

**Grant Application Process Opportunity**

**EVALUATION OF WELL NORTHANTS PROGRAMME**

Public Health have a research grant funding opportunity for an academic research partner to work with them to evaluate an innovative new programme using community approaches to address health inequalities and to build local research capacity.

The grant will be for two years initially, starting as soon as possible, and a review will take place to inform a potential two years of funding.

## Application

Please submit your expression of interest which includes:

* A detailed description of how you propose to meet the requirements and achieve the required deliverables and outputs
* A project plan
* A detailed budget

**Evaluation Method:** Weighted Combination of Quality (60%) and Price (40%)

All responses to the Quality Questions will be assessed against the criteria set out, below.

| **Score** | **Criteria for Awarding Score** |
| --- | --- |
| 0 | Considered to be a **poor response** on the basis that:   * No response is provided; or * It does not answer the question or is completely irrelevant. |
| 1 | Considered to be a **limited response** on the basis that:   * Overall, it lacks sufficient detail or is perceived to be unclear, meaning that evaluators are not confident that the criteria will be delivered to an acceptable level. |
| 2 | Considered to be an **acceptable response** on the basis that:   * It addresses most of the relevant criteria; and/or * The supporting detail is clear for the most part and provides evaluators with an understanding that the criteria it does address will be met to an acceptable level. |
| 3 | Considered to be a **good response** on the basis that:   * It addresses all relevant criteria; and/or * The supporting detail is clear and provides evaluators with confidence that the criteria will be delivered to a good standard. |
| 4 | Considered to be an **outstanding response** on the basis that:   * It addresses all relevant criteria; and/or * The supporting detail is clear and robust and provides evaluators with the utmost confidence that all criteria will be delivered to the highest standard. |

## Timescales

Applications must be submitted by close of play 4 July 2022. Applicants will receive feedback in the week beginning the 11th July 2022.

If you have any questions about the application, please contact the public health team:

• Chloe Gay: chloe.gay@northnorthants.gov.uk 07894 299732

## The background and aims of the initiative

Poor social wellbeing and its impacts are not evenly distributed in society and so lead to an increase in health inequalities. Those most at risk of poor social wellbeing are those living in deprived areas as well as those who are socially isolated or excluded. These groups also experience barriers to accessing services .

Local data on deprivation, risk factors for social isolation, and inequalities in life expectancy show that the communities at highest risk of poor social wellbeing are in areas of Corby, Kettering, Northampton, Daventry and Wellingborough. There is also national evidence of the poor health and wellbeing outcomes for marginalised or socially excluded communities often referred to as “inclusion health” groups, however, apart from the homeless community, there is little local data on these groups.

Public Health Northamptonshire want to take a community-based approach to address health inequalities in Northamptonshire focusing on those who are most vulnerable. The outcomes we want to achieve are:

* To **build resilience** within local communities so that they are empowered to take action together on health and the social determinants of health. The approach required to address this includes community development, asset-based approaches, social action and social network approaches and comes from the ‘strengthening communities’ strand of the family of community based approaches.
* **Reduce the health inequalities** faced by those who are most disadvantaged or excluded.

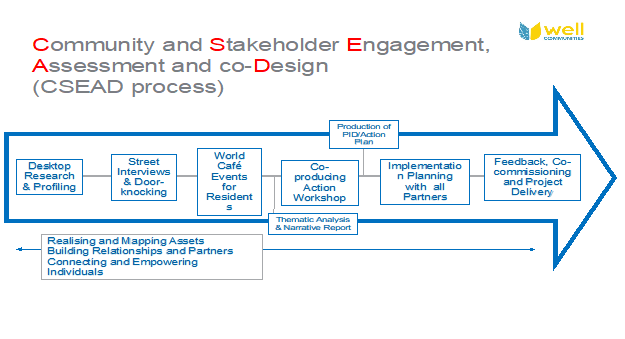
## A brief description of the nature of the initiative

Actively involving citizens and strengthening community assets is a key strategy in helping to improve the health and wellbeing of the poorest residents and seldom heard groups, thereby reducing health inequalities. Effective participation, in which individuals and communities define the problems they have and help develop community solutions, is required to place the power to address health inequalities with individuals and communities. This programme will be community led, and fundamental to the development of the programme is the involvement of local communities and key stakeholders to ensure that the service reflects local needs.

Community development workers will work with communities to understand their needs, local assets and support them to develop interventions to improve individual and community wellbeing. There will be six workers in total, two focusing on communities defined not by geography but through shared experience (i.e. inclusion health groups) and four workers focussing on geographical areas with high levels of deprivation. It is vital to involve members of the community in setting priorities, monitoring and evaluating services and initiatives, as well as delivery. The community development workers will have access to grants fund to support the development of local interventions which are co-designed and co-produced with the local communities they are working with.

The model adopted for this work is the Well Communities Programme that has been running in London for the past fourteen years. This uses a framework for identifying and growing community assets known as the CSEAD process: **C**ommunity and **S**takeholder **E**ngagement in Needs **A**ssessment and local Programme co-**D**esign. The diagram below illustrates this process, starting with talking directly to residents through street interviews and door-knocking; ensuring that their views are heard and that they are involved from the outset is vital in order to improve community participation and community cohesion.

Using the intelligence gathered from residents a needs assessment and co-produced action plan will be created and shared with stakeholders with the next stage of the programme an implementation planning session to develop a local action plan.



Sustainability of services is key and it is important the service results in more social capital and community resilience to enable an exit strategy.

## Geographical location(s) of the initiative

The programme will target communities most vulnerable to health inequalities within Northamptonshire, including:

* ‘Inclusion health’ groups (including those experiencing homelessness, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers etc.)
* Those who living in deprived areas within Kettering, Corby, Northampton, Daventry and Wellingborough, focussing on the most deprived areas.

## Status and timescale of the initiative, with key dates for delivery

Phase 1: April – October. Engagement with local communities to map assets, understand the local issues, and identify shared outcomes and to start to coproduce solutions  
Phase 2: October 2022 – ongoing development and delivery of projects/ interventions to address needs – co-produced and co-delivered with local communities. This will be an ongoing process.

Phase 3: 2023/4 Exit and sustainability – community development workers will review their role in local areas to ensure that dependencies are not being created and put exit strategies in place with the view to exit after around three or four years.

## The anticipated impacts on population health, on health inequalities and any wider impacts.

The overarching outcomes expected are:

* Improved individual and community wellbeing
* Increased social connections
* Improved community resilience
* Reduced health inequalities

Improving social connections and networks alone can be protective and help buffer against risk factors like smoking, obesity, and drug and alcohol use[[1]](#endnote-1) as well as psychological stressors. An additional benefit of this approach is that healthy lifestyle services will be developed and led by the community, and will result in more appropriate services to meet local needs. Therefore, we expect that the programme will lead to improvements in physical activity, diet and other lifestyle risk factors. Due to the nature of the programme targeting those most vulnerable to health inequalities, we expect that these outcomes will reduce health inequalities in those groups and ultimately result in an increase in life expectancy and healthy life years for the target groups.

## Evaluation

The programme board has agreed a ‘theory of change’ approach to evaluate this community-based initiative. Using this theory framework, the intention is to conduct both a process and outcome evaluation in order to understand both the impacts on wellbeing for the focus communities and to understand how the programme has delivered impacts.

Quantitative methods will be used to measure impacts on individual wellbeing using a survey tool, such as the Happiness Pulse (focussing on the impact of the grant funded direct interventions). A qualitative approach will be more appropriate for understanding the impacts on community level wellbeing which will result from the overall programme working in that area.

# Key outputs and deliverables

It is expected that the grant recipient will:

* Be an academic partner who is able to build local research capacity and enable us to retain research skills and expertise in the county, adding social value to the programme.
* Have a commitment to Northamptonshire that aligns with the council’s priorities and aspirations for the county.
* Provide a research assistant 3 days per week for two years to support data collection and analysis, with appropriate supervision to ensure academic rigour is applied to the evaluation.
* Produce academic peer-reviewed journal articles, working in partnership with the Local authority Working in partnership with City University, London, who have led the evaluation of the Well Communities programme in London, to understand how the Well Communities model can be adapted to other areas and the lessons learnt to scale up this programme of work
* Secure any ethics approval required
* Produce an interim impact evaluation report after 2 years with recommendations for optimising and rolling out/scaling up the WCN Programme
* Work together with Public Health Northants to secure longer term research funding to evaluate the longer-term impacts of the 5 year WCN Programme.
* Develop a detailed Well Communities Northamptonshire (WCN) mixed methods evaluation protocol in collaboration with Public Health; to include:
  + Linking the basis for key evaluation questions and impact measures closely to the Northants *draft* ‘Story of Change’ (see attached) and Monitoring and Evaluation/KPIs (see attached) already developed by Public Health Northants
  + Work in partnership with City University to build on the learning from the Well London/Well Communities programme of research, monitoring and evaluation.
  + Exploring relevant routine data sets, including Local Authority data, to support the quantitative evaluation.
  + Qualitative and quantitative data and analysis of the community engagement with the WCN Programme and its impact; including, for example through: Community participation, Community Volunteering; Activities and events etc
  + Development of community research capacity, building research skills in local communities
  + Qualitative and quantitative data and analysis of the community grants programme
  + System level indicators of change.

# Grant Term

The grant term will be for two years and then reviewed for a potential further two years.

## Grant value

The funding available is £50,000 per annum.

It is expected that at least 80% of the budget will be on delivery of the requirements with a maximum threshold of 20% on full cost recovery.

1. <https://www.gov.uk/government/publications/health-matters-health-and-wellbeing-community-centred-approaches/health-matters-community-centred-approaches-for-health-and-wellbeing> [↑](#endnote-ref-1)