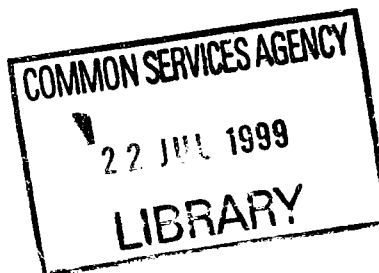




Health Department  
Directorate of Strategy and  
Performance Management



Community Care Division  
St Andrew's House  
Edinburgh EH1 3DG

21<sup>st</sup> July 1999

Dear Colleague

**MENTAL HEALTH DEVELOPMENT FUND**

**Background**

1. NHS MEL(1997)62 of 18 September 1997 announced the arrangements for the Mental Health Development Fund, which is to assist Health Boards, working in partnerships with GPs, NHS Trusts, local authorities and other agencies, to make quicker progress toward the development of local community focused comprehensive services which better meet the needs of people with mental health problems.
2. NHS MEL(1998)77 of 15 December 1998 announced the arrangements to apply for the second round consideration of applications under this initiative.
3. Paragraph 6 of the 1998 letter notified that the arrangements for Round 3 would be notified in due course. The annex to this letter announces those arrangements.
4. The application and assessment criteria have been changed to encourage re-alignment of local services with agreed joint mental health strategies and to demonstrate examples of good practice and innovative models of working that can be rolled out across Scotland.

**Timetable**

5. Health Boards are invited to co-ordinate and submit formal bids, for funding in year 2000/2001 (Round 3) by 29 October 1999. This is to allow decisions to be announced before the start of the financial year in which the spend is to take place.
6. A copy of this MEL and the application form are available on web site [www.scotland.gov.uk](http://www.scotland.gov.uk)

**Addressees**

For action:

General Managers, Health Boards  
Chief Executives, NHS Trusts  
State Hospitals Board for Scotland  
Directors of Housing/Chief,  
Housing Officers  
Directors of Social Work/Chief  
Social Work Officers

For information:

Chief Executives, Local Authorities  
Chief Executive, COSLA  
General Manager, Common Services  
Agency  
Executive Director, SCPMDE  
Chief Executive, Scottish Homes  
Scottish Federation of Housing  
Associations  
Chief Executive, Health Education  
Board for Scotland  
Director, Scottish Health Advisory  
Service  
Director, Mental Welfare  
Commission  
for Scotland  
Director, Scottish Development  
Centre for  
Mental Health  
Director, The Dementia Services  
Centre

Enquiries to:

Community Care

Mr P D Harley  
Community Care Division  
Room 264  
St Andrew's House  
EDINBURGH EH1 3DG

Tel: 0131 244 2426  
Fax: 0131 244 2970

Housing

Mr W Moore  
Room 1G  
Victoria Quay  
EDINBURGH EH1 6QQ

Tel: 0131 244 5522  
Fax: 0131 244 5529

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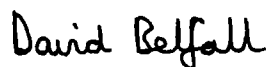
**Action**

7. Applications should be submitted through Health Boards, by e-mail where possible (phil.harley@scotland.gov.uk) or to Mr P Harley, NHS Management Executive, Room 264, St Andrew's House, Regent Road, Edinburgh EH1 3DG.

Yours sincerely



KEVIN J WOODS  
Scottish Executive Health Department



DAVID BELFALL  
Scottish Executive Development Department

**MENTAL HEALTH DEVELOPMENT FUND****Application and Assessment Criteria**

1. A sharper, narrower focus for projects and financial support is proposed for Round 3. The object of the changed arrangements is to encourage re-alignment of local services in line with agreed joint mental health strategies and to demonstrate examples of good practice and innovative models of working that can be rolled out across Scotland. The overall aim remains to support innovation, not core Agency functions so that where the innovation supported is successfully implemented the function(s) will in time be established as core activities.

2. Bids will be assessed on evidence:

- of a link between the project and a published, locally agreed mental health plan or strategy which incorporates the principles of the Framework for Mental Health Services in Scotland, particularly the key points set out in the “Making It Happen” Annex to the Framework document;
- that the project would enable services to better meet the needs of people with severe and/or enduring mental health problems;
- which demonstrates that the interventions proposed would deliver effective outcomes for people who receive mental health services or those who care for them;
- of joint commissioning and the development of effective working between local agencies (statutory and others);
- of shared commitment to funding the project in, and after, the first year;
- of how applicants plan to jointly assess progress made in year (and to avoid separate agency monitoring).

3. £2m funding is available to resource for 5 or 6 projects only, this to allow reasonably significant investment in each successful proposal. As before, emphasis will be placed on evaluation, significant success factors, best value and definition of the operational model. Financial support from the Fund continues to be limited to the first year only and successful applicants will need to demonstrate a commitment, at senior level to continued funding of the planned initiative beyond the first year. Further pre-requisites apply, namely:

- financial detail will be required on planned areas and allocations of spend in first and following years;
- applications will need to detail the housing implications, if any (ie, what is required, who to provide it, and at what capital/revenue cost);

- applications will be submitted through Health Boards in consultation with other agencies, and will in the first instance be limited to an initial (maximum) 2-page outline proposal (see attached proforma at Annex B), to allow the most promising proposals to be identified, and to save agencies from carrying out unnecessary work;
- only applicants whose projects have negotiated this initial screening will be invited thereafter to develop the outline proposal based on any additional advice and recommendations made. There is no guarantee that re-submitted proposals will receive funding.
- applicants are encouraged to utilise the wider expertise available in Scotland for the development of ideas of change (eg, the Scottish Development Centre for Mental Health, the Dementia Centre, SHAS, Mental Welfare Commission) and evaluation of critical success features.

## Topics

4. Applications are invited for projects/initiatives on the following topic areas which broadly reflect the Mental Health Reference Group's Sub-Groups currently operating:

**joint working between care agencies:** (MHRG Sub-Group) interface between primary care, social work and secondary services with a particular focus on developing practical and useful performance indicators, Integrated Care Pathways and mutual information systems. Proposals for joint commissioning and joint delivery of care will be considered;

**joint training, education and development:** for staff in local authorities, voluntary sector and NHS, in areas of competency as outlined in "Towards a New Way of Working", recent Sainsbury Centre reports, "Pulling Together" and as heralded by the Acute Services Review (multi-disciplinary Task Forces and Managed Clinical Networks), developing and promoting policy in a co-ordinated approach to the development of skills in psychological intervention for the care of, and carer support for the management of mental illness. The potential for any consortium arrangements proposed by applications will be considered;

**management of clinical risk:** (MHRG Sub-Group) putting into place a system of assessment, communication, definition of responsibility, specific training, reporting and support for clinical, care staff and families, which reduces risk and heeds the lessons from the Confidential Inquiries from north and south of the Border;

**needs assessment:** (MHRG Sub-Group) the melding of "traditional" assessment of need and service responses based on population data with the continuous collection of information derived from individual patient assessments. This to allow services to be re-shaped to meet actual need and permit identification of significant service gaps;

**organisation of acute in-patient beds:** this to recognise that some of the most difficult, risky and taxing clinical work is done in wards. “Dual Diagnosis” or co-morbid patients, potential violence and risk of self-harm require a coherent, robust and survivable organisational response based upon quality assurance and involving training and co-working and reflecting carers and users interests. Assertive outreach models will be considered together with alternative options to admissions; and

**leadership schemes:** initiatives across agencies that provide skills and knowledge to those charged with taking forward the best organisation of care and service responses in mental health.

### **Conditions Attaching**

5. As before, applicants will be required to comply in all respects with the conditions attaching to funding, which include:

- 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 Officer/Treasurer. These to provide details of the actual eligible expenditure incurred;
- all unexpended 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’s inventory and any disposal/write-off will be in line with the Lead Organisation’s standard arrangements;
- specific merits that would attract support for schemes of an anticipated one-year duration with no continuing requirement thereafter. Such schemes in particular may warrant matching funding from the joint applicants.

6. Initial applications should be limited to submission of a completed proforma (Annex B). All applications for funding should be co-signed at senior management level on behalf of the health board and relevant local authorities (social work and housing as appropriate) and by all other agencies and individuals who have committed themselves to the scheme. It is expected that funded projects should be reflected within Health Board Health Improvement Plans.

**MENTAL HEALTH DEVELOPMENT FUND**

**Project Proposal Outline**

(2 pages maximum, including this page)

1. Title

--

2. Total Costs

Year 1	Source	Year 2	Source	Year 3	Source
£	- MHDF	£	.....*	£	.....*
£	- .....*				

\* please specify source of funding

3. Health Board

<p>Name:</p> <p>General Manager</p>   <p>Signature:</p>	<p>Address:</p>     <p>Date:</p>
--	---

Co-applicant's names and posts held:

<p>Name:</p> <p>Post:</p>	<p>Signature: _____</p> <p>Date: _____</p>
<p>Name:</p> <p>Post:</p>	<p>Signature: _____</p> <p>Date: _____</p>
<p>Name:</p> <p>Post:</p>	<p>Signature: _____</p> <p>Date: _____</p>

4. State briefly the objectives of the project and how they relate to the local mental health strategy.

5. What are likely or potential outcomes and benefits?

6. Proposed start date?

7. Who to evaluate and methodology to be used?

8. How does the proposed project relate to any existing arrangements?

9. Do the proposals represent a mainstream core function for any of the applicants? If so, state why the proposals should be separately funded nonetheless.

10. What arrangements are being made for funding for year 2 and beyond if the application is successful? (See 2).