

Information and guidance on the bidding process 2009-10

This information and guidance aims to ensure that all bids receive equal and fair consideration. It is important that you provide all the information asked for in the format and order specified. Please contact Avril Davies, Health Scrutiny Adviser at CfPS, on 020 7296 6823 or avril.davies@cfps.org.uk if you need further information.

1. Background

This is the 5th year that the Centre for Public Scrutiny has awarded funding for creative and innovative scrutiny reviews, from which lessons can be learnt and best practice shared with other local authorities and partners.

Last year bids were invited on the theme of Healthy Communities and were awarded to reviews on

- Winter deaths and fuel poverty (Warwickshire and Solihull)
- Practice based commissioning (North East Lincolnshire)
- Caravan and trailer park residents (East Riding)
- Preventing dependence on incapacity benefit (London Borough of Hackney)

In addition to funding innovative reviews the Health Care and Wellbeing Scrutiny support programme in 2009-10 provides a range of free and paid for services and events including free expert advisory time for joint projects within health regions; a growing number of free publications providing background information on topical issues for overview and scrutiny committees; a monthly e-newsletter highlighting major and current issues and good practice; national networking events for scrutiny officers and members.

<http://www.cfps.org.uk/what-we-do/health/>

2. Key principles

The Innovative Scrutiny award is guided by the following key principles for effective health scrutiny:

- Outcomes which improve the health and well-being of local people

- Providing the conditions for effective public accountability to local people in relation to their health and well-being through a coherent and proportionate programme which takes account of other audits and reviews
- Taking account of and seeking to address health inequalities
- Resulting in local action and improvements in local service delivery
- Promoting health and well-being in response to local circumstances and the needs of local people
- An informed joint enterprise between health overview and scrutiny committees and partners in the health economy
- Reflecting the complex solutions required for cross-cutting issues which impact on health and well-being
- Constructively informing and shaping proposed changes to health service provision which affect residents of the local authority area
- Reflecting a proper balance between 'mainstream' scrutiny of public health issues and scrutiny of specialist areas of health
- Recognising the range of settings and providers on 'the patient journey' including the contribution of the voluntary and private sectors

3. Who can apply?

- 3.1 Bids will only be accepted from English local authorities with the power to review health services under the NHS Act 2006 part 12 sec 244 (referred to here as "Health Scrutiny Authorities").
- 3.2 The aim is to select four projects in total. If possible one from each geographical region covered by a CfPS health scrutiny Regional Advocate; North, East and Central, London and South East, South West. Bids are encouraged from every authority, Joint bids and bids in partnership with others are also eligible. .
- 3.3 Collaborative or joint bids must be submitted by a "lead" local authority. Details of the lead authority and the contact officer must be given in **section 1** of the bid. Section 1 should also include details of partners and management/governance arrangements for the project. Bids must also be accompanied by a short covering letter signed by either the Chair of the health OSC or the lead member for overview and scrutiny.
- 3.4 Successful bidders in earlier rounds are not excluded from bidding as they may wish to form different partnerships or take different approaches. However, in selecting successful projects, the selection panel will give preference to those authorities that have not previously received funding (subject to the quality of bids).

4. Bidding guidance - Project theme

Bids are invited for projects that demonstrate how health and wellbeing scrutiny can contribute to Community Cohesion.

The theme was inspired by the recent publication '**Better Together**', a collaboration between the Institute for Community Cohesion and the NHS, aimed at Health Overview and Scrutiny Committees and LINKs, as well as service directors, policy makers, commissioners, practitioners and users. Written by Andrew Lawrence the CfPS Health Scrutiny Advocate for the South West, the report demonstrates how Community Cohesion threads through all aspects of public sector service delivery, and **encompasses age, status and disability as well as ethnicity**.

<http://www.cohesioninstitute.org.uk/resources/toolkits/health>

4.1 'Community cohesion consists of a package of issues and policy objectives many of which carry a statutory duty or a policy incentive. A focus on community cohesion is therefore an effective way of complying with those specific duties and achieving a set of desired results. Here are some examples of those elements of a community cohesion package that carry a statutory duty:

- There is a legal duty to contribute to strategic partnerships and Local Area Agreements. Many LAAs have now adopted one or more of the national performance indicators on community cohesion so, where this is the case, there is a legal duty to contribute to cohesion through that route.
- There is a legal obligation on NHS bodies to consult the public on a range of policy and service issues. Since community engagement is at the core of community cohesion this makes it part of the cohesion package.
- Like other public bodies, NHS institutions have a duty to comply with a range of anti-discrimination laws (race, disability, gender etc). Again these are central to the cohesion package.

Community cohesion is broader than any of the individual areas of equality and diversity because it is concerned with how communities relate to each other as well as the rights of specific "minority" groups. In addition to any legal duties, the case for a focus on community cohesion rests on three other key arguments: the first is that community cohesion is an important contributor to health; the second is that health is an important contributor to community cohesion and the third is that community cohesion can contribute to the achievement of several other key NHS priorities.' (***Better Together*** p14)

4.2 The aim of each bid must be to carry out a scrutiny review relating to cohesion issues that impact the health care and wellbeing of communities or groups or sections of communities. Bids that relate only to scrutiny reviews of health or care services will not be successful. Bids should relate to or refer to the following

4.3 Creating Strong Safe and Prosperous Communities

www.communities.gov.uk/publications/localgovernment/strongsafeprosperous

Published in July 2008 this guidance explains the provisions of Part 5, Chapter 1 and Part 7 of the **Local Government and Public Involvement in Health Act** (October 2007), which relate to the new statutory framework for **Local Area Agreements (LAAs) and Joint Strategic Needs Assessments**, and the new 'duty to involve'. It also provides updated guidance on the preparation of sustainable community strategies, under section 4 of the Local Government Act 2000 and on the Sustainable Communities Act.

The guidance states that to achieve positive outcomes for people and places there needs to be a broadening of local government's remit - responding to long-term challenges such as public health, climate change and demographic fluctuations, ensuring continued economic prosperity and environmental sustainability, and building strong societies in which people want to live and work.

'Everyone has a role to play in creating strong, safe and prosperous communities. In every area, councils and local public service partners are already working together and in partnership with local businesses, third sector organisations and local people to improve local well-being.'

4.4 Bids should take in to consideration the implications for scrutiny of the successive white papers and consultations on the theme of community empowerment; Strong and Prosperous Communities, Communities in Control, leading to the **Local Democracy Bill** which develops and strengthens Overview and Scrutiny and empowers communities.
<http://www.communities.gov.uk/communities/communityempowerment/localdemocracybill/>

4.5 Bids should reflect the wider determinants of health, such as employment, educational attainment, high quality environment, and the diverse partnerships that may be needed to improve health, and the role that local authorities themselves can play in improving health.

Bids might relate to:

- Social isolation, through any factor such as age, employment, education, mental health, disability, young carers, culture, economic status, accommodation.
- Reducing inequalities in health
- Local Strategic Partnerships
- Local Area Agreements
- Joint Strategic Needs Assessments

- Collaborative working
- Joint scrutiny with partners

5. Rationale, scope, terms of reference and timescale of projects

5.1 The rationale for selecting the topic for a scrutiny review and the scope and terms of reference of the proposed review must be clearly identified in **section 2** of the bid, as well as a detailed timescale for all stages of the review. Successful projects will be expected to commence by **October 2009 and finish in January 2010**.

5.2 Funding for successful bids is provided for costs incurred over and above the usual health scrutiny support that the local authority provides. The programme will not fund establishment staff costs, administrative time, overheads, capital or equipment costs.

5.3 Any expert advice and consultant work required for any stage of the project must be selected from the CfPS Expert Advisor Team. We particularly recommend using the EAT for initial work scoping the review. All our advisors will be circulated with the requirements for each winning project and details of all available advisors will be forwarded to the lead authority for selection.

6 Sharing the Learning

6.1 Bids should in particular be clear how the funding will be used to support learning and sharing. This should go beyond simply printing hard copies of reports or organising single 'publicity' events. **Section 3** of the bid must include details of proposed arrangements for learning between scrutineers and executive colleagues that test and evaluate the scrutiny review process and share the benefits of lessons learnt to build capacity more widely across the local government, health and other public or voluntary sectors (CfPS will assist successful bidders to share the lessons learnt through the programme).

7 Evaluation of successful projects

7.1 Please note that projects selected for funding will be evaluated by the CfPS. The CfPS will own any learning outcomes from these projects and will disseminate learning outcomes through a variety of mechanisms, both regional and national.

8 Timetable for bidding

8.1 The timetable for submitting bids, approving and commencing projects is as follows:

July 13 TH 2009	Bidding guidance will be launched at the Healthy Accountability Forum, and published on CfPS website and to subscribers to the health scrutiny champions e-newsletter.
Sept 9 th 2009	Deadline for receipt of bids. An e mail bid should reach Avril Davies avril.davies@cfps.org.uk by 9 th September 2009, with two hard copies by Monday 14 th September at The Centre for Public Scrutiny, Layden House, 76-86 Turnmill Street, London EC1M 5LG. Bids need to be accompanied by a covering letter, signed by either the Chair of the Health OSC or lead member for Overview and Scrutiny.
Sept 21st 2009	Bids will be assessed and successful projects chosen by a selection panel invited by CfPS. Successful bidders will be notified the week beginning September 21 st ..

9. Criteria for selecting successful projects

9.1 In selecting bids for funding the following evaluative criteria will be taken into account: **Section 4** of the bid should set out how the proposed project meets these criteria.

- The rationale for choosing the topic for review and the expected benefits of undertaking the review
- The added value of the learning element of the review to the health care and wellbeing scrutiny function locally and nationally
- Processes for securing patient and public engagement in the review
- Arrangements for working collaboratively with partner authorities, local NHS bodies and other agencies during the review
- Consideration of local public health issues including the wider determinants of health
- Consideration of local health inequalities issues
- Consideration of the local socio-economic and political context
- Consideration of the strength of the local health and social care economy
- Arrangements for dissemination of learning from the project (which will be supported and assisted by CfPS)
- Innovation and development of process and practice

10. Release of funding for successful projects

- 10.1 Each bid should give a detailed breakdown in **section 5** of the full costs of the project (excluding VAT) and the amount of funding being bid for.
- 10.2 Payments will be made by BACS following receipt of a valid invoice. Please state whether VAT will be charged. Invoices need to describe the work carried out and any services received. Release of funding will depend on completion of the reporting framework (described in paragraph 10.4)
- 10.3 Funding awarded for a bid may be combined with other funding streams where appropriate and identified funding streams should be made clear in Section 4 of the bid. No single project will be funded above £10,000 exclusive of VAT in any one year.
- 10.4 To enable the CfPS to monitor progress of the reviews for payment, and to assist the learning aspect of the project a reporting framework has been developed. Successful project leads will be required to use the framework to provide baseline information about their projects by the end of October 2009 and to provide full progress reports by the end of January. Release of funding for projects will be dependent on completion of the reporting framework to the specified timescale

11. Bid Checklist

- 11.1 Bids should be presented in the following format and **should not exceed 6 sides of A4:**
 - In section 1, details of the lead authority submitting the bid and the contact officer, details of partner organisations, management and governance arrangements for the project;
 - In section 2, details of the proposed project, the rationale and scope of the review topic, terms of reference and timescale (paras 4, and 5)
 - Section 3 proposals for learning; (para 6)
 - In section 4, details of how the project meets each of the evaluation criteria; (para 9)
 - In section 5, details of the project costs, amount bid for and charging arrangements