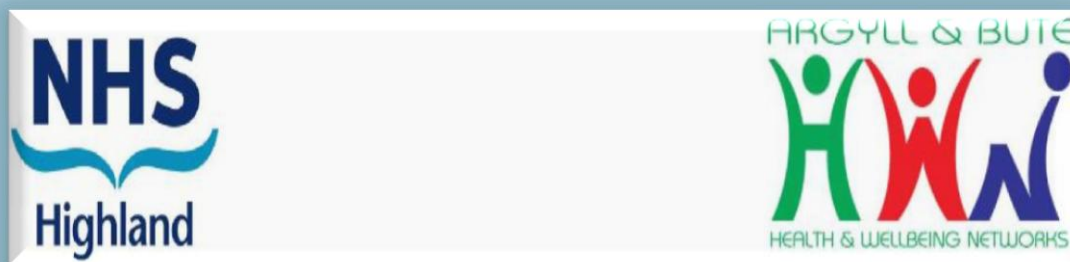
NB If bid is successful applicants must arrange to invoice for the funds ASAP. Funds cannot be released until an invoice is received and all invoices must be received in time for payment to be made prior to the end of the financial year (31 March).

- ❖ **If you are an NHS group then a journal entry will suffice as an invoice.**
- ❖ **If you are a local authority group then you should contact your finance dept to raise an invoice.**
- ❖ **If you are a charity or independent group please use the template invoice an example is in [Appendix 3](#) or use your own template.**

Appendix 2 Application Form

The application form is available at:

<http://healthyargyllandbute.co.uk/application-for-funding/>



Argyll and Bute Community Health Partnership

Health and Wellbeing Fund 2017- 2018

Application Form

***Application forms must be completed electronically
and emailed to local coordinator***

Please ensure that you have read the application guidance before completing and submitting your form.

The application guidance can be found at:

<http://healthyargyllandbute.co.uk/application-for-funding/>

Project Provider:	
Sector, e.g. public, third sector, voluntary group:	
Main contact Name:	
Position:	
Tel Number:	
Email:	
Name of activity to be delivered:	
Brief description of activity:	
Local Network:	
Funding Total costs for this activity with full breakdown (1) :	
Funding available from other sources (2) :	
Total Health and Wellbeing Funding being applied for, i.e. 1 – 2 = £	
When will the project commence:	
When will the project be completed:	

Other funding applied for or allocated:

Funder	Amount	Awarded, rejected, pending

Previous Health and Wellbeing Funding awarded to this applicant/group/company:

Year	Amount Awarded	Date Monitoring report Submitted :

Project Plan –

Explain what you intend to do with clear actions, dates, names of people responsible and costs:

Our four main priorities within our work and grants:

Getting the best start in life:

Giving children a good start in life enables them to go on to be healthy adults. It is more efficient to prevent problems from arising than having to solve these problems. Ways of giving children a good start in life include: pre and during pregnancy support; breastfeeding and healthy weaning; active lifestyles; and alleviation of poverty.

Working to ensure fairness:

Ensuring fairness or reducing health inequalities continues to be a priority. One of the best ways to improve health is to help provide training or experiences. Other areas of fairness include: race, religion, disability, age, gender, sexual orientation, marital status and pregnancy. Argyll and Bute should also consider access to services as people living in remote locations can experience unfairness.

Connecting people with support in their community:

Many health problems are caused or made worse by people experiencing social issues like loneliness, relationship breakdown, debt or homelessness. Supporting self management by enabling people to access community and support mechanisms to improve their health and wellbeing.

Focusing on wellness not illness

Empowering people to be as healthy as they can be and focus on wellness instead of illness. Doing this by building capacity in communities for healthy living and continuing to focus on assets for health i.e. what keeps us healthy.

Tick or X one main health priority your project meets:

Getting the best start in life	
Working to ensure fairness	
Connecting people with support in their community	
Focusing on wellness not illness	

Tick or X any other priority (priorities) your project also meets:

Getting the best start in life	
Working to ensure fairness	
Connecting people with support in their community	
Focusing on wellness not illness	

A – What is the rationale/evidence this activity is needed?

B – In what ways does your project meet at least one of our 4 health priorities above?

**C – How will you evaluate the effectiveness of this activity?
(How will you know you have done what you set out to do?)**

D - How will this activity be sustained after the Health and Wellbeing Fund grant has been spent?

**E - What partners are involved?
You must ensure they know they are named in this application.**

Provide any other information you is feel relevant for consideration

Give detail of any funding you have applied for/ received from H W N in current year:

Was it for the same project?

Applicant signature:

Supporting signature, e.g. Head of Department, Director, Trustee, Referee etc:

Date:

I agree to the following Terms and Conditions: Yes/No

1. By submitting this application I am agreeing to my details being held on file by the local Network and NHS Highland.
2. This form, including applicant details will be circulated to network members for scoring.
3. Awards must be used for the purposes set out in this application and for no other reason.
4. Applicants must complete an end of project monitoring report or they will be unable to apply for future funds, this should include photographs and quotes from people taking part in the activity. This will then be published to the Health Argyll & Bute Website.
5. It is my responsibility to ensure the application has been received by the network co-ordinator.
6. Applications must be made on the form for the current year of the fund.

Application forms must be completed electronically and Emailed in to relevant network coordinator.

For office use only

Date application considered by scoring panel:

Bid approved:

Yes No

Amount Awarded - £

Criteria	Score Range	Weight	Score
A - Rationale	1-5	4	
B - Priority	1-5	4	
C – Evaluation	1-5	3	
D - Sustainability	1-5	3	
E - Partnership Working	1-5	2	
F – Value for Money	1-5	2	
Total			

Appendix 3 Result Notification Form

HWF ?? 17-18 Project Name

RESULT OF BID

Congratulations, your bid has been successful

AMOUNT AWARDED _____ **£1000** _____

As your bid has been approved, please now arrange to invoice for the funds and I will be in touch next year when the monitoring report is due.

Please also note that once the project is implemented feedback on your activities must be provided to your local network.

Further Instructions to access funds – PLEASE READ

You have been provided with an invoice template below, this does not have to be used, but if you are using your own invoice please ensure the compulsory information is completed. This information is highlighted in the below template for completion.

All invoices must include: Company/Project Name, Date, HWF reference number, payment details (PO number or BACS info), contact name, contact email address and amount awarded.

All invoice should be returned to Lynsey.munro@nhs.net please do not return directly to finance.

Do you need a PO Number or BACS?

If you have received funding in the past (before 2017) then you are most likely a set up NHS supplier and will be given a PO number to quote on your invoice number.

If you are not a NHS supplier then you can just add your BACS details to the highlighted area below.

If you are unsure wither or not you are a set up supplier please email or phone Lynsey. Lynsey.munro@nhs.net – 01546605626, you will need to have your company name and HWF reference number to hand.

No funds can be released until your invoice is received and this must be submitted before the end of the financial year. Please aim to invoice within two months of receiving your notice of success.

A sample invoice is below for use by those who do not have a finance department. Please ensure you fill in the highlighted areas.



Signed _____

Date _____ **07/03/2017** _____

Health and Wellbeing Fund

Lynsey Munro

Public Health Dept
Aros Headquarters
Blarbuie Road
Lochgilphead
PA31 8LB

Lynsey.munro@nhs.net

DATE: (INSERT TODAY'S DATE)

Payment To: [Must insert organisation name and address here & CHARITY Number if appropriate]

DESCRIPTION	AMOUNT
<p>Approved Date Approved</p> <p><i>NHS Manager Alison McGrory</i></p> <p>Project Name</p> <p>Contacts Name</p> <p>Contacts email address</p> <p>HWF ?? 17-18</p> <p>PO – (If already a supplier)</p> <p>Award Amount</p> <p>Bank Payment Details</p> <p>ACCOUNT NUMBER - (INSERT HERE)</p> <p>SORT CODE -(INSERT HERE)</p>	<p>£1000</p>
<p>TOTAL</p>	<p>£</p>

Appendix 5 Monitoring Template

NB Do not complete this form. Coordinators will provide template forms and please ensure the form you complete is for the appropriate year.

As part of the requirements for receipt of Health & Wellbeing funding your organisation/group are required to complete this form. Please note page two is a suggested template; you may prefer to use your own format.

Case studies may be used for further marketing of the funding, website and other health reports. Please ensure that all photographs have the relevant permissions for use.

By signing this from you are granting permission for the above.

Should you have difficulty inserting photos, please attach as a separate file and send with the document. Should you have any difficulties in completing the attached please contact your local coordinator. Your report will be reviewed by your coordinator and they will notify you of any changes to be made and then will submit to the NHS for publication.

Please note handwritten or printed reports will not be accepted.

Please complete and return this form within 28 days to:

Project Title:	
HWF Reference:	
Contact Name:	Email:
Project Start Date: Project End Date:	HWF Allocation: £
Is project finished (yes/no)? If no, when is the expected completion date?	

Financial monitoring

<i>Item</i>	HWF funding allocated £	Cumulative spend to date £	Remaining funds available £
TOTAL	£	£	£

Name: _____

Designation: _____

Signature/Electronic Signature: _____

Date: _____

Project Name...



Share your experience: Tell us about the funded project – what did you set out to achieve? Who participated? How successful was the project? Will your project continue? Were there any unexpected out comes?

Quotes

Include a picture or two

What were the health benefits?

Contact details for Project:

Name:

Phone number & email address:

HWF Number:

Amount Awarded:

This information is required to capture the stories of each grant funded project. All case studies will be uploaded onto the Argyll and Bute's Health and wellbeing website at: www.healthylargyllandbute.org.uk

Please add/attach anything else you think is appropriate e.g. reports, minutes, press cuttings, photographs, letters etc.

By accepting a grant you will be responsible for ensuring that you have permissions for anything submitted in your case study to be published.