



NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG

19th September 1997

Dear Colleague

LOCAL CARE PARTNERSHIPS SCHEME

Summary

1. Details of the Local Care Partnerships Scheme are attached.

Action

2. Health Boards are invited to co-ordinate and submit applications for consideration against the criteria for the Scheme by the dates provided at paragraph 15 of Appendix A to this letter.

3. Health Boards are asked to copy this MEL to all staff in their area with an interest in this matter.

Yours sincerely

KEVIN J WOODS
Director of
Strategy and
Performance
Management
NHS in Scotland
Management Executive

GILLIAN STEWART
Under Secretary
Social Work

DAVID HENDERSON
Assistant Secretary
Housing Division

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Addressees

For action:

General Managers,
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For information:

General Manager,
Common Services Agency

General Manager, State Hospitals
Board for Scotland

Executive Director,
SCPMDE

Chief Executive Scottish Homes

Scottish Federation of Housing
Associations

General Manager,
Health Education Board
for Scotland

Enquiries to:

Mr P D Harley
Policy and Performance Management
Division
Room 264
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 2426
Fax: 0131-244 2970

LOCAL CARE PARTNERSHIPS SCHEME

Introduction

1. Bids are invited for funding in support of local care partnership pilot initiatives which would assist Health Boards to work in partnership with GPs, NHS Trusts, local authorities and other agencies, in the effective and efficient local integration of health, housing and social care services provided for vulnerable individuals and groups in their area.

Background

2. The Scottish Health Service, Local Authority Social Work and Housing departments, the voluntary and private sectors all share an interest in and responsibility for the care and support of vulnerable individuals and groups in the community and for facilitating and providing services, support, and accommodation to meet their needs.

3. The aim of the Local Care Partnerships Scheme (LCPS) is to assist Health Boards and the other relevant agencies to remove administrative or other barriers to effective and efficient local integration of health, housing and social care services in the community; and to ensure that the lessons learnt from successful schemes are disseminated more widely.

4. It is not necessary for projects to be entirely original or innovative. Local adaptations of schemes developed elsewhere will be considered on equal terms.

Resources

5. A total of £500k is available for distribution over 2 years. Bids should indicate the amount to be spent in each year (where appropriate). It is anticipated that up to 6 initiatives will be supported from the available resources.

6. As the resources are limited they will provide one-off support. It will be necessary for the joint applicants to be committed to finding resources to complement the funds available and to undertake to support the project after the Scheme contribution ends.

7. Resources might be used toward start up costs; project monitoring and evaluation; (including staff secondments and initial capital outlay) and dissemination arrangements.

Assessment Criteria

8. The bid submission should describe how the resources requested will be used to support the establishment, monitoring and evaluation of the scheme, and/or the dissemination of information about the lessons learnt from it.

9. All submissions should include a statement setting out in clear terms the applicants' criteria for success of the initiative on which the bid is based and against which the scheme outcomes should be considered.

10. Bids will be assessed at the centre on evidence:

- of consultation and agreement between local statutory and other agencies and the vulnerable people or groups and carers who receive health and other care services;
- to demonstrate that the interventions proposed would deliver effective planning and operational outcomes and added value in terms of improvements in measurable service outcomes for the vulnerable people or groups who receive health and other care services or their carers;
- of a link between the project and published, locally agreed Plans and Strategies for example the Framework for Mental Health Services in Scotland and other strategic documents;
- of shared commitment to the funding of the project in, and after, the first year,
- of the arrangements for devolving funding to local officers, including power within an agreed budget to vary revenue expenditure and to make capital payments (eg for IT costs);
- of identification of the roles and responsibilities of all concerned to overcome agency boundary issues and demonstrate opportunities for joint provision of services (eg domiciliary care), opportunities for voluntary sector involvement and inter-agency working;
- of how training (especially joint training) requirements will be identified and managed;
- of how the applicants plan to jointly assess progress made in year (and to avoid separate agency monitoring).

11. All bids should be co-signed by the Health Board, the relevant local authorities (Social Work and Housing as appropriate) and by all other agencies and individuals who have committed themselves to the initiative. All bids should be accompanied by a completed proforma (Appendix B).

12. Applicants will be required to comply in all respects with the conditions attaching to funding, which will include:

- The joint applicants will formally accept the offer of funding and funding conditions.
- The Lead Organisation will notify NHS ME of the project start date, time span and any material change made to the project as it progresses.
- The Lead Organisation will ensure that expenditure is kept in line with the agreed project cost budget and expenditure profile.

- Payment of funds will not be made in advance of need.
- The Lead Organisation will provide quarterly financial statements signed by the Finance Office/Treasurer. These to provide details of the actual eligible expenditure incurred.
- All unexpected balance of funding will be surrendered to the NHS ME.
- All target dates for submission of interim and final reports will be observed.
- Any equipment used for the funded project will be included on the Lead Organisation inventory and any disposal/write-off should be in line with the Lead Organisation's standard arrangements.

Examples

13. Some examples where initiatives might be taken are:

- Community care - mental health - learning disability; joint planning/commissioning;
- community mental health teams/community learning disability teams - devolved budgets and flexibility and integration of services to improve care;
- joint approaches to commissioning and provision of services to help vulnerable individuals to stay in their own homes, including support services, adaptations to homes and "Care and Repair";
- effective processes for matching of capital/revenue funding care and accommodation, and innovative approaches to meeting funding needs;
- locality based approaches to the planning, commissioning and delivery of services;
- joint working at the primary care and delivery of services social work axis;
- integrated service points (eg, one-stop shops) for health, housing and social care;
- elderly/physically disabled - how care can be more effectively co-ordinated and delivered.
- initiatives involving GPs (primary care, community nurses, social work, home support housing which enable care and accommodation to be co-ordinated in a more effective manner) could examine;
 - the vulnerable elderly living at home;
 - the physically disabled people;
 - palliative care;

- palliative care;
- initiatives for telephone contact point where those requiring information on the range of health, social work and housing care issues, could access it from a single source.

Monitoring

14. The Scottish Office in liaison with the local agencies will monitor the extent to which the projects supported under this Scheme achieve the objectives originally agreed. Successful applicants will be required to submit a Final Report on the funded project of not more than 200-400 words with information on the main results and conclusions achieved, the implications for the wider application of local integration of care services and the relationship of the outcomes achieved to the original anticipated success criteria set out in the funding application.

Timetable

15. Health Boards are invited to co-ordinate and submit formal bids for funding in 1998-99 by 31 March 1998. Individual funding decisions will be announced in June 1998. Bids for funding in 1999-2000 should be submitted by 1 June 1998. Decisions on those applications will be announced in August 1998.

Action

16. Applications should be submitted by Health Boards to the Scottish Office Department of Health, NHS Management Executive, Policy and Performance Management Division, St Andrew's House, Regent Road, Edinburgh EH1 3DG.

APPLICATION UNDER THE LOCAL CARE PARTNERSHIPS SCHEME

PLEASE COMPLETE THIS FORM USING BLACK TYPESCRIPT

1. SCHEME TITLE

2. NAMES AND AFFILIATION OF JOINT APPLICANTS

i. Health Board

Name:
Post Held:
Health Board
Address:

Tel:
Fax:

ii.

Name:
Post Held:
Organisation:
Address:

Tel:
Fax:

iii.

Name:
Post Held:
Organisation:
Address:

Tel:
Fax:

iv.

Name:
Post Held:
Organisation:
Address:

Tel:
Fax:

3. NAME OF THE LEAD ORGANISATION AND LEAD OFFICER TO ADMINISTER THE LCPS FUNDS

4. PROPOSED START AND END DATE FOR FINANCIAL SUPPORT FROM THE LCPS:

5. STATE BRIEFLY THE OBJECTIVES OF THE PROPOSED SCHEME AND HOW THEY RELATE TO THE LOCAL AGREED MENTAL HEALTH PLAN OR STRATEGY

APPLICATION UNDER THE LOCAL CARE PARTNERSHIPS SCHEME

6. HOW WILL THE EVALUATION BE CARRIED OUT; BY WHOM AND WHEN?

7. WHAT ARE THE LIKELY, OR POTENTIAL, BENEFITS/OUTCOMES IN TERMS OF THE SCHEME PROPOSED?

8. HOW WILL THE PROPOSED SCHEME OUTCOMES ASSIST THE APPLICANTS IN EFFECTIVE, LOCAL INTEGRATION OR SERVICES?

9. DOES THE PROPOSED SCHEME RELATE TO ANY EXISTING ARRANGEMENTS ELSEWHERE?

10. BY WHAT CRITERIA FOR SUCCESS DO THE APPLICANTS CONSIDER THE SCHEME SHOULD BE JUDGED AND HOW WILL THIS BE MEASURED?

11. OUTLINE BRIEFLY THE METHODOLOGY OF THE PROPOSED SCHEME AND A PLAN OF THE STEPS TO BE TAKEN DURING AND AFTER THE FIRST YEAR GIVING INTERIM AND FINAL OBJECTIVES AND OUTPUTS AND TIMESCALES.

APPLICATION UNDER THE LOCAL CARE PARTNERSHIPS SCHEME
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12. ESTIMATED TOTAL COSTS:

	(LCPS)	Matching Contn (if appr)	(Applicants)	(Applicants)
	Year 1		Year 2	Year 3
	£	£	£	£
(a) Staff Salaries: <i>(Detail employer's costs separately):</i> Grades				
Sub Total (a)				
<hr/>				
(b) Equipment <i>(inc VAT if applicable):</i> <i>(Detail Items)</i>				
Sub Total (b)				
<hr/>				
(c) Running Costs <i>(recurrent costs)</i> <i>Detail Items</i>				
Sub Total (c)				
<hr/>				
Other Expenses <i>(please specify):</i>				
Sub Total (d)				
<hr/>				
Totals:				
<hr/>				

APPLICATION UNDER THE LOCAL CARE PARTNERSHIPS SCHEME

13. ALL APPLICANTS SHOULD SIGN AND DATE THE FORM

i. HEALTH BOARD APPLICANT:

NAME: _____

SIGNATURE: _____

DATE: _____

ii. APPLICANT:

NAME: _____

SIGNATURE: _____

DATE: _____

iii. APPLICANT: _____

NAME: _____

SIGNATURE: _____

DATE: _____

iv. APPLICANT: _____

NAME: _____

SIGNATURE: _____

DATE: _____

14. AUTHORISATION

This application should be submitted by/through the Finance Officer who will be responsible for administering any grant that may be awarded.

I confirm that I have read this application and that, if successful, the work will be accommodated and administered in the Department/Organisation. The staff gradings and salaries proposed are correct and in accordance with the normal practice of this Organisation.

1. Health Board:

Address: _____

Tel:

Fax:

Name: _____

Signature: _____

Date: _____

2. Finance Officer/Treasurer

Organisation: _____

Address: _____

Tel:

Fax:

Name: _____

Signature: _____

Date: _____