



**Argyll and Bute Community Health Partnership**  
**Health and Wellbeing Fund 2015- 2016**

**GUIDANCE PACK**

## PROTOCOL FOR SUBMITTING AN APPLICATION

The Health and Wellbeing Partnership is responsible for administrating 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:

<b>Area</b>	<b>Amount</b>
Bute	<b>£5,900</b>
Cowal	<b>£11,555</b>
Helensburgh	£16,416
Islay and Jura	£3,156
Kintyre	<b>£6,502</b>
Mid Argyll	£7,411
Mull, Coll and Tiree	£3,504
Oban, Lorn and inner Isles	<b>£12,256</b>
<b>Total</b>	<b>£66,700</b>

Applications for funding should be submitted using the form in appendix 2.

Refer to the flowchart in appendix 1 for guidance on submitting applications.

### **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&6). 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	Priority	Clear links to local health improvement priorities.	No links to health improvement priorities.
B	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	Proposals based on anecdotal evidence or out of date research with no direct reference to the client group.
C	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.
D	How will the project be evaluated?	Clearly explained method for measuring the success of the projects.	Little evidence of an evaluation plan.
E	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.
F	Partnership working	Clear links with other partners.	No links with other partners.

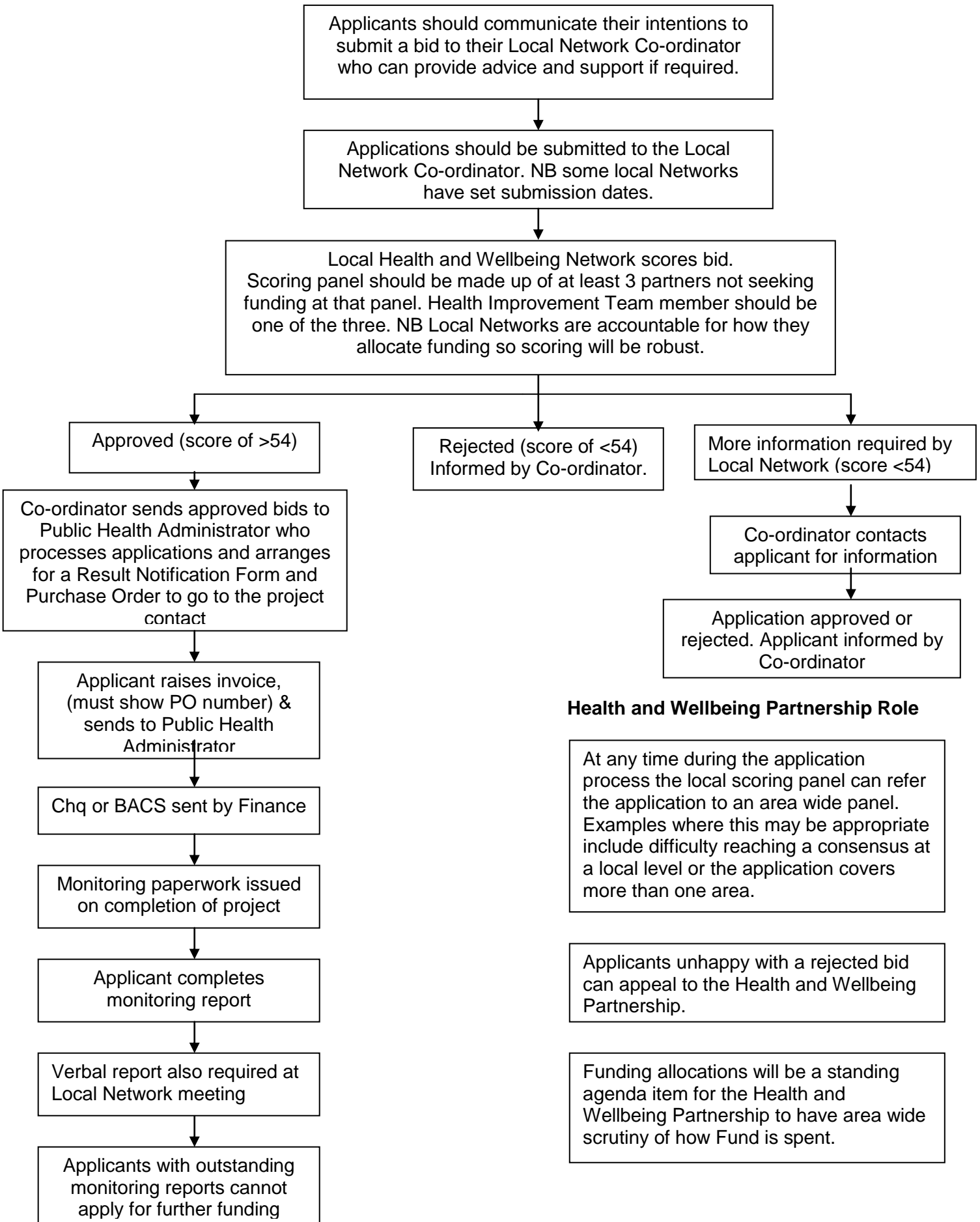
SCORING SYSTEM	
1	<b>Weak</b>
2	<b>More weaknesses than strengths</b>
3	<b>Average</b>
4	<b>More strengths than weaknesses</b>
5	<b>Strong</b>

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



**NB If bid is successful** applicants must arrange to draw down 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 in Appendix 4 or use your own template**

**Appendix 2 Application Form**

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

**Argyll and Bute Community Health Partnership Health and Wellbeing Fund**

<b>Application for Funding 2015 - 2016</b>	
<b>Project Title:</b>	
<b>Brief Project description:</b>	
<b>Project Provider:</b>	
<b>Registered charity: Yes/No</b>	
<b>Main contact details</b>	<b>Name:</b>  <b>Tel Number:</b>  <b>Email:</b>
<b>Local Network:</b>	
<b>Level of HWF funding sought including breakdown of spending:</b>	
<b>Total =</b>	
<b>When will the project commence:</b>	
<b>When will the project be completed:</b>	
<b>Tick one main health priority your project meets:</b>	
Alcohol and drugs	
Early years (0-5 years)	
Health inequalities	
Healthy weight	
Mental wellbeing	
Older people	
Teenage transition (13 – 19 years)	
Tobacco	

<b>Tick any other priority (priorities) your project also meets:</b>		
Alcohol and drugs		
Early years (0-5 years)		
Health inequalities		
Healthy weight		
Mental wellbeing		
Older people		
Teenage transition (13 – 19 years)		
Tobacco		
<b>Who is the intended target group?</b>		
<b>What partners are involved?</b>		
<b>How was the need for the project identified?</b>		
<b>What is the rationale for this project or why is this project a good idea?</b>		
<b>Other funding applied for or allocated:</b>		
<b>Funder</b>	<b>Amount</b>	<b>Received Yes/No</b>
<b>Sustainability Plans:</b>		
<b>How will this project be sustained after the HIF allocation has been spent?</b>		

**What do you plan to do?**

**How will you evaluate the effectiveness of your activities?**

**What do you hope will be the outcome of your activities?**

**How will you know you have achieved these outcomes?**

**Please provide any other information you feel relevant for consideration:**

**Please include a letterhead and bank details for the payee in the event that your application is successful.**

**Signature Applicant:**

**Date:**



**For office use only**

**Amount Awarded - £**

**Date application considered by scoring panel:** \_\_\_\_\_

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

Further information requested:

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Bid approved:

Yes  No

July 2015

**Appendix 3 Result Notification Form**

**RESULT OF BID**

Your bid has been successful.

**AMOUNT AWARDED** \_\_\_\_\_

As your bid has been approved, please now arrange to draw down 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.

You will receive a Purchase Order (PO) from NHS Highland separately with details of where to send your invoice (*where the recipient is NHS, please contact [Jackie.dickson@nhs.net](mailto:Jackie.dickson@nhs.net) as separate arrangements apply*). Please make sure you include the PO number on your invoice. No funds can be released until your invoice is received and this must be submitted before the end of the financial year. A sample invoice is below for use by those who do not have a finance department.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Appendix 4 Sample invoice to be used by projects without a finance department**  
**NB Do not complete this form. Co-ordinators will provide template forms and please ensure the form you complete is for the appropriate year.**

**Health and Wellbeing Fund**

Creditors Dept  
Finance Dept  
Aros  
Blarbuie Road  
Lochgilphead  
PA31 8LB

DATE:

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

DESCRIPTION	AMOUNT
<p data-bbox="504 949 643 983" style="text-align: center;"><b>Approved</b></p> <p data-bbox="363 1028 783 1095" style="text-align: center;"><b>PO Number - NHS Manager Alison McGrory</b></p> <p data-bbox="866 1391 1075 1424" style="text-align: right;"><b>Award Amount</b></p> <p data-bbox="92 1541 1054 1608"><b>If you wish the funds to be transferred directly into the bank account please provide the account number and sort code below</b></p> <p data-bbox="445 1621 703 1655" style="text-align: center;"><b>Account Number -</b></p> <p data-bbox="493 1668 655 1702" style="text-align: center;"><b>Sort Code -</b></p>	

**Appendix 5 Monitoring Template**

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

This information is required for audit purposes and will be stored on the grant database in the Public Health Department, Argyll and Bute CHP.

**Argyll & Bute Community Planning Partnership  
Health and Wellbeing Partnership**

**HEALTH AND WELLBEING FUND  
PROJECT MONITORING FORM (2 parts)**

**HWF Reference:**

**Annual Project Status Report Period Ending:**

<b>Project Title:</b>	
<b>Contact Name:</b>	<b>Telephone:</b>
<b>Project Start Date:</b>	<b>HWF Allocation:</b>
<b>Is project finished? Yes/No</b>  <b>If no, when is the expected completion date?</b>	

**2. Financial monitoring**

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

**Name (please print):**  
**Designation:** \_\_\_\_\_

**Signature:**

**Date:**

July 2015

Appendix 6 Case Study Recording Template

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

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.healthyargyllandbute.org.uk](http://www.healthyargyllandbute.org.uk)

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

## Being the Healthiest we can be in Argyll and Bute

**Project Title:**

**Priority from JHIP:**

**What we did and when:**

**Our results:**

**What people said about the project:**

**Where to get more information:**