

## DACORUM HCOP LSP Group

Dear Colleagues,

There is now the possibility that the PCT will be able to fund smaller projects with clear health outputs based upon need and effectiveness through our Partnership. As such for consideration at next week's meeting I have drafted:-

A Guidance Sheet  
An Application Form

Which I hope we can consider. For any of you that are unable to attend the meeting your comments by email would be much appreciated.

Kind Regards

*Peter*

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East and North and West Hertfordshire Primary Care Trusts

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*Referral pathway  
for Heat Aware*

*checklist to go through*

*common across county  
for all councils*

**DACORUM HEALTHIER COMMUNITIES AND OLDER PEOPLE LSP GROUP  
INFORMATION AND CRITERIA FOR PARTNERSHIP HEALTH FUNDS  
2008-2009**

**GENERAL FUNDING INFORMATION**

Applications are invited from groups involved in a range of health and social care activities to submit bids for funding consideration (as a guide, up to £1,000 per initiative per organisation will be considered) from a total budget of £10,000 for Dacorum.

*NOT SET but could be one big project*

The initiatives must be delivered within Dacorum, contributing to improvements in health and reducing health inequalities amongst the local population.

**The funds available may be used by either the voluntary or statutory sectors – but bids that demonstrate partnership work between agencies are preferred. This funding is not for recurrent activity – it is not intended to provide core funding or to replace mainstream funding.**

**SPECIFIC LOCAL CRITERIA**

Funding will be allocated to projects/initiatives that :

- 2.1 Integrate into the action plans of the Dacorum Partnership and take forward Dacorum's shared health priorities or work towards the LAA priorities. These are:
- *Insert Targets from SCS*

**(Bidders must discuss their proposal with the relevant lead for the priority area that their bid relates to and with any other organisations involved. Priority contact lead details will be sent out to these applicants.)**

- 2.2 Involve partnership working
- 2.3 **MUST HELP TO Reduce health inequalities** *— PGT has been targeted to do this by Audit Commission*
- 2.4 Demonstrate evidence of how the project will work and clearly state what the expected health outcomes are.
- 2.5 Take into account existing services and initiatives so as to avoid duplication and enhance current activities. Projects exhibiting a flexible joint approach between the health services, local government and the voluntary sector are particularly welcome. *link to Statutory organisations*
- 2.6 Applications must meet one or more of the "shared priorities" and will be selected according to their ability to impact upon reducing local health inequalities and improving health. Therefore consideration should be given to producing a bid that includes:
- A description of the health issue that will be tackled, together with any needs assessment details. State which priority will be targeted.
  - Aim and objectives, together with a brief description of the initiative and supporting evidence for the intervention chosen. A brief action plan indicating key milestones for the delivery of the work.
  - How the initiative will improve local health.

- How the initiative will reduce health inequalities.
- Monitoring and evaluation process / How the process and outcome will be monitored.
- What the funding is for and how it will be used, including a breakdown of costs
- Which organisation will receive funding.
- How the work will be sustained beyond the period of funding, where appropriate.

An application form is attached

Money upfront - PCT can do this  
or after done work?

? cut off date eg June — need to  
Bill must be presented before 31/3 <sup>get</sup> <sup>sailed</sup>  
(even if work done afterwards) <sub>by</sub>

This ~~is~~ money is for one year only

This group can add specifics Age Concern

This group's targets as well as CVS  
sustainable targets local ~~paper~~ — make  
an article

PW to send round electronically  
Comments as q

# Dacorum Healthier Communities and Older People LSP Group

## APPLICATION FOR LOCAL PROJECT MONEY

April 2008 – March 2009

Please complete all applicable sections of this form

1.	<b>Name of Organisation:</b>
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2.	<b>Title of Project:</b>
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3.	<b>Brief Description of Project:</b>
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4.	<b>Timetable:</b>
	Proposed Start Date:                      Proposed End Date:

5.	<b>How does the scheme contribute to the aims and objectives of the LSP / LAA ?</b>
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6.	<b>Target group / client group (s) that the scheme is intended to benefit:</b>
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<b>7.</b>	<b>What benefits will the scheme bring, and how will you measure it?</b> Please list up to three main benefits, how you will achieve these benefits, and how you will measure whether you have achieved them:	
a)	<b>Description of Outcome 1:</b>	
	How will you achieve this outcome ?	
	How will you measure it ?	
b)	<b>Description of Outcome 2:</b>	
	How will you achieve this outcome ?	
	How will you measure it ?	
c)	<b>Description of Outcome 3:</b>	
	How will you achieve this outcome ?	
	How will you measure it ?	
<i>(You may expand the size of the boxes if completing an electronic copy, or give this information on a separate sheet).</i>		

<b>8.</b>	<b>Funding Required</b>	
	Total Funding Required :	£ .....
a)	<b>Is Capital Funding Required?</b> (e.g. cost of equipment or building)	
	YES / NO	
	If 'yes' – what sum is being requested? £ .....	
	For what purpose?	
b)	<b>Is Revenue Funding Required?</b> (e.g. wages, salary, expenses)	
	YES / NO If 'yes' – what sum is being requested? £ .....	
	For what purpose?	
c)	<b>By what date is the funding required?</b>	

d)	<p><b>What other sources of money (if any) are being used or sought to fund the project/activity? (Please specify amount and source)</b></p> <p>£ .....</p> <p>£ .....</p> <p>£ .....</p>
e)	<p><b>If the scheme is ongoing, how will it be financed in future years?</b> (Local project money is unlikely to be given to the same scheme in successive years)</p>

9.	<p><b>Please give any further information you wish the Partnership to have to assist them in making a decision:</b></p> <p style="text-align: center;"><i>(If you have given any supporting information in a covering letter, please also make reference to this information here.)</i></p>
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10.	<p><b>We need to be satisfied that your organisation is run on a sound financial basis.</b> Existing organisations should enclose a copy of their most recent accounts, and their projected cash flow if the period covered by these accounts ends before 31<sup>st</sup> March 2008.</p> <p style="text-align: center;">Enclosed : <input type="checkbox"/></p>
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11.	<p><b>We need to know that this scheme has been financially costed and planned.</b> <u>ALL</u> organisations must submit an outline budget for the proposed scheme.</p> <p style="text-align: center;">Enclosed : <input type="checkbox"/></p>
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12.	<p><b>If your application is successful, to whom should the cheque be made payable?</b> (Please give exact title of account).</p>
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13.	<p><b>Applicants should enclose their equal opportunities policy.</b> Schemes that have no existing policy will be expected to abide with the PCT / County or Local Council's Equal Opportunities Policy. (Copies are available on request).</p>
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	Enclosed <input type="checkbox"/>
	Abide by PCT / County / District Council Policy <input type="checkbox"/>

<b>14.</b>	<b>Details of applicant (from whom additional information may be sought)</b>  Name (Mr/Mrs/Miss/Ms): .....  Position in Organisation: .....  Address for Correspondence: .....  Post Code: .....  Telephone No: .....  Fax No: .....  e-mail address: .....
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**The information given on this application form is correct to the best of my knowledge.**

**I give consent for the information given to be stored and held in accordance with the Data Protection Act 1998 and used by the Dacorum Partnership, and their agents. I understand that, if my application is successful, the name or my organisation and the amount awarded will be published by the Partnership and may be made available in paper and electronic form.**

Signature: .....

Date: .....

Name (please print): .....

<p>Successful applicants will be notified within 4 weeks of the meeting. They will be required to invoice the West Hertfordshire Primary Care Trust.</p>
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Please return the completed application form to:

Liz Goodwin  
West Herts PCT  
Royalty House  
10 King Street  
Watford  
WD18 0BW

Tel : 01923 281600

Fax: 01923 281602  
[pcts.nhs.uk](mailto:pcts.nhs.uk)

e-mail: [liz.goodwin@herts-](mailto:liz.goodwin@herts-pcts.nhs.uk)