

Notes for Applicants

Social and Economic Value of Health in a Place Research Programme

June 2019

Deadline for outline proposals: 12.00 noon, 25 July 2019

This call is a TWO-STAGE APPLICATION PROCESS (NEW FOR 2019)

Stage 1: All **outline proposals** should be submitted using our *Outline proposal application form*

Stage 2: Applicants successful at the outline stage will be invited to submit a **full proposal** through our online application portal.

We advise all potential applicants to familiarise themselves with the application process as early as possible.

Prepared by

Hardeep Aiden, Research Manager
The Health Foundation
Tel: +44 (0)20 7257 8000
www.health.org.uk

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1.0 About 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.

2.0 Background: Social and Economic Value of Health (SEVH) research programme

The Social and Economic Value of Health (SEVH) research programme forms a core part of the Health Foundation's [healthy lives strategy](#), which aims to position people's health as an asset for the economy and society. The research contributes directly to two aims of the healthy lives strategy: to promote national policies that support everyone's opportunity for a healthy life, and to change the conversation so the focus is on health as an asset, rather than ill health as a burden.

Economic and social factors have a complex, dynamic and multidirectional relationship with health. While much is known about the impact of social and economic factors on health outcomes, ie the wider determinants of health, relatively little is understood about the impact of health on the social and economic outcomes of individuals and populations.

This phase of the SEVH research programme will seek to understand the extent to which the health of a population (physical and/or mental) shapes the social and economic outcomes of that population.

We already have a [round of research underway](#) to explore this relationship from the perspective of individuals. The six projects are using innovative techniques to eliminate the confounding factors that make it difficult to establish causality between people's health and their social and economic outcomes. Using these techniques, the projects will be able to establish whether, and to what extent, a given change in a person's health results in a change in their social and economic outcomes. Evidence of this kind will be useful when considering the wider cost–benefit of strategies that can maintain and improve people's health throughout their life.

We also recognise that the opportunities for individuals to improve their social and economic outcomes by being in better health will be mediated through their local context – one factor being the health of people around them. The local context may

also determine the scale of impact that a given change in health has on social and economic outcomes. There are several possible hypotheses as to how the health status of a population could influence the health of an individual within that population and thereby enhance or diminish their social and economic outcomes. For example:

- An individual's choices and actions are shaped by social and cultural norms of those around them.
- Lower levels of health within a social group places caring and other responsibilities on other members of this group. This could add to psychological stress, increase ill health among the carers, and limit their ability to participate in wider social, educational and economic activities.
- Investor decisions consider the 'talent pool' in each place before deciding whether to create economic opportunities. Health status can influence a talent pool directly and indirectly.
- Populations with high levels of need will result in a shift in the focus of public spending from activities that may be health creating, to those that are necessary to mitigate the impact of poor health.

In each of these scenarios, an individual's own health is influenced directly and indirectly by the people around them, in turn affecting their social and economic outcomes. This matters for two reasons:

- Current strategies to improve health tend to be focused at the level of the individual and fail to account sufficiently for population level influences.
- Strategies to improve economic and social outcomes show little consideration of how the underlying health of that population may affect people's ability to participate in the opportunities created.

Hence, evidence of how a population's health impacts on the social and economic outcomes of the individuals within that population could inform more effective strategies for both improving health as well as improving wider societal outcomes.

There is a lack of significant or ongoing research – in more economically developed countries – to explore the relationship between a population's health and the social and economic outcomes of that population, and the mechanisms and pathways at play. This will be key to the promotion of cross-sector policies that support healthy lives, such as inclusive growth strategies and early intervention initiatives to support young children and their parents.

3.0 Call for research: Social and Economic Value of Health in a Place

3.1 Scope of this call

Our scoping work for this call found that this research area is both novel and important in supporting different approaches to investing in people's health and wellbeing. It also underlined the complexity of attempting to understand the effects of the health of a place-based population on the social and economic outcomes of that population. Hence, we need a staged approach to explore this research area.

The basis of this call is the first stage identified in the scoping work: **to establish relevant concepts, definitions and metrics.**

We are specifically interested in concepts and metrics relating to **two priority areas:**

- understanding the relationship between a given population's health and the health of individuals within that population
- establishing the definitions and metrics needed to examine the relationship between the health of a population in a place and the social and economic outcomes of that place.

In parallel, we have already commissioned a short study to identify historical instances of local health shocks (good and bad) in the UK that might have led to a change in social and economic outcomes. The results of this study will be shared with the award holders.

This call **will not fund** research into the impact of economic and social factors on health (the social determinants of health). We do, however, recognise that a complex, dynamic interrelationship exists between health and socio-economic outcomes, and there is the possibility that, for example, a given 'health stock' may causally impact on economic or social outcomes in such a way that may in turn alter health outcomes. And indeed, those very mechanisms may provide important learning of relevance to this research programme.

3.2 Aim and objectives

Priority area 1: understanding the relationship between a given population's health and the health of individuals within that population

The aim of research projects in this area will be to examine whether, when and how the health status of a wider population or group may influence the individual health status of members of that population.

This priority area was identified through the scoping work as necessary to create the rationale for looking at the effects of health on social and economic outcomes at a population level, over and above the effects at the level of an individual.

We expect the research projects to cover the following objectives for one or more populations or groups:

- a) to consider which populations or groups (eg families, communities, industry sectors or regional populations) could be examined
- b) to propose mechanisms through which this influence may be exerted (eg by creating social norms around actions that influence an individual's health)
- c) to consider protective factors that may mitigate the effect of the health of a population on the health of individual members of that population.

Priority area 2: establishing the definitions and metrics needed to examine the relationship between the health of a population in a place and the social and economic outcomes of that place

The aim of research projects in this area will be to establish the definitions and metrics required to understand the influence that a population's health has on the social and economic outcomes of that population.

We expect the research projects to cover the following objectives:

- a) to build concepts and metrics that are most appropriate to consider the health status of given populations and its influence on their future social and economic outcomes
- b) to establish the settings within which the health of individuals can be considered to agglomerate in order to define appropriate units of 'place'
- c) to establish measures of social and economic outcomes that are deemed to be of value at a place level to the population in that place, local decision makers and national policymakers.

With respect to objective 2(a), we expect consideration of the concepts needed to develop the 'health stock' construct, 'leading' measures of the health of a population, and the population size or characteristics to which metrics can most usefully be applied (see also priority area 1).

In identifying appropriate settings – objective 2(b) – proposals should look beyond territorial definitions of place (eg local authority areas or regions) to include social definitions of place such as workplaces, places associated with work sectors (eg those associated with the gig economy, which challenges the notion of fixed workplaces) and other locations created by sociocultural patterns of interaction. Proposals may also consider settings in which there could be deemed to be positive or negative effects of agglomeration.

For objective 2(c), we are interested in those economic and social outcomes that are consistent in turn with good health and equity, in setting up and continuing 'virtuous cycles of health'. Involvement of people with lived experience in developing these definitions will be important.

In developing these concepts and metrics, consideration should be given to the mechanisms and structures through which the health of a place impacts on the social and economic outcomes of that place. This could include exploring the extent to which specific institutions, like firms, social structures or population characteristics, play a role.

3.3 Potential research approaches

Given the complexity of this research area, we are open to proposals based on any relevant qualitative, quantitative or mixed methods approaches. The budget for this programme of work has been set accordingly.

In particular, we would encourage multidisciplinary research teams to submit proposals that draw on appropriate models, insights or techniques from public/population health, economics, geography, sociology or other social sciences.

4.0 Outputs, audience and dissemination

4.1 Outputs

The formal outputs from each project will be an annual award report, an end of award report and a final research report. We will also encourage the award holders to publish

their work in academic journals, blogs and other publications, and to present their work at workshops and conferences.

We will assess the outputs and impact of this award round using a number of measures, such as:

- the number of publications in academic journals and citation figures
- tracking the influence of ideas that emerge from the research in policymaking and future research agendas
- invitations to present the work at meetings and conferences.

These measures will be reported by award holders as part of the impact reporting for the project.

The evidence generated will have an applied use in the development of models and other tools for exploring the economic and social return on investment in health. The research will also facilitate further lines of enquiry and a key output of projects funded will be to set the forward research agenda in what is an under-developed field of research.

4.2 Audience

We consider the audience for this research programme to be:

- senior officials in government departments responsible for key areas of economic and social policy (the Department for Work and Pensions, the Department for Education, HM Treasury and the Ministry of Housing, Communities and Local Government)
- public health agencies (Public Health England, Public Health Wales, NHS Health Scotland, the Public Health Agency)
- commissioners
- national and local policy and academic research communities
- third sector organisations that work on economic and social policy.

The evidence generated will be used to help national and local policymakers and decision makers think differently about investment in human capital, and the value of controlling external factors that erode 'health stock'. For example, evidence that good physical and mental health is a key contributor to the economic development of an area, and the mechanisms for this, would encourage consideration of the need to build and maintain people's health as part of development plans. This has increasing policy relevance given the devolution agenda in the UK leading to ever increased scope for meaningful policy variation at a local level.

4.3 Dissemination

We expect research funded through this programme to be widely disseminated, especially through leading peer-reviewed journals and conferences. We would also encourage researchers to consider innovative methods of dissemination where appropriate.

In addition, this year we are developing a knowledge mobilisation strategy for our externally funded research programmes which will synthesise and curate our large programmes of open calls (ie where there is more than one round).

Where appropriate, the Health Foundation will explore ways to synthesise and disseminate learning across the overall SEVH programme in line with our wider organisational objectives. This will include thinking about how we bring award holders together and disseminate early findings.

5.0 Budget

The Health Foundation currently has £1.5 million allocated to fund our ambitions for the SEVH research programme.

We anticipate funding a range of awards between £200,000 and £300,000 for projects up to 24 months in length. In exceptional circumstances we may consider funding a research idea beyond our maximum of £300,000. You will, however, need to present a strong case for this, based on the additional value and impact of the proposal.

Please note that as a charity we will fund only the full directly incurred costs of the research. **We do not fund overheads.** Furthermore, the research will be supported as a charitable grant and as such is not liable for VAT.

6.0 Governance arrangements

6.1 Advisory groups

In line with Health Foundation policy, we will establish a research advisory group to provide oversight of the call as a whole. We may extend an invitation to existing members from the first phase of the SEVH programme, where interests overlap. Awardees will be expected to attend these programme advisory group meetings, which will be held at least twice a year throughout the life of the programme.

Separately, each project team may wish to establish a project advisory group to guide and steward delivery of the project against agreed milestones.

6.2 Research governance

The chosen award holders will have demonstrated as part of the assessment process that they have governance procedures that are consistent with the Health Foundation's organisational research governance framework. The award holders will be responsible for obtaining all ethical approvals required for the project.

Progress of the work of each research project will be monitored through regular update meetings between the Health Foundation Research Manager and the lead of the external research teams.

6.3 Information governance

The proposed projects will be expected to meet organisational and legal information governance requirements. This will be assessed during the application process.

7.0 Application and selection process

7.1 Who can apply?

This is an open award call, available to suitably qualified and experienced research teams based in the UK (although individual members may be based abroad). We expect the lead applicant to be from an academic institute or organisation with suitable

research expertise. We would encourage applications from multidisciplinary teams combining expertise from a broad range of disciplines, including public/population health, economics, geography, sociology and other social sciences.

7.2 How to apply

This call involves a **two-stage application process** (see Figure 1 below).

Applicants must initially submit an outline proposal application using the Word template provided (stage 1). All outline proposals should be sent to valueofhealthinaplace@health.org.uk.

Outline proposals rated most highly against the above criteria will go through to the next stage of assessment and applicants will be invited to submit a full proposal (stage 2).

Full proposals to the SEVH research programme must be submitted through our online application portal.

Applicants invited to submit a full proposal will be sent a link to our online application portal and appropriate guidance.

7.3 Information call

We will hold an **information call on 25 June 2019**. The call will last an hour and you can submit questions in advance. If you would like to take part, please register your interest to join the information call on [Eventbrite](#). Joining instructions and the exact time will be sent to you in advance of the call.

The information call will offer applicants the opportunity to hear more about the programme and ask questions to clarify understanding. Please note that we will not be able to answer specific technical questions about individual applications.

You are strongly encouraged to participate in the information call. If you are not able to participate, you are advised to listen to the recording of the call which will be available on our website shortly afterwards.

If you have any queries about the application process which are not addressed in this document, the FAQs document or the information call, please email valueofhealthinaplace@health.org.uk in the first instance. We will endeavour to reply within three working days and, if appropriate, will also update the FAQs document.

7.4 Key dates

The deadline to submit outline proposals is 12.00 noon, 25 July 2019. We will not accept outline proposal application forms submitted after this time.

Other key dates are shown in the table below.

Activity	Date
Launch of the call for outline proposals	13 June 2019
Information call	25 June 2019
Close of the call for outline proposals	12.00 noon, 25 July 2019
Internal review and selection for full proposal applications	Early August 2019
Invitation for full applications	Mid-late August 2019
Close for full proposals	27 September 2019
External peer review	October 2019
Panel meeting for interview selection	4 November 2019
Interviews and final selection	11–12 November 2019
Commitment of funds	November 2019
Projects commence	January 2020

7.5 Selection criteria

Outline proposals will be reviewed by staff at the Health Foundation against the following criteria:

- alignment with the programme aims
- appropriateness of the proposed research methods
- value for money of the proposal.

Full proposals will be externally peer reviewed and assessed against more detailed selection criteria, which may include:

- a clearly defined gap in the knowledge that the research is seeking to address
- a practical and innovative application employing robust and appropriate methods
- a thorough understanding of the data requirements for the project, including a proactive approach to implementing appropriate information governance and data security arrangements
- usefulness and generalisability of anticipated findings across services, settings and systems
- appropriate project management approach, including risk management and quality assurance
- value for money
- relevant experience and expertise of the research team, and strength of partnerships/collaborations.

Summary of the two-stage application process:

