Common Ambition

Call for applications

The Health Foundation

Contents

	The Health Foundation	**3**
1	**Introduction to Common Ambition**	**4**
1.1	Overview	5
1.2	Developing collaborative communities	5
1.3	The opportunity	5
2	**Eligibility criteria**	**6**
2.1	Who can apply?	7
2.2	What type of work will we fund?	7
2.3	How will learning be captured and impact evaluated?	8
3	**How to apply**	**9**
3.1	Application timetable	10
3.2	Application process	10
4	**Assessment criteria**	**14**
4.1	Health care challenge	16
4.2	Collaboration	16
4.3	Delivering improvements	16
4.4	Organisational structure	17
4.5	Measurement and evaluation	17
5	**Terms of funding**	**18**
5.1	What our funding can be spent on	20
5.2	What our funding cannot be spent on	21
5.3	Intellectual property	22
5.4	Communications	22
6	**Contact details**	**23**

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

Introduction to Common Ambition

1

1.1 Overview

Common Ambition is a £2.1m programme for partnerships developing collaborative communities where people, families, health care professionals and researchers work together to improve health care.

The programme will support up to five ambitious teams across the UK to work towards a shared aim: to build sustainable change across health care through collaboration between those who use services and those who deliver them.

We are inviting partnerships between the voluntary and community sector and the NHS to apply for this exciting funding opportunity from February 2020. If successful, partnerships will receive funding of between £300,000 and £500,000 for two to three years.

1.2 Developing collaborative communities

We will support partnerships to make improvements to health care services which are driven by members of the public working collaboratively with health care professionals.

We believe that voluntary and community sector organisations are vital to this type of collaboration, because of their ability to harness the knowledge and skills in the community. Therefore, we are funding partnerships between the NHS and voluntary and community sector organisations, such as charities and social enterprises.

The partnerships will need to capture learning, measure impact and create links with local systems. We expect that researchers will play an important role in the partnerships, and that the inclusion of universities, commissioning organisations and local authorities could strengthen the work.

1.3 The opportunity

Up to five partnerships, built around – at a minimum – a provider of NHS services and a voluntary or community sector organisation, will receive:

- Grants of between £300,000 to £500,000 for two to three years, 10% to 30% of which must be spent on measurement and evaluation activity (section 2.3).
- Tailored support packages worth between £30,000 and £50,000, in addition to the grant, which could include coaching, training, facilitation and learning events.
- A programme of activities, including regular events, to help teams to build a supportive community, share experiences and offer each other support.

The Health Foundation will commission an independent evaluation of the Common Ambition programme. This programme-level evaluation will draw shared learning from the partnerships, which will help each team to communicate their successes and influence relevant audiences.

Eligibility criteria

2

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

2.1 Who can apply?

Funding is available to partnerships between providers of NHS services and voluntary or community sector organisations, such as charities or social enterprises.

Partnerships can strengthen their links to local and national systems and their evaluation capability by including other types of organisations; for example, academic and commissioning organisations, social care providers, local authorities, and membership organisations – such as academic health science networks and royal colleges.

Each application must be submitted by a lead applicant from the lead organisation representing the partnership:

- The lead organisation does not have to be an NHS organisation.
- 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, but we would encourage applicants to consider their capacity to deliver on multiple awards.

2.2 What type of work will we fund?

The fundamental requirement of partnerships is that they take a collaborative approach to improving health care, where members of the public are working with health care professionals to improve services.

This must go far beyond regular consultation with a group of public representatives. We will only fund partnerships where the contributions of the public are central to driving improvements to health care, from setting priorities and delivering the work, to sharing successes and supporting long-term sustainability.

This opportunity is open to applications from across different health care settings. This does not exclude the involvement of social care organisations, but the focus of the partnerships must be to improve health care services.

We expect that the partnerships we fund will fall into two areas:

- Partnerships which improve health care for people with a specific health condition.
- Partnerships which improve health care in a place, or for a specific population.

Partnerships may focus on either area or include elements of both. However, all partnerships will need to apply systematic, evidence-based methods for delivering improvements to health care, guided by data from ongoing learning and evaluation activity.

2.3 How will learning be captured and impact evaluated?

Local evaluation, owned by each partnership

Partnerships must carry out learning and evaluation 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 and track improvements to health care services.

We expect the partnerships' evaluations to measure local impact, reflect on how successfully the organisations involved are collaborating, and capture the experiences of the members of the public, health care professionals and researchers working together. We expect the cost of the learning and evaluation activity to amount to between 10% and 30% of the grant value.

To deliver this evaluation, the collaborating NHS and voluntary and community sector organisations may need the support of another organisation; for example, a university or health care research organisation.

Programme evaluation, commissioned by the Health Foundation

As well as supporting the partnerships with their local evaluations, the Health Foundation will appoint an independent evaluator to capture learning from across the partnerships.

The independent evaluation will focus on understanding the mechanisms for successful collaboration, contributing to the evidence base for how people, families, health care professionals and researchers can work together to improve health care. It will also explore how effective organisational partnerships are developed and sustained, and how those partnerships can facilitate collaboration between those who use services and those who deliver them.

Successful partnerships will interact regularly with the programme evaluator and may be required to host the evaluator at site visits and attend learning events.

How to apply

3

3.1 Application timetable

The application process for the Common Ambition programme will follow the timetable below:

Activity	Date
Expressions of interest open	18 February – 1 April 2020
Invitation to submit full applications	Early June 2020
Deadline for full applications	7 August 2020
Invitation to attend an assessment day	Early September 2020
Assessment days	Late September 2020
Teams notified of final decision	Early October 2020

3.2 Application process

There are three stages to the application process:

Expressions of interest

1

Tuesday 18 February 2020 to 13.00 Wednesday 1 April 2020

The programme opens for expressions of interest on Tuesday 18 February 2020 and closes at 13.00 on Wednesday 1 April 2020.

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

A single organisation from each partnership must lead the application process. The lead organisation must 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 20 teams to submit full applications.

We expect to receive a large number of expressions of interest; therefore, we won't offer individualised feedback to unsuccessful applicants at this stage.

Full applications

2

Early June 2020 to 13.00 Friday 7 August 2020

In early June, we will invite the selected 10 to 20 teams to submit a full application for the programme by 13.00 on Friday 7 August 2020.

The full application must be submitted on grantFlex by the same applicant that submitted the expression of interest.

In the full applications, partnerships will be asked to expand on their expressions of interest by submitting detailed outlines of their overall aims, partnership models, measurement and evaluation plans and sustainability strategies.

Full applications will be assessed against the programme's assessment criteria (section 4) by panels composed of Health Foundation staff and external assessors, including patients and the public and health care professionals.

We will shortlist six to eight partnerships to invite to our assessment days in Autumn 2020.

Teams that submit full applications but are not shortlisted for an assessment day will be offered feedback.

Assessment days

Autumn 2020

3

We will invite each shortlisted partnership to participate in an assessment day, which will be held on Zoom.

We will work with the teams invited to submit full applications to confirm dates for the assessment days.

Shortlisted partnerships must participate in an assessment day to be considered.

At the assessment days, we expect each team to have representation from all partner organisations and the public.

We understand that it may be challenging to convene partnership stakeholders to all participate in an assessment day, and we can be flexible with the timing of the assessment sessions to accommodate for this.

The assessment days will include group exercises and an interview. The interview panels will include patients and the public, health care professionals and Health Foundation staff.

The Health Foundation will notify teams of the final decisions on their applications shortly after the assessment days. Unsuccessful teams will be offered feedback on their applications and assessment days.

Assessment criteria

4

At each stage of the application process – from expressions of interest to the July assessment days – we will assess partnerships based on the same assessment criteria.

The criteria are set out in detail below. They are structured around five central questions:

1 Is the partnership addressing a relevant and important **health care challenge**?

2 Is **collaboration** between those who use health care services and those who deliver them fundamental to the success of the proposed work?

3 Is there evidence that the partnership can **deliver** the proposed **improvements**?

4 Does the partnership's **organisational structure** support the proposed work?

5 Does the partnership have appropriate and deliverable **measurement and evaluation** plans?

4.1 Health care challenge

We are looking for partnerships that:

- can tackle a relevant health care challenge that is grounded in evidence, such as from literature and policy analysis, and supported by expert opinion, including from members of the public, health care professionals, system leaders and researchers
- have involved the public in the identification and prioritisation of the challenge
- clearly explain what they plan to do, how the proposed work would address the prioritised challenge and who the work will benefit
- can address inequalities in outcomes experienced by people who are poorly served by current services
- have the potential to deliver sustainable improvements to health care services.

4.2 Collaboration

Partnerships must demonstrate that:

- the public is fundamental to all aspects of their proposals, from setting priorities and delivering the work, to sharing successes and supporting long-term sustainability
- enabling the public, health care professionals and researchers to collaborate will strengthen the work
- members of the public will be remunerated fairly for their contributions.

4.3 Delivering improvements

Partnerships must also:

- set out clear objectives and describe how they will measure impact
- outline how they will apply systematic, evidence-based methods for improving services, guided by data from ongoing learning and evaluation activity
- provide realistic plans for sustaining the impact of the partnership beyond the funding period
- show that the right people – with relevant skills and knowledge – will be involved in delivering and supporting the work
- demonstrate effective use of resources and appropriate budgeting.

4.4 Organisational structure

The organisations working together must demonstrate that:

- they have experience in delivering work in partnership and have complementary skills that strengthen the proposals
- they have strong leadership for the work from both the provider(s) of NHS services and the voluntary or community sector organisation(s) involved
- they can deliver an evaluation of the partnership, which may require the inclusion of a 'learning partner', such as a university.

4.5 Measurement and evaluation

Partnerships must demonstrate that:

- they can measure local impact, reflect on how successfully the organisations involved are collaborating, and capture the experiences of the members of the public, health care professionals and researchers working together
- they can demonstrate, through defined measurement approaches, the benefit of the work to the intended beneficiaries, and generate valuable learning for relevant audiences on partnership working and collaborative approaches to improving health care
- the evaluation will be integrated with the delivery of work, enabling continuous improvement based on the findings, and that learning will be captured and shared on an ongoing basis.

Other factors may be considered during the assessment process, including the geographical spread of the proposals and the number of proposals focused on a certain challenge or based in a certain setting.

Terms of funding

5

Partnerships can apply for awards of between £300,000 and £500,000, lasting for two to three years.

This can be either the total cost of the project or part-funding for a larger piece of work (eg if this is an add-on for wider work or if a partnership already has matched funding from other sources). We will not support proposals that are contingent on another funding application.

Successful partnerships must be:

- ready to start the work, or the funded aspect of it, within three months of securing the award
- able to deliver the work, with any necessary sign-off from senior staff in place
- prepared to report on their progress and financial status throughout the award period.

5.1 What our funding can be spent on

At the full application stage (section 3.2), 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.

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.

- Backfill costs for leadership and clinical time spent on the partnership. Substantive posts on which the partnership is dependent could be included if matched funding or endorsement to support these posts beyond the programme has been secured.
- Honoraria for patient and public involvement.
- Project management for the duration of the funding period.
- Administrative support.
- Supply of technical expertise from innovation or design organisations.
- Measurement and evaluation activity worth between 10% and 30% of the total grant amount.
- Partnership meeting costs, including room hire and catering where appropriate.
- Backfill costs for staff (clinical and non-clinical) attending relevant training or events.
- Communication materials and associated staff time required to promote the partnership, such as when taking part in interviews or presenting at events.
- Workshops, learning events and team development.

5.2 What our funding cannot be spent on

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

- Costs of product or technology development as a primary purpose or focus of the partnership (we will fund improvements to services, processes and practices supported by IT solutions where applicants can provide a convincing case that technology development is not the primary purpose).
- Substantive clinical posts linked to the specific intervention that will not be sustained after the funding period.
- Capital expenditure such as for vehicles or for building acquisition or refurbishment.
- Costs of traditional research or laboratory-based activities.
- Organisational overheads such as costs of premises, management and HR.
- Procurement of day-to-day consumables or of 'business-as-usual' equipment.
- General conference attendance if attending only, as opposed to using the conference to present findings and spread learning.
- Costs for education and training as a primary purpose or focus of the work.
- Costs of any development or capacity building that is unlikely to have a direct impact on the target beneficiary population within the lifetime of this programme.
- Costs of development of technical or clinical interventions focused on clinical effectiveness such as (but not limited to) surgical techniques and procedures and drug administration techniques.

Partnerships must be able to demonstrate that the proposed work will have a direct impact on provision or commissioning of NHS services, or services provided by the voluntary and community sector. Charitable funds cannot be used to promote or enhance profit-making services.

5.3 Intellectual property

Any intellectual property generated from the Health Foundation's funding will be owned by the organisations delivering the work but must be licensed to the Health Foundation to support its charitable objectives. Applicants might find it beneficial to discuss how intellectual property will be shared by the partnering organisations during the application process. Applicants invited to an assessment day will be expected to demonstrate how their partnerships will manage the intellectual property generated during the programme.

5.4 Communications

Applicants 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.

Contact details

6

If you have any questions,
please contact us by email on
CommonAmbition@health.org.uk

Connect with us
@HealthFdn
#THFCommonAmbition

The Health Foundation
8 Salisbury Square, London EC4Y 8AP
T +44 (0)20 7257 8000
E info@health.org.uk
@HealthFdn
health.org.uk

Registered charity number: 286967
Registered company number: 1714937
© 2020 The Health Foundation