

Putting **People First**
Transforming Adult Social Care



Common Assessment Framework for Adults Demonstrator Site Programme

Prospectus for Phase 2 Applications

Common Assessment Framework for Adults Demonstrator Site Programme - Prospectus for Phase 2 Applications

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Common Assessment Framework for Adults Demonstrator Site Programme

Prospectus for Phase 2 Applications

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Executive summary

This prospectus introduces the Department of Health’s proposals for the second phase of the Common Assessment Framework for Adults Demonstrator Site Programme.

Following the public consultation on a Common Assessment Framework for Adults (CAF) the Department of Health is launching a further phase of Demonstrator Sites to address the issues raised during the consultation, and broaden the coverage of the Demonstrator Site Programme (DSP) to provide further evidence to support the development of CAF. Those familiar with the call for interest for the first phase of the DSP will note that the requirements for phase 2 sites are generally more specific and focused in nature. This reflects the need to include aspects of developmental work not covered in phase 1 and to address issues raised by the CAF consultation.

In this second phase we are keen to widen the programme’s engagement with different IT systems currently in use, whether provided commercially or in-house, and to include regional areas of England currently not represented in Phase 1. Available capital funds and practical support is likely to restrict the number of sites and/or to limit the breadth of the work that the sites may undertake within the two years available to the projects.

Each Demonstrator Site will comprise at least one council with social services responsibility (CSSR) and at least one NHS Trust. Partnerships will also include a range of other local key partners who have a role in supporting the delivery of a multi-agency approach to the care of individuals. Each successful partnership will receive capital funding to support the testing and evaluation of innovative approaches to effective information sharing between health and social services, and potentially other partners.

Introducing this prospectus

- **Part A** of this prospectus – from page 7 – introduces the Demonstrator Site Programme’s *aims, objectives* and our *delivery plan*.
- **Part B** of this prospectus – from page 16 – outlines the *application process* for becoming a Demonstrator Site.
- **Part C** of this prospectus – from page 21 – outlines the *support* the Department of Health will aim to offer to interested and successful applicants.

Application material

From page 23, we have attached further material, which applicants may consider before submitting their applications.

- Appendix 1 lists the Phase 1 sites and their social care system suppliers.

Common Assessment Framework for Adults Demonstrator Site Programme - Prospectus for Phase 2 Applications

- Appendix 2 attaches an application form and criteria for stage one applications – completed applications are due by 12 October.
- Appendix 3 details links to supporting documents that reflect related policy initiatives.
- Appendix 4 attaches an overview of the project plans that will need to be completed by shortlisted applicants as their stage 2 application.

This prospectus has been published on the Department of Health's website at <http://www.dh.gov.uk/caf>.

PART A – Piloting the Common Assessment Framework for Adults

This section sets out:

- An introduction to the aims and objectives of the Demonstrator Site Programme.
- The type of partnerships we are looking for and the outcomes we expect.
- An indication of the funding available for the Demonstrator Site Programme.
- How we propose to evaluate the Demonstrator Sites.
- Key dates in the overall delivery plan for the Demonstrator Site Programme.

1. Introduction

1.1 The purpose of this prospectus is to invite Local Authorities, through CSSRs to make a joint application for funding with their NHS partners and potentially others, to pilot the proposals contained in the consultation on the Common Assessment Framework for Adults. Housing Authorities, Supporting People, Home Improvement Agencies, hospitals, GPs and practice based commissioners, the wider NHS, and the voluntary, community and independent sector including User Led Organisations may all be part of this initiative. Please note the phase 2 requirements described in Part A section 4 from page 10 and the eligibility requirements in Part B section 1 on page 16.

1.2 The prospectus describes the aims and objectives of the second phase of the CAF Demonstrator Site Programme and provides guidance to assist 'council-based' partnerships in making an application. The term 'council-based' partnership is used throughout this prospectus since CSSRs will be the responsible authority for administering applications for funding on behalf of local partners.

2. CAF Demonstrator Site Programme (DSP)

2.1 The Department of Health is providing funding for a Demonstrator Site Programme to support the development of the Common Assessment Framework for Adults over the financial years 2008/09 to 2010/11. Nine phase 1 sites were announced in February 2009. An overview of their work, including with the London Programme for IT, is available at www.dh.gov.uk/caf along with other supporting information.

2.2 The broader purpose of the Demonstrator Site Programme is to:

- i. test and develop a set of principles relating to the assessment and care/support planning arrangements for all adults;

- ii. develop IT solutions that enable health and social care practitioners to share assessment and care/support planning information within and between, social services, the NHS, the wider council and other local partner agencies, including user led organisations, involved in supporting people in the community to achieve independent living, and with users and carers themselves; and
- iii. evidence their effect on outcomes for service users & carers, professional practice, effectiveness, and cost effectiveness.

2.3 Demonstrator sites will need to work within the context of *Putting People First: A shared vision and commitment to the transformation of Adult Social Care* and *Transforming Adult Social Care*, LAC (DH)(2008)¹ and LAC (DH)(2009)¹, In particular taking account of developments in personalisation, self directed support and improved outcomes for individuals.

'Ultimately, every locality should seek to have a single community based support system focused on the health and wellbeing of the local population. Binding together local Government, primary care, community based health provision, public health, social care and the wider issues of housing, employment, benefits advice and education/training.

This will not require structural changes, but organizations coming together to re-design local systems around the needs of citizens.' (Putting People First p.2)

2.4 Using these principles, a programme of work has been agreed with the phase 1 partnership sites and their suppliers. The second phase of sites will benefit from the developments this work will engender, in particular the learning and functionality available from the development of NHS CFH systems and IT suppliers.

3. Overall aims and objectives

3.1 The strategic aim of the Common Assessment Framework for Adults Demonstrator Sites is to test and evaluate innovative approaches to effective information sharing between health and social care, and partner organisations. We envisage that the Demonstrator Site Programme will:

- test a range of approaches for local social services systems to share information with NHS Care Records Service (CRS) systems, using the proposed CAF data set as the vehicle for transmitting messages between systems;
- develop existing functionality in a range of systems to allow sharing of assessment and care planning information that will be made available to health and social care communities not involved in the demonstrator site programme.

- develop innovative tools and technologies which support the delivery of personalisation and self-directed support for example
 - offering self assessment / supported assessment tools
 - developing care/support plans (including integrated health and social care plans)
 - maximising welfare benefits entitlement
 - managing virtual budgets,
 - supporting people to purchase and arrange services from suppliers or the local authority,
 - sharing agreed goals & outcomes with providers be they in-house or external, managed with a direct payment and / or virtual budgets, including informal carers and private care.
- develop solutions and tools that support for example
 - the use of personal health budgets, Independent Living Fund monies, Supporting People etc
 - Carers budgets
 - Review processes
- stimulate implementation of social care systems that are compatible with NHS IG standards and can therefore safely share information with healthcare systems, and which have successfully shared assessment and care plan information with the NHS Care Records Service using nationally defined messages;
- ensure the promotion and delivery of Personalisation, Self Directed Support and personal budgets as set out in the *Putting People First* Concordat and *Transforming Adult Social Care* Circulars, with a clear focus on the delivery of integrated systems which promote and provide:
 - Universal Services
 - Early Intervention & Prevention
 - Choice and Control
 - Social Capital
- support the NHS next stage review, for example the directive that all individuals (with Long Term Conditions) will have a personal health plan by 2010.
- assess and evaluate the impact on workforce configuration and practice of sharing assessment information across the partnership in support of their planning and provision of care. This will inform a workforce strategy that will be taken forward as part of national roll-out.

3.2 In support of the aims set out in paragraph 3.1 we will expect the CAF demonstrator sites to concentrate on supporting and evidencing:

- Improved integrated working;
- Improved service user/patient and carers experience of assessment
- Improved service user/patient and carer outcomes from assessment;
- Increased efficiency of joint working and joint assessment process.
- Cost effectiveness of integrated systems and processes
- Impact on performance

3.3 Overall this programme is looking for a cross-section of partnerships that together:

- demonstrate a variety of innovative approaches to establishing sustainable and replicable arrangements that support the delivery of personalisation and self directed support for information sharing;
- involve all groups of disabled people and family carers, including user / carer led organisations in all stages of the programme including the planning, design, testing, refinement and implementation of local solutions and tools
- take account of the six equality strands
- represent differing levels of organisational readiness; and
- provide a range of unitary and county authorities, urban and rural authorities, care trusts, provider organisations, organisational performance, size, and representational spread across England.

3.4 The second phase of sites provides an opportunity to cover any issues that are not being tested by phase 1 sites as well as address new issues raised during the public consultation. This includes adding some IT systems, which are not currently in the scope of the Demonstrator Site Programme, as well as giving a wider geographical spread into the regions that do not have a Demonstrator Site.

3.5 In addition, a bid from a consortium that tested information sharing across Local Authority or NHS boundaries and systems, would be particularly helpful in providing information on the likely challenges of a national rollout.

4. Key Deliverables and Outcomes for Phase 2

4.1 The aim of the Phase 2 Programme is to cover as many of the areas of interest identified as missing from the current programme as possible, subject to receiving an application that meets the core deliverables and the availability of sufficient resources to support them.

4.2 Those applicants who are currently using contracted IT software systems from suppliers **not** already involved with a Phase 1 site. (list attached at Appendix 1) should carefully focus their projects to ensure that they deliver in the time available, taking into account that it can take around 12 months to get a system through the NHS CFH assurance process.

4.3 For those applicants who are using IT software from suppliers who **are** involved in the Phase 1 sites, the expectation is that they will benefit from the work and development already being undertaken by their IT software suppliers within phase 1 demonstrator sites, and should discuss the delivery of those developments to understand the impact on their proposals

4.4 All phase 2 demonstrator sites must have:

- started the Information Governance Statement of Compliance for social care (IGSoC) and have plans to complete by July 2010.

- an N3 connection in place in the CSSR by July 2010.
- validated NHS numbers in place on their client/ service user index by July 2010, as set out in the Social Care Data Quality Standards for Interfacing to PDS.¹

4.5 Each application must include how each Demonstrator Site intends to meet all of the following core deliverables within their partnerships.

Core Deliverables

- Establishing streamlined person-centred and proportionate multidisciplinary assessment processes and care planning which promote and utilize self-assessment and are led by individuals and families to deliver Self Directed Support through Personalisation
- Involving service users and carers throughout the project in defining requirements, developing solutions and testing deliverables.
- Demonstrating the impact of the project locally in relation to the six equality strands - race, gender, disability, religion or belief, sexual orientation and age. Local authorities are required to perform a general duty of promoting equality of opportunity and eliminating discrimination.
- Develop local social care systems such that relevant information held in local systems can be shared by using the NHS Care Records infrastructure including compliance with the Information Governance policy.
- Using the CAF electronic communications to communicate the outcome of assessments and care plan updates between care professionals involved in the care of an individual; or propose a replicable alternative.
- Using CAF electronic messages (or propose a replicable alternative) to share information with named care professionals involved in a person's assessment, care planning or support who need to be aware or take action - for example around hospital discharge, or continuing care assessments.
- Demonstrating cost efficiencies
- Demonstrating impact on performance and targets

4.6 We are looking to select approximately 4 additional partnerships to address the major areas of interest, highlighted in **bold** below. The other issues may be addressed within those proposals or by a separate bid for a focussed piece of work.

	<u>Areas of Interest</u>
•	Offender Health, in particular around discharge into the community, including links with the proposed national clinical IT system for England's prisons.
•	Transition between children's and adult services and the potential linkages between e-CAF and CAF. This may include links to the

¹ Obtained using the NHS CFH Personal Demographics Service.
<http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/resources>

	Family Pathfinders and Extended Pathfinders for Young Carers project.
•	Acute services, including ambulatory care and the delayed discharge and continuing care assessment and care and support planning processes.
•	Out of Hours services, including making health and social care assessment and care planning information available to out of hours services.
•	Information sharing for end of life/palliative care between provider organisations and carers/patients and professionals across a range of care settings in relation to assessment and advanced care planning.
•	Cross border working to include exploring the information governance standards development, business process issues, and technical concerns.
•	Facilitating the understanding of assessment and care planning language between different professions e.g. the use of SNOMED CT Coding as a way of recording structured information in assessments and care plans, in the context of making use of the information for aggregated analysis and reporting.
•	Focussed exploration of workforce issues including training, skills, roles etc.
•	A targeted approach to addressing equalities issues e.g. to meet the needs of the travelling community and ensure the developments do not discriminate against them.
•	Links to related DH pilots. E.g. Personal Health Budget Sites, Carers Demonstrator Sites, Integrated Care Pilots etc
•	A LA to trial setting up Registration Authorities (RAs), to manage access rights to the NHS Care Record Service.
•	Developing an information governance model for third sector information sharing, taking account of the NHS and social care record guarantees and how they can be implemented with third sector agencies. Including the potential for using the Social Care Record Guarantee, as a 'kite marked' standard for non-LA organisations.

Outcomes

4.7 While deciding how those deliverables will be addressed by your project it may be helpful to consider how they will assist in meeting the following objectives which will deliver some of the desired outcomes of a Common Assessment Framework for Adults.

Objective	Evidencing outcomes through:
More integrated working	A person centred approach to assessment and care planning so that any subsequent service provision is focused on meeting desired outcomes that are defined by the person accessing services
	A holistic assessment of need which utilizes self-

	assessment and covers both health and social care needs where necessary
	A joined up approach to assessing need, support / care planning and the provision / delivery of services through personal budgets and personalisation between NHS and Social Care staff
Improved outcomes from assessment	Increased satisfaction with: <ul style="list-style-type: none"> • the assessment and care planning processes • information, advice and signposting received • the appropriateness of services and interventions post-assessment • the timeliness of services and interventions post assessment
	Reduced avoidable admissions to hospital
	Reduced demand on out of hours services
	Reduced lengths of stay on longer admissions
	Reduced admissions to residential /nursing home care
To increase the efficiency of assessment processes in NHS organisations and social care departments	Improved information sharing between members of multi-disciplinary health and social care teams (i.e. reducing duplication of assessment activity and administrative activity associated with communicating assessments to other professionals)
	Reductions in staff time spent handling inappropriate referrals;
	Reduced unit costs of episodes of care through improved management in more cost-effective community settings Reduction in care/support packages through signposting and supporting service users and carers to access appropriate universal and community services

5. Demonstrator Site Funding

5.1 The specific purpose of the DSP is to provide funding to council-based partnerships to employ the principles of assessment set out in the CAF, and test out the costs and benefits of using electronic records to support the exchange of information for the delivery of more integrated care.

5.2 The grant is administered under Section 31 of the Local Government Act 2003, which allows Ministers, with the consent of Treasury, to pay a grant to any local authority for any expenditure. The grant is in support of capital expenditure; it cannot be set against revenue expenditure.

5.3 Applicants will need to outline the financial requirements of their proposed partnership. This will include the costs of meeting the Information Governance Statement of Compliance for Social Care. Anticipated benefits to the local authority, and to other local authorities using the same system, should be set out and where possible quantified.

6. Evaluation

6.1 Given the exploratory nature of these demonstrators, evaluation and learning will be crucial. We propose that evaluation of each partnership will involve three elements as set out below. Demonstrator Sites will:

- be involved in hands-on, action-learning, identifying and sharing lessons learnt with other Demonstrator Sites and with the Department of Health to enable rapid dissemination;
- make a commitment to participate in a national evaluation of the whole CAF Demonstrator Sites programme; and
- provide details of costs and quantifiable benefits to inform cost-effectiveness analysis.

6.2 The evaluation of each site will include an ongoing assessment of the degree to which the Site's own and the overall national objectives are being met and the lessons learned during this process. This will require frequent/regular contact with the evaluators throughout the project. Experience from other pilots has shown that the level of involvement necessary in undertaking this is often underestimated.

7. Overall Delivery Plan - Key dates

PHASE 2 - FOR SITES STARTING THE PROGRAMME IN JANUARY 2010

STAGE ONE

Deadline for expressions of interest: **12 October 2009**

Action: Applicants

Confirmation of shortlisted sites: **Mid- October 2009**

Action: DH Project Team

STAGE TWO

Feedback to shortlisted applicants via teleconference: **Late October 2009**

Action: DH Project Team and Applicants

Mid point review of project plans: **November 2009**

Action: DH Project Team

APPROVAL OF PHASE 2

Deadline for full project plans from shortlisted sites: **26 November 2009**

Action: Applicants

Announcement of selected phase 2 sites: **December 2009**

First payment point for selected phase 2 sites: **January 2010**

Action: DH Project Team

PART B - Applying to be a Demonstrator Site

The purpose of this section is to explain:

- Who can apply to be a Demonstrator Site?
- The two stage process for becoming a Demonstrator Site.
- How your application to be a Demonstrator Site will be assessed.
- When and how you can expect to hear the outcome of your application.

1. Eligibility

Who can submit an application?

1.1 CSSRs will be the responsible authority for submitting an application for Demonstrator Site proposals. The application must be co-signed by all other organisations, which are key partners in the demonstrator proposal.

1.2 The application must be submitted via email by the CSSR (or lead CSSR where more than one is involved) as the responsible authority for the demonstrator. The application must be signed by the Chief Executive (or equivalent) of the CSSR. It must include a statement from the Chief Executive, which confirms that for each of the partners involved in the project he or she has seen and has a copy of a formal partnership letter signed by a senior representative of the partner organisation demonstrating their commitment to the partnership.

1.3 Proposals from consortia of multiple councils and/or a consortia of associated wider partners including user led organisations will be considered. This should evidence the likely challenges of a future national rollout where information sharing across borders and systems is inevitable.

Are there any restrictions on who can apply?

1.4 Any English CSSR can be the administering authority. Applications are welcomed from all, regardless of their organisational status, or the status of partner organisations, in terms of performance.

When will applications to be a Demonstrator Site be accepted?

1.5 This prospectus invites applications for the second phase of the Demonstrator Site Programme. The selection of Phase 1 of the Demonstrator Site Programme took place during 2008. Phase 2 applications will be welcomed from both Phase 1 sites developing new partnerships and entirely new pilot areas. This is the final opportunity to become part of the Demonstrator Site Programme.

What type of project proposal is eligible for funding?

1.6 Any proposal which supports the aims, objectives and outcomes of the CAF and meets the core deliverables will be considered for funding. Part of the selection process will, however be aimed at ensuring that the Demonstrator Site Programme as a whole covers a range of initiatives representing a cross-section of partnerships as highlighted in Part A, paragraph 3.3.

1.7 Applicants who have been successful in gaining funding in related areas, for example, the Personal Health Budget Pilots, and other grants are not precluded from applying. We will consider how proposals fit with any existing dedicated funding that councils and/or their NHS partners are deploying, or have deployed, in these areas. We do not want to see Demonstrator Site Programme funding used to augment these other resources. We wish to encourage building on existing work where projects commit to going further, or to achieve complementary, but distinct outcome improvements. Partnerships in this position should address these points within their application.

What amount can partnerships apply for?

1.9 Capital funding of approximately £11M is available for Phase 2 of the Demonstrator Site Programme to be paid during the financial years 2009/10 and 2010/11. A small amount of revenue funding will be available in support of this; however, it is expected that partnerships will, where possible, capitalise all costs.

Accountability

1.10 Each project must have a designated Senior Responsible Officer who is responsible for the project in terms of:

- Implementation
- Risk Management
- Budgetary Control
- Dissemination and Evaluation

1.11 As projects will involve more than one agency, applicants will have to consider how the requirements for accountability from partner organisations can best be satisfied and set this out in their proposals. It is, however required that the CSSR designated as the administering authority, accepts financial responsibility for the project.

1.12 Proposals should also set out arrangements for the monitoring of the project. The project management framework for each site must be aimed at working towards achieving the objectives set out in the project plan. The evaluation of each site will include an ongoing assessment of the degree to which they have met their objectives and the lessons learned during this process. This will require frequent/regular contact with the evaluators through out the project.

2. Points to note when applying to be a Demonstrator Site

Council-based partnerships should note the following points before proceeding to make an application as a phase 2 site.

- The funding for successful phase 2 demonstrators will be allocated over two financial years (2009/10 and 2010/11). Funding for phase 2 demonstrators may be carried over into financial years 2010/11 and 2011/12 subject to agreement from the Department of Health.
- All projects should be a maximum of two years in length, with a start date of January 2009.
- If a council has received funding for a phase 1 demonstrator, it is able to apply again in phase 2 as the administering authority provided that the application extends the scope of the phase 1 work being undertaken. The application must make clear how the second project differs from and fits in strategically with the first, e.g. covering a different population, including additional services, developing a higher degree of integration etc.
- The Department has no commitment to renew financial support after the term of the grant.
- The priority of the central CAF team following the shortlisting process will be to support shortlisted sites in preparing their final applications. Detailed feedback to unsuccessful sites at both stages of the process will not be provided. There will be an opportunity for interested parties to connect to the Demonstrator Site Programme in an ongoing way through the learning network.
- Applications should include details of related pilot work with relevance to CAF that is being undertaken locally and any connection to that work that will be undertaken as part of this project.

3. Summary of our application process

3.1 The selection criteria for the first phase of the Demonstrator Site Programme (DSP) focused on testing the core deliverables of a Common Assessment Framework for Adults at a time when all the challenges of introducing this new policy are unknown.

3.2 The purpose of the second phase of sites is to address challenges not currently addressed by the phase 1 sites, including those raised during the consultation on CAF. Bids will therefore be selected that best meet the core deliverables of the DSP while covering as many of the areas of interest as possible within the resources available.

3.3 Selection for the phase 2 sites will comprise two stages. During stage 1 expressions of interest will be submitted and subject to a shortlisting process. Shortlisted sites will work with the organisations supporting the DSP during stage 2, to produce a project plan. Phase 2 sites will be expected to

commence their project shortly after the completion of stage 2, in January 2010.

3.4 In **stage one** we are asking applicants to:

- Complete the application form provided for stage one (See Appendix 2).
- Indicate how their partnership will meet each of the core deliverables, and the areas of interest included in their plan. These are outlined in Part A, Section 4.

3.5 A small number of sites will be shortlisted to participate in **stage two** during which they will:

- Receive feedback from the selection panel.
- Be supported to develop a detailed project plan or PID, including an interim view of their plan from the CAF project team.

3.6 Final selection will be made using the plan developed during stage two. For selected applicants, this will form the basis of the agreement between them and the Department of Health.

4. Introduction to Stage 1 [July – October 2009]

4.1 The purpose of stage one is for partnerships to submit an initial expression of interest to the Department using the application form provided for stage one. The initial expression of interest should set out how the partnership meets the core deliverables for the Demonstrator Site Programme as set out in Part A, Section 4, while providing information on the areas of interest included in their plan. This will include an outline of the costs associated with their proposals.

4.2 The selection panel will be set up by the Department of Health and will include representatives from external organisations. Applications will be shortlisted based upon the assessed quality of the application against the core deliverables and the points highlighted at Part A, Section 3. We will contact both successful and unsuccessful applicants via email to confirm our decisions.

5. Introduction to Stage 2 [October – November 2009]

5.1 Proposals that are shortlisted will be invited to stage two of the application process where they will engage with key partner organisations including NHS Connecting for Health (NHS CFH).

5.2 This stage will lead to each site developing detailed project documentation to demonstrate in full how they propose to **deliver** their idea. The plan should include full cost impact of the proposal.

5.3 During this stage it will be possible to submit a provisional plan and receive further feedback from the CAF project team. An outline of the documentation is attached at Appendix 4, and must be submitted to the CAF project team by 26 November 2009.

5.4 Applications received during stage 2 will be considered using the selection criteria at Annex A (page 30).

6. The decision – December 2009

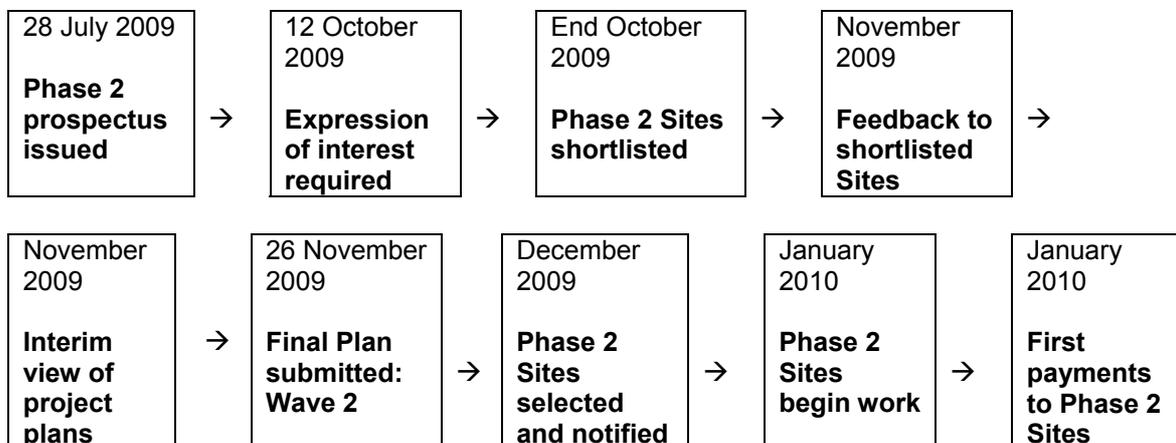
6.1 Submitted applications will be reviewed by the selection panel and recommendations made to Ministers, who will make the final decision on which projects are selected as Phase 2 Demonstrator Sites

6.2 Following a decision from Ministers, we will notify selected sites and any unsuccessful applicants of our decision via email, during w/c 14 December 2009.

6.3 **Successful applicants:** The plans submitted will form the basis of an agreement between the demonstrator and the Department of Health and funding will be allocated on this basis in January 2010 at which point Phase 2 Sites will begin to deliver their projects.

6.4 **Unsuccessful applicants:** The CAF project team will focus on supporting selected sites in commencing their projects, therefore limited resources prevents immediate detailed feedback. Shortlisted sites not selected for Phase 2 will be provided with a meeting / conference call or sent an email outlining the reasons behind the decision of the selection panel. There will be an opportunity for interested parties to connect to the Demonstrator Site Programme in an ongoing way through the learning network.

7. Timeline for Demonstrator Site Programme



PART C – Support for Partnerships

The purpose of this section is to:

- Outline the support that is available for council-led partnerships who are making an application to be part of the Demonstrator Site Programme.
- Set out our proposals for supporting selected sites in the longer-term.

1. Initial support

1.1 To support the completion of expressions of interest we will hold a series of regional meetings to provide further clarification and respond to specific questions. The events are being co-hosted by the Department of Health and its key partners.

21 July 2009 - York
23 July 2009 - Bristol
30 July 2009 - London
3 September 2009 - London

Details and online booking arrangements are provided at

<http://networks.csip.org.uk/Personalisation/PersonalisationEvents/>

1.2 We recognise that it will be difficult for some authorities to send a representative to attend one of these events. In view of this, we have set up a facility for applicants to e-mail questions and to seek advice and guidance. We will aim to respond to queries within a maximum of two working days. The address of this mailbox is cafdemos@dh.gsi.gov.uk.

2. Ongoing Support for Demonstrator Projects

2.1 Partnerships are an essential feature of the demonstrators and some sites may need help in getting the right arrangements in place, particularly if this involves radical ways of working together which are previously untested in that locality. Once the successful phase 2 sites are announced, support will be available from the organisations supporting the Demonstrator Site Programme.

2.2 Many of the support arrangements for the first phase of demonstrator sites will be extended to the phase 2 sites. This support will include:

- A network of Demonstrator Sites to share learning and responses to risks and issues, supported by a regular web based newsletter; and
- A series of events for early dissemination of lessons from across the demonstrators to inform other Sites.

2.3 Depending on the scope of the project, support relating to IT solutions will be available from NHS Connecting for Health. NHS CFH may help in facilitating discussions with IT suppliers and explaining what standards and services they have available. They also have a role in assuring the IT solutions connecting to the NHS Care Records Service.

IT System Suppliers for Phase 1 Sites

Supplier	System(s)
BT	RiO, Community & Mental Health
CoreLogic	Frameworki
CSC	Lorenzo R3 (planned)
Epic Solutions Ltd	
Graphnet Health Solutions	
Liquidlogic	PROTOCOL IAS
Maracis Solutions Ltd	
Northgate	Swift; AIS
OLM	CareFirst

In discussions with

Supplier	System(s)
EMIS	Primary Care
TPP	SystemOne, Primary Care

Application form and selection criteria for stage one

Specific Scheme of Grants (under Section 31 of the Local Government Act 2003 arrangements)

CAF for Adults: Demonstrator Site Programme

Expressions of Interest Application Form For phase 2 sites

Please return your completed form to the Department of Health by email to :
cafdemos@dh.gsi.gov.uk by no later than 12 October 2009.

Important notes

- Please read the full prospectus and the criteria at annex A before you fill in this application form.
- Applications must be submitted electronically and set within the guidance specified in the CAF DSP prospectus. Hard copy applications will not be accepted.
- Please set out all the information we ask for as clearly and briefly as possible in bullet point form or short paragraphs.
- The final section of Part A must be signed and dated by the Chief Executive of the CSSR that is the administering authority for the application.
- Please ensure that at Part B you provide an executive summary setting out the key elements of your proposal.

Electronic copies of this application form in Microsoft Word format is available and can be downloaded from our website at <http://www.dh.gov.uk/caf>

Only use this format of the application form.

If you would like us to acknowledge your application when we receive it, please ensure you fill in your email address, so that we can respond to you within 5 days.

<i>For official use only</i>	
Part A: General information	
Full name of CSSR with administering authority	
Name of contact person	
Position of contact person	
E-mail	
Phone number	
Address for correspondence	
<p>We require evidence of high level sign up to this project from the Director of Adult Social Services or the Chief Executive (or equivalent), who will take overall responsibility for local project delivery.</p> <p>I confirm the council's support for this application. I have seen letters of support from each of the partner organisations involved in the application.</p> <p>Name of Senior Responsible Officer:</p> <p>Position held:</p> <p>Date on which this application was authorised:</p> <p>Signature:</p>	

Part B: Executive Summary (*this section must not exceed 400 words. The box will expand as you type.*)

Set out the key elements of your proposal in bullet form. Including which areas of interest your project will address (as described in Part A section 4)

Part C1: General Information on Project

Please list all the other organisations included in your proposed partnership and briefly describe their role in delivering the project

Other local authorities or local government partner(s)

NHS Partner(s)

Independent Sector Partner(s)

Social Care IT System Supplier(s) including which version of the social care system is currently used.

NHS System Supplier(s) who's systems are relevant to the scope of the project (both implemented and planned, including versions of the systems and dates where planned)

Independent IT System Supplier(s) including the systems.

Part C2: Description of project.

Ensure that you address each question. **Your answer for each question must not exceed 450 words.** The boxes will expand as you type.

Please outline how your project will allow information to be shared across the organisations comprising your partnership, to facilitate streamlined person-centred and proportionate multidisciplinary assessment processes and care/support planning that deliver Self Directed Support through Personalisation?

Please describe which assessment tool you are using/ plan to use and how this will deliver the primary deliverable

Please describe how you will share information from assessments that are completed and stored across the partnership.

Where do you expect your project will result in releasing funding in the shape of cost-efficiencies within your partnership?

Please outline the anticipated impact of your proposals on performance and targets within your partnership.

Please outline how any other related pilot work in your area will connect to this application.

Please describe the additional objectives of your partnership, which should include at least one of the areas of interest, set out in Part A of the accompanying prospectus.

Part C3: Supporting Documentation/Information

Ensure that you address each question. **Your answer for each question must not exceed 450 words.** The boxes will expand as you type.

Please provide an initial project plan with a breakdown of the indicative costs of each element as part of the overall bid for resources.

Please provide evidence/details to demonstrate how personalisation and the wider transforming adult social care agenda has been taken forward in your area, including the current level of integrated working between health and social services.

Please outline the work that has already been, or will be undertaken to meet the Information Governance Statement of Compliance for Social Care. If you do not already have compliance, please provide a plan to complete by July 2010 setting out the steps you will take during this process.

Please confirm whether an N3 connection is already in place in your CSSR. If not, please provide a plan to complete by July 2010 setting the steps you will take during this process to implement an N3 connection.

Please confirm whether clients' NHS numbers can be recorded on the social services system and whether validated NHS numbers are held on the system currently (valid NHS numbers can be obtained from the NHS Personal Demographics Service Demographics Batch Service (DBS)). If not, please provide a plan to complete by July 2010 setting the steps you will take during this process. Please detail any recent work in this area, including work to improve coverage and the quality of demographics data or any steps you will take during his process to improve the coverage and quality?

(The NHS number will be necessary to provide an identifier for sharing information between the NHS and social services).

Please submit Business Process Maps to illustrate:

- 1. how personalisation is currently working in the partnerships; and**
- 2. how CAF will support the delivery of personalisation and self-directed support**

Please evidence user and carer involvement in the work of your partnership and how it will be expanded through this project.

Please confirm that the necessary staff to support this project will be freed up from existing duties by January 2010. Please provide names if possible of the project manager and core project team.

Selection Criteria for Applications at Stage One

Below we have detailed the three criteria that will apply to stage one applications. Criterion 1 has the highest weighting. It is anticipated that the answers given in completing this application form will provide the necessary detail to be assessed against these criteria.

- 1. How your project will meet the core deliverables of the Demonstrator Site Programme and the areas of interest for Phase 2 sites.**

- 2. The project will be supported by robust partnership arrangements with providers and commissioners of health, social care and others.**

- 3. Overall this programme is looking for a cross-section of partnerships that together:**
 - demonstrate a variety of different innovative approaches to establishing sustainable and replicable arrangements for information sharing and;
 - provide a range of unitary and county authorities, urban and rural, organisational performance, large and small, spread across England.
 - cover the areas of interest outlined in the prospectus including some of the IT systems which were not covered by the first phase.
 - connects to other pilot work that is linked to CAF.

Links to Supporting Documents

Putting people first: a shared vision and commitment to the transformation of adult social care

This ministerial concordat establishes the collaboration between central and local government, the sector's professional leadership, providers and the regulator. It sets out the shared aims and values which will guide the transformation of adult social care, and recognises that the sector will work across agendas with users and carers to transform people's experience of local support and services.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

LAC (DH)(2008)1: Transforming adult social care

This Local Authority Circular (published on 17 January 2008) sets out information to support the transformation of social care as signalled in the Department of Health's social care Green Paper, 'Independence, well-being and choice' (2005) and reinforced in the White Paper, 'Our health, our care, our say: a new direction for community services' in 2006. It describes the vision for development of a personalised approach to the delivery of adult social care and the context in which this policy is grounded. It also includes details of the new ring-fenced grant to help councils to redesign and reshape their systems over the next 3 years.

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_081934

This was built on by **LAC (DH)(2009)1: Transforming adult social care** which sets out, and reinforces the details of how the ring-fenced Social Care Reform Grant should continue to be used to help councils to redesign and reshape their systems over the remaining 2 years of the Grant. It also updates the information and support available to councils to drive the transformation of adult social care.

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_095719

NHS Connecting for Health: Health and Social Care Integration Programme

This project aims to enable improved outcomes for people using health and social care services. A small number of Social Care Personal Demographics Service early adopters are working with their social care systems suppliers to meet the information governance requirements of the NHS Cares Records Service, and to link their social care systems to the Personal Demographics Service so that social workers can accurately identify individuals for whom they are providing care jointly with the NHS. The project is also working with phase 1 CAF demonstrator sites to support their work with NHS CFH

standards and services and to provide assurance of social care systems linking to the NHS Care Records Service to share CAF assessment and care planning information.

<http://www.connectingforhealth.nhs.uk/systemsandservices/hscip>

Single Assessment Process

An introduction to the Single Assessment Process (SAP) for older people.

<http://www.dh.gov.uk/en/SocialCare/Chargingandassessment/SingleAssessmentProcess/index.htm>

The Centre for Policy on Ageing website for SAP contains the background development of professional learning and development materials and training protocols and practice.

http://www.cpa.org.uk/sap/sap_home.html

The Strategic Improving Information Programme (SIIP)

A Programme within the Department of Health, working to consolidate Social Care Information requirements for Local Authorities, and to link all of the Information Programmes for Social Care. The Programme aims to provide a consistent approach to development of the Adult Social Care Record that supports new initiatives. Its workstreams include establishing a framework for developing standards, work on data quality, consolidating work on business intelligence and performance, and reviewing and updating Social Care Information Guidance. The Programme aims to ensure that support for the Social Care workforce and management of cultural change underpins all of its workstreams.

<http://www.ic.nhs.uk/services/social-care/information-strategy-for-social-care/regional-roadshows-for-local-authorities-2009>

Supporting Materials

The following supporting documentation is available via the CAF Learning Network <http://www.dhcarenetworks.org.uk/CAF/>

- SCPEA Lessons Learned
- Phase 1 DSP Overview
- Phase 1 DSP Project Plans (with costing and commercially confidential information removed)
- Outputs from Residential
- CAF Consultation Document
- CAF Consultation - Reports (online, public events, cascade events)
- Updated Presentations from Phase 1 EOI events
- Graphics from Phase 1 Orientation Event
- CAF Issue Log

Project Plan Overview

Developing detailed project plans for CAF demonstrator sites

Introduction

Shortlisted sites will need to develop their proposals and submit full and detailed project plans.

This document sets out the topics that CAF Demonstrator Site detailed project plans need to cover. This will help to achieve:

- Consistency and robustness of approach across all demonstrator sites
- Completeness – omissions of key information will be avoided
- Good practice in project governance and project management
- Better evaluation of the programme

We do not want to dictate the precise format of detailed project plans; sites may wish to use their own in house project management approach or a method such as PRINCE2. However, as a minimum, we expect to see the following areas covered:

1 Background

Explains the context of the project and how you have arrived at the current position of requiring a project.

2 Project Definition

2.1 Project Objectives

Specifically, *what* your project sets out to achieve, expressed, where possible, in measurable terms.

2.2 Defined Method of Approach

How you will approach the project: e.g. your approach to business change, coproduction, training, benefits management and information technology.

2.3 Project Scope

What is *included* in and what is *excluded* from of the project.

2.4 Project Deliverables and/or Desired Outcomes

- What are the core CAF deliverables of the project and the areas of interest addressed by the project.
- What cost efficiencies/savings will be delivered by the project?

2.5 Constraints

Restrictions on time, resources, funding and/or the eventual outcome. IT considerations.

2.6 Assumptions

Expectations on time, resources, funding and/or the eventual outcome. IT considerations.

2.7 Interfaces

How the project links to other initiatives, either within the partner organisations or in the wider / national environment, including any dependencies.

3 Project Organisation Structure

3.1 Project Management Team Structure

Including roles, person days, and named individuals, both local sites and suppliers.

3.2 Project governance

Project board and relationship with other local governance structures.

4 Communication Plan

Defines all stakeholders with an interest in the project, such as citizens, voluntary sector, service and equipment providers and your workforce, and the means and frequency of communication between them and the project.

5 Project Quality Plan

Defines the quality techniques and standards to be applied and the various responsibilities for achieving the required quality levels during the project.

6 Project Controls

Sets out how control is to be exercised within the project and the reporting and monitoring mechanisms that will support this; it will include the exception process.

7 Project Resources

Indicative costs, phased by year of spend and identifying capital and revenue costs separately; financial resources, including locally funded resources; human resources.

8 Initial Business Case

Explains why the project is being undertaken, anticipated benefits and approach to identifying and managing benefits to be taken in the project.

9 Initial Project Plan

Projected timeline and key milestones.

10 Initial Risk Log

Sets out the results of risk analysis and risk management activities. How risks and issues will be raised, managed and escalated within the project governance structure.