

A large, solid green curved graphic that starts from the left edge of the page and curves downwards and to the right, ending at the bottom right corner.

Improving the environment of care for people with dementia

*NHS and Social Care Guidance for Capital Funding
Applications*

Improving the environment of care for people with dementia

All publications that are six or more pages in length must include a Gateway information reader box (IRB) on this page. A downloadable Gateway IRB and accompanying guidance are available from the Delphi page below.

[Gateway IRB](#) on Delphi

Please send your completed IRB to the Gateway team. They will then send back the approved IRB for you to insert on this page. Delete all of this text after inserting your approved IRB.

Delete all of this text from this page if your document is under six pages in length.

You may re-use the text of this document (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence/

© Crown copyright 2012

First published November 2012

Published to DH website, in electronic PDF format only.

www.dh.gov.uk/publications

Improving the environment of care for people with dementia

DH INFORMATION READER BOX

Policy	Clinical	Estates
HR / Workforce Management	Commissioner Development Provider Development	IM & T Finance
Planning / Performance	Improvement and Efficiency	Social Care / Partnership Working

Document Purpose	For Information
Gateway Reference	18396
Title	Improving the environment of care for people with dementia - NHS and Social Care Guidance for Capital Funding Applications
Author	Department of Health / NHS Estates & Facilities Policy / Group Operations & Assurance Directorate
Publication Date	30 November 2012
Target Audience	PCT Cluster CEs, NHS Trust CEs, SHA Cluster CEs, Care Trust CEs, Foundation Trust CEs , Directors of Nursing, Local Authority CEs, Directors of Adult SSs, PCT Cluster Chairs, NHS Trust Board Chairs, Directors of Finance, Allied Health Professionals, GPs, Communications Leads
Circulation List	PCT Cluster CEs, NHS Trust CEs, SHA Cluster CEs, Care Trust CEs, Foundation Trust CEs , Directors of Nursing, Local Authority CEs, Directors of Adult SSs, PCT PEC Chairs, PCT Cluster Chairs, NHS Trust Board Chairs, Directors of Finance, Allied Health Professionals, GPs, Communications Leads
Description	Guidance for applicants to a capital programme aimed at improving the care environment for people with dementia in England by means of conducting a series of NHS and Social Care National pilot projects, evidence and findings from these projects will be gathered and developed into policy and to inform best practice guidance for the NHS and Social Care in England.
Cross Ref	N/A
Superseded Docs	N/A
Action Required	Applicants to read in conjunction with the application template
Timing	By 16 January 2013 Deadline fo Stage One Expression of Interest application. By 30 April 2013 Deadline for Stage Two applications
Contact Details	Christopher Farrah NHS Estates & Facilities Policy / Group Operations & Assurance Directorate Quarry House Quarry Hill Leeds LS2 7UE 0113 254 5620 http://www.dh.gov.uk/health/category/policy-areas/social-care/dementia/
For Recipient's Use	

Improving the environment of care for people with dementia

Prepared by

NHS Estates and Facilities Policy Division,

Group Operations & Assurance Directorate

Department of Health

And

Older People and Dementia,

Social Care, Local Government and Care Directorate

Department of Health

Contents

	Page
Foreword: Secretary of State for Health	6
Section 1 Programme Description and Background to Improving the Environment of care for people with dementia	8
Section 2 Information on the involvement of The King's Fund Enhancing the Healing Environment programme	12
Section 3 Information for NHS Dementia Friendly Environments Capital programme	14
Section 4 Information for Social Care Dementia Friendly Environments Capital Grant programme	16
Section 5 Information relevant to all applicants	19
Section 6 Contacts	29
Annex A Questions and Answers	30
Annex B Stage 1 Expression of Interest Application	33
Annex C Stage 2 Committed to Proceed Application	34

Foreword: Secretary of State for Health

ENVIRONMENTS OF CARE FOR PEOPLE WITH DEMENTIA

This initiative is part of a range of actions my Department is taking forward to deliver the Prime Minister's Challenge on Dementia, an ambitious programme of work designed to make a real difference to the lives of people with dementia. The Challenge, launched in March 2012, builds on the achievements of the National Dementia Strategy to secure greater improvements in dementia care and research so that people with dementia, their carers and families get the services and support they need.

On 25 October 2012, at the National Children and Adult Services (NCAS) conference, I launched a £50million dementia-friendly environments investment to support the NHS and social care to create dementia-friendly environments. This investment will deliver physical improvements and knowledge-based evidence in NHS and social care environments that provide care for people with dementia through a range of national pilot projects. It will build on work already undertaken by The King's Fund to improve knowledge and evidence about the aspects of the physical care environment which can be used to improve the care of people with dementia.

One of my priorities as Health Secretary is to make England one of the best countries in Europe to grow old, by transforming care for people with dementia and improving the support we give to their families and carers. This £50m investment is intended to support the delivery of dementia-friendly environments which will make a real difference to the care and support we provide.

People with dementia and carers tell us time and again that when it comes to hospitals, care homes and other health and care settings, it's often small things make a big difference.

Things like:

- making places light and airy;
- being able to go outside;
- installing handrails;
- using design and colour to help people find their way around; and
- making sure that the floor doesn't shine and look slippery.

Simple things that can help keep people feel more relaxed when they're in an unfamiliar place. Making hospitals and care homes feel less... "Institutional". It's about seeing places from the point of view of someone with dementia and applying a good dose of common sense.

I would like to emphasise how partnering with expert organisations from a wide range of sectors is central to our work in this area.

In 2009, the Department asked The King's Fund to extend their 'Enhancing the Healing Environment (EHE)' programme to improve the environment of care for people with dementia. The programme not only resulted in transformed environments, but also in improvements in the organisation and delivery of care for people with dementia. Many of the NHS Trusts

Improving the environment of care for people with dementia

involved have reviewed their policies on the creation of therapeutic environments as a result of their participation in the programme.

Although some of these projects have only recently been completed, they are showing that:

- people with dementia are more relaxed, less distressed and appreciate newly created quiet spaces;
- redesigned ward and social areas can provide meaningful and purposeful activities;
- there has been a marked reduction in challenging behaviour;
- carers, relatives and friends are visiting more often and staying longer, enjoying more interesting environments and redesigned gardens; and
- there has been an improvement in recruitment and retention of staff and increases in morale

As well as improving the quality of NHS and social care environments for people with dementia, this far reaching initiative will gather knowledge and evidence to help the NHS and the social care system really change how they deliver care to people with dementia, supporting my priority of making England one of the best countries in the world to grow old.

A handwritten signature in black ink that reads "Jeremy". The signature is written in a cursive, slightly slanted style.

Jeremy Hunt MP
Secretary of State for Health

Section 1 - Programme description and background to Improving the environment of care for people with dementia

- 1.1 Dementia is one of the most important issues we face as the population ages. There are currently estimated to be 670,000 people in England with dementia and numbers are expected to double in the next 30 years. Dementia costs society an estimated £19 billion a year and this is expected to rise to over £50 billion a year in the next 30 years. So the scale of the problem now and in the future cannot be underestimated.
- 1.2 The National Dementia Strategy '*Living well with dementia*' was published in February 2009 and is being implemented over a five-year period to 2014. It sets out 17 key objectives designed to make significant improvements in the quality of care for people with dementia and their carers, with specific objectives relating to the quality of care in general hospitals and in care homes.
- 1.3 Twenty-five percent of acute hospital beds are occupied by people with dementia. General hospitals are particularly challenging environments for people with memory and communication problems, with cluttered ward layouts, poor signage and other hazards. These are important factors in influencing the fact that people with dementia have worse outcomes in terms of length of stay, mortality and institutionalisation. This impact is not widely appreciated by clinicians, managers and commissioners. The National Audit Office has estimated the excess cost to be more than £6 million per year in an average general hospital.
- 1.4 The physical environment is equally important in care homes, where an estimated two thirds of residents have dementia. Those homes, seen as providing the best quality of care for people with dementia, generally pay close attention to, amongst other things, providing a physical environment that enables people with dementia to move around the home safely, reduces the potential for confusion and supports them to live well with the condition.
- 1.5 The work of The King's Fund Enhancing the Healing Environment (EHE) project in delivering dementia friendly environments has been widely welcomed, both by the Department and others involved in dementia care. It is important that the lessons learned from the EHE projects are properly disseminated to inform and influence the future development of health and social care environments for people with dementia.
- 1.6 Since the National Dementia Strategy was published, the profile of and priority given to dementia has continued to grow, as illustrated by the Prime Minister's Challenge on Dementia, published in March 2012. The Challenge builds on the achievements of the National Dementia Strategy to secure greater improvements in dementia care and research so that people with dementia, their carers and families get the services and support they need. It focuses on three areas – driving improvements in health and care, creating dementia friendly communities that understand how to help and better research. Helping to improve the physical environment for people with dementia in hospitals and

Improving the environment of care for people with dementia

care homes will undoubtedly be an important aspect of improving the overall quality of care provided for people with dementia, as well as ensuring better outcomes and reducing costs. Information on the Prime Minister's challenge can be found at <http://www.dh.gov.uk/health/2012/03/pm-dementia-challenge/>

Programme Description

A capital investment fund to improve environments for people with dementia, gathering evidence and findings to develop policy and best practice guidance in partnership with health and social care

- 1.7 As part of the implementation of the Prime Minister's Challenge on Dementia, on 25 October 2012, the Secretary of State for Health announced a £50 million fund for the creation of custom designed care facilities for people with dementia in health and social care environments. £25 million will be allocated to local authorities working in partnership with social care providers and £25 million to be allocated to NHS providers for these national pilot projects. Local authorities and NHS providers are encouraged to work together to develop creative approaches to the delivery of integrated care for people with dementia. Joint bids from NHS trusts and local authorities would be particularly welcomed. Bids may be made to improve the environments which provide specialist dementia care services, for example, in wards and care homes, as well as general hospital and social care environments where people with dementia are cared for.
- 1.8 At the end of the capital programme, health and care environments should be able to point to value for money **tangible physical improvements** and show how these contribute to **improved care provision** for people with dementia, their families and carers.

Objective

- 1.9 To improve the care environment for people with dementia by means of conducting a series of NHS and Social Care National pilot projects, evidence and findings from these projects will be gathered and developed into policy and to inform best practice guidance for the NHS and Social Care.

Available Funding

- 1.10 The programme will consist of two main elements:
 - During winter 2012-13, an expression of interest to join the programme (stage 1), followed by a committed to proceed application (stage 2) early in the 2013 new year with a May/June 2013/14 project capital allocation of up to circa £1million for the team to undertake an approved project to improve the environment to better support people with dementia. Projects must be conceived to promote service user wellbeing and to foster a healing environment. The emphasis is on high quality value-for-money schemes which make maximum impact with the resources available and exemplify good design principles and are capable of being completed by March/April 2014.
 - £5 million is being made available in 2012/13 for both NHS and Local Authorities working in partnership with their social care providers. At successful completion of a stage 1 application, the DH will release an initial capital sum of 10 percent of the

Improving the environment of care for people with dementia

total capital costs of the project to organisations. This release of capital must be directly attributable to developing the stage 2 committed to precede application and will be reclaimed by DH if an applicant fails to deliver a successful stage 2 application, in accordance with this published guidance. The stage 1 release of this capital must be used only in bringing the approved dementia friendly environment asset into being and into appropriate condition for their intended use in accordance with DH financial accounting procedures. For example, professional fees associated with acquiring the asset, delivery costs, installation costs, site clearance and stamp duty are capital expenditure. In-house costs, e.g. staff time that is directly identifiable in bringing a fixed asset into being, may be capitalised but not general administration and wasted costs.

- Applicants are asked to confirm that any such general administration and wasted costs that may be incurred can be met either from within existing resources and / or from levered monies. Applicants are asked to provide details on any levered monies and in-kind contributions from partners.
- During 2013/14 and 2014/15, an evidence gathering and knowledge sharing programme to enable the development of best practice guidance will be undertaken in partnership with the successful national pilot schemes. This will involve a multidisciplinary team, including estates and facilities staff, health and social care workers and service user representatives, providing evidence and operational information to inform the future development of dementia friendly environment guidance.

1.11 Due to the tight timescales associated with the early 2013/14 capital investment, applicants will need to be in an advanced capital planning position with regards to scheme development. There is an expectation that the design development of schemes will be advanced although applicants will be capable of developing their proposals further to take on board the knowledge and best practice which earlier King's Fund EHE research projects derived. Within these parameters successful applicants will be able to choose the way in which they wish to use the capital allocation.

In order to meet the selection criteria, schemes must confirm in their expressions of interest (stage 1 application) that:

- their proposal is a physical improvement in an area used by people with dementia and their relatives;
- demonstrate the public sector Equality Duty has been addressed and that people with dementia and their carers have been involved in the choice of site and will directly benefit from the scheme²;
- be in line with the applicant's strategic direction;
- represent good value for money, be well-conceived and aspire to the highest design standards;
- be supported by the organisation's CEO and Director of Finance who will commit the organisation to sharing evidence and findings to support the development of best practice guidance and future policy;

² For information on the Equality Duty please refer to Government Equalities Office at the link below:

<http://www.homeoffice.gov.uk/publications/equalities/equality-act-publications/equality-act-guidance/equality-duty?view=Binary>

Improving the environment of care for people with dementia

- confirm that they will be completed by 31 March 2014.

See section 5 **Information relevant to all applicants - Summary of Criteria Used to Assess the Applications** for a detailed summary of the selection criteria.

See Annex B page 31 **Stage 1 Application Pro Forma** for the standard application form template.

Section 2 - Information on The King's Fund Enhancing the Healing Environment (EHE) Programme

- 2.1 The King's Fund is a key stakeholder and partner to the Department on dementia friendly environment design and the knowledge and best practice derived from the recently completed EHE dementia programme will be mainstreamed into the pilot projects.
- 2.2 The King's Fund EHE programme commenced in London in 2000 and has been designed to encourage and enable nurse-led teams to improve the environment in which they deliver care.
- 2.3 The programme in London was initially funded by The King's Fund who has invested over £2.5 million in the programme. Since 2003 the Department of Health (DH) has funded its extension in England. By 2012 over 230 teams from acute, mental health and community hospitals, hospices and Her Majesty's Prisons will have participated in the programme. Projects have ranged from refurbishments of wards, corridors and dining areas, redesigns of hospital waiting areas, the creation of gardens and quiet spaces, the introduction of art works in patient areas, to the redesign of bereavement facilities and mortuary viewing rooms.
- 2.4 In 2006 in partnership with NHS trust charities and a national cancer charity, the programme was extended to a pilot group of eight hospitals and hospices who focused on improving environments for care at end of life. In 2008, a further 19 NHS organisations and one HM Prison joined the DH-funded national extension of the environments for care at end of life programme.
- 2.5 More recently, The King's Fund have completed an extension to the EHE programme in a special initiative funded by the Department of Health to improve the environment of care for people with dementia.
- 2.6 The EHE programme has consisted of two main elements: a development programme for a multidisciplinary team and a capital grant towards an environmental improvement project.
- 2.7 A key part of the success of the EHE programme over the last 12 years has been the strong project management provided by The King's Fund which has ensured that progress on all projects has been tracked and all schemes have been completed to the DH's agreed criteria.

Improving the environment of care for people with dementia developing evidence and findings in partnership with the NHS and social care

- 2.8 In order to develop robust design guidance for the NHS (acute, community and mental health) and Local Authorities working in partnership with social care providers, more work would need to be undertaken with the service to test the initial design principles and findings developed as part of the Department of Health's commissioned Enhancing the

Improving the environment of care for people with dementia

Healing Environment (EHE) programme which has been developed and managed by The King's Fund.

2.9 The EHE programme to improve the environment of care for people with dementia has emphasised the lack of staff training about the impact of the environment on people with dementia even among specialist dementia care staff.

2.10 In addition The King's Fund has found that even modern purpose built hospital accommodation is not necessarily dementia friendly as there are often common issues such as:

- poor signage and lack of way-finding cues;
- poor use of colour and contrast;
- unhelpful lighting – glare and pooling;
- shiny floors;
- clutter and distractions;
- stark, unwelcoming spaces off long featureless corridors;
- no personalisation of space; and
- under-use of gardens and outside spaces

Range of schemes

2.11 In order to develop guidance for the whole of the care pathway, schemes would need to cover diagnosis to end of life care: from memory clinic to palliative care. As part of the national pilot scheme selection process, the Department will work with partners to scope the full range of required schemes in order for guidance to be field tested and developed and ideally as many of these as possible should be included in the funded group.

2.12 An assessment tool and overarching design principles have been developed using the experience gained from the 23 trusts participating in the EHE programme to build on the evidence and international best practice in creating more supportive care environments for people with cognitive problems and dementia.

2.13 These include Dementia Friendly Environments Design resources developed by The King's Fund Enhancing the Healing Environment programme supported by the DH.³

³ Further details about The King's Fund including information on the independent evaluations can be found at www.kingsfund.org.uk and www.kingsfund.org.uk/dementia

Section 3 - Information for NHS Trusts Dementia Friendly Environments capital programme

What is the programme?

- 3.1 The Department of Health has identified a total of £50 million to fund improvements to the physical environment for care of people with dementia in England, across NHS and social care.
- 3.2 The Department of Health is making available a substantial amount of capital (£25million) during 2012/13 and 2013/14 financial planning years to NHS trusts to make capital investments in improving the environments of care to support people with dementia.
- 3.3 The capital allocation will be up to circa £1m. Please note only in exceptional cases will an allocation be awarded in excess of this figure. As the aim is to benefit the greatest possible number of people, large grants are likely to be few in number.
- 3.4 The Department of Health will provide for each successful applicant:
 - DH capital allocation through Public Dividend Capital (PDC)
 - Capital application/guidance resource materials (this document)
 - A project monitoring and evaluation framework (to be developed with successful applicants, provided after stage 2)
 - Stakeholder partnering to organisations by mainstreaming best practice to enable them to deliver their schemes and to participate in the development of an evidence gathering and fact-finding exercise leading to the production of dementia friendly environments building design guidance known as a 'Health Building Note (HBN)'. This may include the provision of resources, workshops for the project team and site visits.

Eligibility

- 3.5 All NHS acute, community and mental health trusts, both NHS and Foundation Trusts in England, are eligible to apply to join the new programme.
- 3.6 Trusts who have previously participated in an EHE programme will be eligible to apply on the understanding that if successful their project team will produce evidence which includes the original EHE scheme if required.
- 3.7 NHS Trusts are encouraged to work with local authorities and social care providers in their area to develop creative approaches to the delivery of integrated care for people with dementia and to consider the opportunity of making a joint bid.

NHS Applicants what happens if successful?

- 3.8 Initially, if your application for capital is successful, an award letter will be sent to your Chief Executive confirming your successful application at stage 1 to join this National pilot programme. At Stage 1 an initial conditioned release of capital of up to 10% will be made.
- 3.9 The Stage 1 application must be signed by your Chief Executive, agreeing to the conditions of the pilot programme. We also ask you to confirm which dates the project will start and when you expect to complete it.

Capital Allocation

- 3.10 The Department of Health reserves the right to withdraw funding in the event that no evidence is shown of the provider's commitment to delivering the project in line with the established conditions and timescales for the application, so it is important that you keep us up to date with the progress of your project.
- 3.11 Please refer to section 5 for further detailed considerations

Section 4 - Information for Social Care Dementia Friendly Environments capital grant programme

What is the programme?

- 4.1 The Department of Health has identified £50 million to fund improvements to the physical environment for care of people with dementia in England. £25 million will be allocated to local authorities in 2012/13 and 2013/14, working with social care providers.
- 4.2 At the end of the capital grant programme, a provider of dementia care services should be able to point to tangible physical improvements in their environments and show how these contribute to improved care provision for people with dementia, their families and carers.

The pilot programme

- 4.3 Based upon experience and knowledge derived from The King's Fund, the Department of Health has developed principles, criteria and frameworks for the investment which are described in section 5 below.
- 4.4 The Department of Health will provide for each successful applicant:
 - DH capital allocation through Capital Grant
 - Capital application/guidance resource materials (this document)
 - A project evaluation framework (to be developed with successful applicants, provided after stage 2)
 - Stakeholder partnering to organisations by mainstreaming best practice to enable them to deliver their schemes and to participate in the development of an evidence gathering and fact finding exercise leading to the production of dementia friendly environments building design guidance known as a 'Health Building Note (HBN)'. This may include the provision of resources, workshops for the project team and site visits.

Available Funding

- 4.5 Total available funding is £25 million. The capital grant range from circa £100k up to circa £1m. Please note only in exceptional cases will a grant be awarded in excess of this figure. As the aim is to benefit the greatest possible number of people, large grants are likely to be few in number.

Eligibility Criteria

4.6 Eligible organisations in England are:

- Local authorities working in partnership with social care providers from the statutory, independent or voluntary sectors. In two-tier areas, counties are encouraged to work in partnership with relevant district authorities.
- Local authorities are also encouraged to work with NHS organisations in their area to develop creative approaches to the delivery of integrated care for people with dementia and to consider the opportunity of making a joint bid.

Social Care Applicants what happens if successful?

4.7 Initially, if your stage 1 application for a capital grant is successful, a letter will be sent to the local authority Chief Executive or equivalent, confirming your successful application at stage 1 to join this National pilot programme. At Stage 1 an initial conditioned release of capital of up to 10% will be made. You will therefore need to confirm your financial details to enable this funding to be transferred. Please note that the Department of Health will only transfer funding through approved Local Authority financial accounting systems. It is therefore important that you fully detail this information along with your finance departments contact details at application stage.

4.8 The Stage 1 application must be signed by the local authority Chief Executive or equivalent, agreeing to the conditions of the grant. We also ask you to confirm which dates the project will start and when you expect to complete it.

Claiming payments

4.9 In line with Department of Health finance best practice guidelines, payments will be made on receipt of evidence of expenditure. This is required in order that the department can maintain accountability to Parliament for the correct expenditure of tax payers money. If your grant application is successful we will ask you for a Schedule of Payment indicating when you would like payments to be made. Payments can be spread as and when required from notification of successful application, when projects should begin, to early February 2014.

4.10 At stage 1 a conditional initial advance payment of up to 10% of the total capital costs excluding vat can be made to cover the costs of developing the capital scheme. This initial payment is intended to cover the first few months of anticipated expenditure, as well as covering professional fees incurred since the application closing date where this relates to necessary preparation to ensure effective delivery of the project. Please note: reimbursement of professional fees relates only to successful applications and costs incurred before a grant agreement is issued are not eligible or incurred at risk. Proof of payment covering the initial advance must be submitted before further payments can be released. Successive payments will then be dependent on receipt of previous expenditure.

Improving the environment of care for people with dementia

4.11 In order to release grant payments, you would need to send to the Department of Health's Dementia Friendly Environments team:

- an invoice made out to Department of Health for the requested amount
- a grant claim form, detailing the evidence of expenditure enclosed, signed by the chief executive and/or director of finance or equivalent
- evidence of expenditure, such as the original copies of receipted invoices, for the total amount of the requested payment as outlined in the payment schedule
- all grants must be claimed before end February 2014

Social Care Applicants accounting for your grant

4.12 This is a National pilot initiative, which the Department of Health is seeking to partner with a number of organisations including Local Authorities in conjunction with their social care providers. The purpose is for National pilots and DH to collaboratively undertake an evaluation and fact finding exercise in order to develop future policy requirements and national/ local best practice guidance as to what constitutes a high quality dementia friendly environment for the care of people living with dementia.

4.13 The Department of Health will not act to performance manage Local Authorities capital expenditure in respect of this process. Furthermore it is for Local Authorities to assure through their own governance and accountability protocols that tax payers money has been correctly expended on the purpose it was intended. It is therefore expected that Local Authority applicants will be capable of maintaining all necessary records which clearly show how the grant was used.

4.14 The Department of Health reserves the right to withdraw funding and reclaim the initial Stage 1 10 percent grant release in the event that no evidence is shown of a dementia service provider's commitment to delivering the project in line with the established conditions and timescales for the grant or should a stage 2 application be unsuccessful.

Section 5 - Information relevant to all applicants

Capital Classification

5.1 For the purpose of this programme, capital is classified as:

- work that generates a physical asset, with an expected life of more than one year;
- DH capital resources may only be used to finance the delivery of what, under International Financial Reporting Standards (IFRS), are regarded as non-current assets (tangible, intangible or investments).

5.2 A key requirement of non-current assets is that there is a reasonable probability that they will deliver future economic benefit (i.e. valuable service) over more than one year (in most cases many years).

5.3 A non-current asset can be bought or enhanced (e.g. by building an extension to a house) with capital funds. Expenditure to maintain an asset at its current state (e.g. repainting the walls in a house) is not normally regarded as capital expenditure and cannot be funded with DH capital.

5.4 A threshold value of £5,000 per item inclusive of VAT must generally be reached before expenditure can be funded with capital.

5.5 Exceptions may be allowed, where the assets form part of a group of assets that aggregates to more than £5,000. The most common example of this is in the initial equipping of a building.

5.6 To qualify as a group, the assets must meet all of the following criteria:

- functionally interdependent (e.g. an equipment network)
- acquired at the same date and likely to be disposed of at about the same date
- under single managerial control
- each component asset of the group must cost £250 or more

5.7 Only costs that are directly attributable to bringing a non-current asset into being and into appropriate condition for their intended use can be capitalised and funded with DH capital.

5.8 For example, professional fees associated with acquiring the asset, delivery costs, installation costs, site clearance and stamp duty are capital expenditure. In-house costs, e.g. staff time that is directly identifiable to bringing a fixed asset into being, may be capitalised but not general administration and wasted costs.

5.9 Capital funding may be used to fund grants to non-NHS third parties, where the grant-giving power exists, and where the funding will be used to deliver fixed assets in the

Improving the environment of care for people with dementia

recipient's books, i.e. assets that meet all of the above qualifying criteria, including the £5,000 de minimis threshold.

5.10 The aim of the programme is to support coherent improvement 'schemes' - these may include a number of improvements that combine to form one overall project. Examples of the kind of schemes that could be supported by the scheme are listed below. Please note these examples are for guidance only and we encourage applicants to be innovative in their approach.

All Applicants

5.11 Once your project is complete

- We will ask for a final report twelve months from the date your grant was awarded which will ask for further information about what you have achieved and what wider differences the work has made to dementia care in your organisation.
- In addition, in order to increase and share the learning from the pilot projects that are funded, the DH will undertake an overall programme evaluation which will include the information required to be provided by applicants as part of the project monitoring and evaluation process, including before and after photographs. This work is likely to result in the production of a number of detailed case studies of some of the work funded and applicants should be aware that they may be requested to participate in the preparation of these case studies.
- Supportive comments from people with dementia, their families and carers.

5.12 The Department of Health exists to improve the health and wellbeing of people in England. It is committed to improving the quality and convenience of care provided by the NHS and social services. Its work includes setting national standards, shaping the direction of health and social care services and promoting healthier living.

5.13 Successful applicants will be expected to acknowledge the Department of Health in any information that is circulated about the project. This could include advertisements, publications or other promotional materials.

Application Process

5.14 We would only expect one grant application per NHS service provider or local authority, working in partnership with social care providers. However, where one NHS organisation operates services through multiple sites, the application must state this and identify the proposals for each site. Auditable evidence will be required to demonstrate that the capital has been expended on that site.

5.15 Local authorities are encouraged to work in partnership with social care providers, in order to demonstrate how their application will deliver tangible improvements to environments used to care for people with dementia.

5.16 NHS Trusts and local authorities are encouraged to work together to develop creative approaches to the delivery of integrated care for people with dementia and to consider the opportunity of making a joint bid.

Improving the environment of care for people with dementia

5.17 We are looking to support projects that may include a variety of improvements to the physical environment across the health and care providers' facilities, but which form a coherent over-arching programme of work. These should demonstrate improved care provision for people with dementia, carers and their families.

What eligible projects could include (but not limited to):

- Improvements to ambulatory care settings including outpatient, accident and emergency and day care and therapy facilities
- Refurbishment of wards, care home lounges, dining rooms, day areas, reception areas or other social areas. Refurbishment of bedrooms, including provision of specialist pressure-relieving mattresses or beds, or ceiling-mounted hoists
- Refurbishment of bathrooms, including provision of specialist sanitary and bathing equipment
- Creation or redesign of gardens and outdoor spaces to enable people with dementia, their families and carers to spend time outdoors
- Improvements to therapy spaces to aid rehabilitation
- Improvements to environments which support independence – e.g. measures to reduce falls etc
- Improvements to visitors' facilities, including facilities for carers, overnight suites, counselling rooms, and play areas for children
- Creation of palliative and end of life care facilities.

5.18 Please note that discrete elements of large capital projects or new builds are eligible. However, DH-funded elements must be completed within the timeframe of the programme to deliver benefits for people with dementia and be capable of providing evidence and findings to develop DH policy and future best practice guidance, even though the overall project may take place over a longer period and, additionally, you should make clear how the funding for the rest of the project is being secured.

5.19 Evidence that statutory planning and building regulations applications are underway must be evidenced. All projects must demonstrate tangible physical improvements in their environments and show how these contribute to improved care provision.

What is not eligible?

5.20 Proposals which are not eligible include:

- Refurbishment of staff rest rooms/kitchens or other ancillary areas that are not directly utilised by people with dementia, their families and carers.
- Staff training or any other revenue funded activity
- Information technology except where such technology can be demonstrated to provide an improvement to dementia-friendly environments. Specific IT interventions developed for people with dementia to provide activity will be considered.
- Routine building maintenance and statutory compliance upgrades which fall into planned maintenance schedules. Safety compliance or enforcement issues which should be part of the organisation's budgeted costs for delivering care.
- The VAT on professional fees such as architects and externally appointed project managers, although the fee itself is an eligible budget cost. Other non-recoverable VAT on project costs can be included in the budget.

Improving the environment of care for people with dementia

- Projects which generate ongoing revenue demands for the NHS and social care, unless it is clearly demonstrated how this will be managed.
- Recently completed projects for which additional funding is being sought, but no new works are being planned.

How to apply

5.21 This dementia-friendly environments programme was launched by the Secretary of State for Health at the National Children and Adult Services conference on 25 October 2012.

5.22 Projects are expected to be completed by the end of the 2013/14 financial planning years with Building Note design guidance contributions completed during 2014/15

5.23 Deadline for applications see anticipated time line and key dates below.

Applications can be made on the online form available on our website

5.24 Please address supporting documentation for your application to:

- Completed application forms must be received by Estates and Facilities Policy Division, Department of Health, 2W59 Quarry House, Leeds LS2 7UE, and through the dedicated email account: DementiaCapital@dh.gsi.gov.uk
- Applications must be clearly marked either Dementia Friendly Environments NHS Capital Fund or Social Care Dementia Friendly Environments Grant
- Applicants will be notified by email confirming receipt of application and supporting documentation
- Emailed applications must be confirmed by post in writing to Christopher Farrah at the above address with an application form signed by the Chief Executive or Finance Director of the applicant within five working days of their despatch.

5.25 When you are filling in your application form, please give us concise answers as some questions have a limit on the number of words you can write.

5.26 If you are successful, we will ask you to report back periodically by referring to the answers you have written on your application form, so it is important to be realistic in the answers you provide.

5.27 This is to assure DH that the proposed improvement project fits in to the wider strategic plan for dementia care in the area.

Anticipated key dates for applications and allocation of funding

5.28 The following dates are based on current planning assumptions and should be regarded as indicative.

Plan and Time Line Summary for NHS and Social Care National Pilots

Improving the environment of care for people with dementia

25 October 2012

Announcement by Secretary of State for Health of the initiative

End November/Early December 2012

Stage One "Expression of Interest" application for bidders issued on the DH website

By 16 January 2013 Stage One Expression of Interest application must be submitted via email to DementiaCapital@dh.gsi.gov.uk by 1700 hours (bids received after this deadline will not be considered)

By 31 January 2013

Stage Two "Committed to Proceed" application issued on DH website

By 28 February 2013

Stage one evaluation "Expressions of Interest" bids complete and announced

By 30 April 2013 Deadline for Stage Two applications to be submitted via email to DementiaCapital@dh.gsi.gov.uk by 1700 hours (bids received after this deadline will not be considered)

By 14 June 2013

Stage two evaluation 'detailed bids' complete and notification of successful applicants. Including release of full/staged capital allocation to enable pilot project to commence.

By 28 June 2013

Secretary of State for Health national pilot scheme launch

In July 2013

Evidence and information gathering commences

By 31 March 2014

National Pilot Schemes completed providing dementia friendly care environments.

By September 2014

Department publishes evidence and findings from National Pilot Schemes

By 31 March 2015

Department publishes best practice guidance on dementia friendly environments derived from the evidence and findings of the national pilot schemes.

Assessment Process

The Two Stage Application and Assessment Process (read in conjunction with anticipated key dates below)

The intention of running a two stage application process seeking firstly expressions of interest is designed to avoid potential applicants undertaking excessive work on applications that are not likely to succeed.

5.29 For instance, one area of selection will be on geographic spread and urban/rural location across England. If too many applications came from the same area, it is not likely that all

Improving the environment of care for people with dementia

would be accepted. Therefore an expressions of interest, before application, is intended to avoid the possibility of wasted effort.

5.30 As part of the stage 2 applications process, it will be necessary for NHS applicants to submit a letter of endorsement from the local commissioning lead - at either PCT Cluster or CCG.

Stage 1

- Communicate the initiative through the Department's communication channels to the NHS, local authorities and social care providers to invite expressions of interest for the capital investment initiative.
- Pre qualification of expressions of interest based upon a series of delivery confidence and quality measures.
- Confirmation of stage one successful applications.
- Release of 10 percent capital to successful applicants as described in section 1 above under available funding.

Stage 2

- Receive in accordance with published application forms detailed proposals from stage one successful applicants.
- Pre qualify applicants based upon agreed assessment criteria.
- Confirm to successful applicants if they have been successful at stage two.
- Issue capital fund monies to successful stage two NHS and Social Care pilot projects applicants in accordance with DH and Treasury protocols.
- Ensure that the knowledge and learning from The King's Fund 'Enhancing the Healing Environment' research is mainstreamed into the NHS and Social Care pilot projects such that these projects deliver a measurably improved quality of environment for the care of people with dementia.
- Establish mechanisms, including a project monitoring and evaluation framework, to assure progress and gathering evidence and findings from the NHS and Social Care pilot sites.

5.31 The Department of Health wishes to encourage a wide range of projects in a variety of care environments including mental health, learning disabilities, acute care settings, care homes and other social care settings where people with dementia are cared for. In order to develop guidance for the whole of the care pathway schemes will need to cover diagnosis to end of life care and as part of the selection process the Department will take into account the range of required schemes so that guidance can be field tested and developed.

5.32 As part of the application process, applicants are asked to describe how their proposed project will support them in their work to improve quality and productivity.

5.33 The Department of Health will approve applicants based upon the recommendations of the Dementia Friendly Environments Working Group (DFEWG) for the programme and

Improving the environment of care for people with dementia

following receipt of applications, this group will select those organisations judged most appropriate for capital allocations.

5.34 It is expected that these organisations will be selected having regard to:

- Geographic spread and urban/rural location across England.
- The proposed project and the project aims.
- Any specific cultural and diversity issues identified in the application.
- Existing activity to improve dementia care.
- Existing activity to create a dementia friendly environment.
- The mix of specialist environments for the care of people with dementia and more general care environments where people with dementia are cared for
- Longer term sustainability and plans for further roll out or sharing best practice

Governance and Approvals

By the Department's Dementia Friendly Environments Working Group (DFEWG)

- Will check that the application meets the basic eligibility criteria.
- If further information is required at this stage, a member of the DFEWG will be in contact to request it.
- All applications will be considered by the DFEWG expert advisors, who will provide a list of recommended applications to the Department of Health.
- Please note that if we receive more applications than the amount of funding available, the panel may choose to recommend part funding or supporting specific elements of the project.
- At stage 2, the application will therefore ask you to breakdown your project budget into discrete improvements, highlighting these in order of priority.

By the Department of Health

5.35 The Department of Health will consider the recommendations from the panel and will make the final decision on the awarding of the grants.

5.36 Please note that your application's success cannot be guaranteed and the Department of Health's decision is final.

Summary of criteria used to assess the applications (including equality and value for money considerations). Please Note the Department of Health will publish the Bid Evaluation Criteria and Process as part of the stage 2 application proformas.

5.37 It is important that you address each criterion in your application. These are not listed in order of importance.

5.38 Applications will be assessed and ranked against the following general criteria in addition to the information provided on the capital application pro-formers:

- The direct benefits that will accrue to people with dementia, their carers and families e.g. the extent to which the project demonstrates tangible, physical improvements to the environment for people with dementia, their carers and families.
- Evidence that due regard has been paid to the public sector Equality Duty in respect of people sharing protected characteristics

Improving the environment of care for people with dementia

- Applications should provide details of how the benefits will be monitored in SMART terms i.e. Specific, Measurable, Achievable, Relevant and Time bound terms to allow for monitoring and evaluation. This will also help show how core outcomes (listed below) have been achieved for the evidence and findings gathering exercise.
- For NHS projects, the extent to which the project will deliver measurable improvements against the Quality, Innovation, Productivity and Prevention (QIPP) framework.
- Organisations involved in social care bids should have demonstrated their commitment to providing high quality care and support for people with dementia by signing up to the Dementia Care and Support Compact, which is the social care sector's response to the Prime Minister's Challenge on Dementia. Further information about the Compact is available at <http://www.ecca.org.uk/article/prime-ministers-challenge-on-dementia-list-of-signatories/>
- NHS trusts to become dementia friendly, particularly by signing up to the national call to action making a wider commitment to becoming dementia friendly, for example by signing up to the national call to action – The Right Care – Creating dementia friendly hospitals, details of which are at: http://www.dementiaaction.org.uk/downloads/file/102/the_right_care_sign_up_document
- The extent to which the project supports people to be cared for in a locality in accordance with their expressed wishes.
- The extent to which the need for the project is demonstrated including local health needs and support of commissioners.
- The viability of the project, including the likelihood of it being completed by the end of March 2014 and evidence of a successful record in delivering outcomes.
- Confirmation of full compliance with the European Union (EU) Procurement Directives, other international agreements and procurement legislation.
- Evidence that applicants have utilised The King's Funds Dementia Friendly Environment Assessment Tools to establish what counts as 'dementia friendly environment'
- Extent to which applicants are able to demonstrate proposals to work with DH and our stakeholders to capture evidence of the impact dementia friendly environments have on the care of people with dementia. Commitment to share knowledge and experience to develop future guidance on 'dementia friendly environments'.

Innovation

5.39 In considering the overall strength of your application, the DFEWG expert advisors will consider innovative proposals, and in particular look at:

- How your project will make a difference to the lives of people with dementia, their families and their carers, eg the types of services or facilities you will offer and how closely your project meets the criteria
- Why you think it will succeed in doing this, eg the strengths of the project, assurance of further funding and plans to actively involve people with dementia, their carers and families and staff in all stages of the project.
- Your proposals for actively engaging expertise such as The King's Fund and other organisations with knowledge of dementia friendly environments
- How you propose to gather and deliver evidence and findings and how actively you can participate in the DH Dementia Friendly Environments Health Building Note development programme.

Public sector Equality Duty

5.40 For information on the Equality Duty please refer to Government Equalities Office at the link below: <http://www.homeoffice.gov.uk/publications/equalities/equality-act-publications/equality-act-guidance/equality-duty?view=Binary>

5.41 The public sector Equality Duty applies to any decision made, any policy developed, any programme implemented and any practices driving activity. It also applies to functions and services provided by others on behalf of a public body. In order to be compliant, applicants will need to demonstrate how they have paid due regard to the three aims of the Duty which are:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between people who share a protected characteristic and people who do;
- promote good relations between people who share a protected characteristic and those who do not

5.42 The overall aim of the Duty is to make sure that public bodies take equality into account as part of their decision making process. What this means is that in decisions and activity there is a need to:

- remove or minimise disadvantages suffered by anyone with a protected characteristic;
- take steps to meet the needs of people who share a protected characteristic where these are different from the needs of other people;
- encourage people with a protected characteristic to participate in public life or other activities where their participation is low

5.43 The Duty covers the following protected characteristics: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex, sexual orientation, marriage and civil partnership, (in respect of the requirement to have due regard to the need to eliminate discrimination) and carers 'by association' with people sharing some of the characteristics.

5.44 In order to demonstrate compliance with equalities legislation and, specifically, the public sector Equality Duty, you will need to provide any evidence you have that demonstrates the impact or potential impact your work may have on people sharing protected characteristics.

Core outcomes of the overall programme

5.45 There are 14 potential core outcomes of the overall Department of Health capital grant programme.

1. Improving quality of life
2. Promoting dignity
3. Enabling improved privacy
4. Encouraging independence
5. Increasing the therapeutic value of garden areas
6. Enabling dementia care providers to be more responsive to the needs of all people using their services.
7. Enhancing the physical environment to allow better nutrition

Improving the environment of care for people with dementia

8. Supporting cultural diversity
 9. Improving the dementia care provider's ability to meet multiple complex needs
 10. Enabling people to be cared for in a comfortable and safe environment of their choosing
 11. Reducing stress and anxiety
 12. Reducing aggressive and disturbed behaviour
 13. Reducing slips trips and falls
 14. Reduce inequalities
- 5.46 The Department of Health has made clear the importance of Quality as the key driver for health service delivery and the need for NHS applications to focus on Quality, Innovation, Productivity and Prevention (QIPP) to support this.
- 5.47 The QIPP approach is at the centre of NHS, applications should therefore indicate how the proposed work will deliver measurable improvements against the QIPP framework, drawing on the 14 potential key outcomes set out above.

All applicants reporting on progress and delivery

- 5.48 We are keen to hear about progress throughout the life of your project and are committed to sharing learning from the projects funded through this programme with the Department of Health and any other interested parties. Therefore if successful you will be required to participate and contribute to this.
- 5.49 If selected to participate, applicants will be expected to:
- set a framework of principles and aims for their project;
 - nominate a multidisciplinary team of people to plan and manage their project which should include people with dementia and or their carers;
 - free their team to contribute to the evidence and findings gathering exercise and best practice guidance development programme including workshops and site visits;
 - for NHS and local authorities, identify a board member or senior officer as local as project sponsor and champion;
 - comply with the project requirements including project reporting and data collection as that will be developed by the DFEWG (project monitoring and evaluation framework);
 - ensure ongoing communication with the DFEWG team to ensure that your project goes as smoothly as possible and to help solve any issues as they arise;
 - participate in the programme evaluation and dissemination activities including the production of the dementia friendly environments building design guidance

Section 6 - Contacts

If you have further questions to raise please contact DH officials described below, please note that further questions and answers will be shared with all partners and stakeholders across the programme:

Regarding the criteria including NHS policy and technical estates elements;
Christopher Farrah, christopher.farrah@dh.gsi.gov.uk, Tel. 0113-254-5620

Regarding local authority and social care including Social Care policy
Jerry.bird@dh.gsi.gov.uk, Tel. 0113-254-6246

Regarding the financial and governance elements:
Michael Bellas, Mike.bellas@dh.gsi.gov.uk Tel: 0113-254-5757

Programme Senior Responsible Officer Peter Sellars
Head of Profession NHS Estates and Facilities Policy Division,
Group Operation and Assurance Directorate, Department of Health

Peter.sellars@dh.gsi.gov.uk Tel 0113-254-5255

Annex A - Questions and Answers

Q&A

Q1. Who can apply for the capital fund?

A. The capital fund is to be made available to all NHS trusts in England: acute, community and mental health trusts and to all Local Authorities in England.

Q2. How much capital is available?

A. The total capital fund across England is £50million, depending upon the numbers of applicants and the scale and range of projects it is anticipated that this will enable projects up to a value of circa £1m to be considered.

Q3. Are there any Conditions?

A. Organisations must use this allocation only for use on the approved project, they must be capable of completing the project in 2013/14 financial year and they must be prepared to support the parallel development of new Health and Care Building Note guidance.

Q.4 Why is this money being released now?

A. This funding is a part of the Department's response to the Prime Minister's Challenge on Dementia and is intended to stimulate the NHS and Social Care into taking action to improve the quality of care environments for those with dementia.

Q5. Given the government's drive to save money for reinvestment why is the government releasing so much?

A. This is a relatively small investment which if wisely utilised should release efficiencies in terms of improving health and care outcomes for people with dementia

Q6. Given that the need for care for people with dementia is set to increase dramatically in the coming years, isn't this a case of too little too late?

A. People being admitted to hospital and care homes often have multiple complex conditions and many also have dementia, this pattern is set to increase as the proportion of the older population increases, the Department recognises this and a significant component of this programme of investment is to develop evidence as to how the physical environment can contribute to improving the quality and efficiency of care for people with dementia.

Q7. The DH sponsored The King's Fund Enhancing The Healing Environment programme in 2009/11 to develop dementia friendly environments, how does this initiative link to the lessons learnt from that programme?

A. The King's Fund have been a key stakeholder partnering with the service and the Department on developing understandings of what makes a high quality environment for those with dementia. It is intended to spread and share the findings and learning from

Improving the environment of care for people with dementia

these projects wider across the NHS and social care and to support the NHS and social care to build on the work carried out by The King's Fund. We will use the learning from the pilots to develop new best practice guidance which organisations can utilise to continually improve their dementia care environments.

Q9. How will the DH promote the evidence and lessons learnt about dementia friendly environments?

A. The Department in partnership with the NHS and Social Care will produce best practice guidance derived from a clear identification of what evidence is required to demonstrate that people with dementia benefit from purposefully created dementia care environments. This will be disseminated across the NHS and Social Care, via the Department's communication channels and promoted by key stakeholders who will be requested to champion dementia care environments. The programme for developing evidence and production of new Health and Care Building Note guidance is envisaged to run through 2013/14 and 2014/15. Final publication dates will depend on how successful the gathering of evidence is and will be advised through the Department's standard communication channels.

Q10. How will this programme of investment respond to the recent Royal College of Physicians (RCP) report?

A: The RCP report, *'Hospitals on the edge - The Time for Action'* September 2012 raises awareness of the increasing demands being placed upon NHS as a result of our increasingly ageing population. To support high quality clinical care, the report highlights that:

'all too often hospital buildings, services and staff are not equipped to deal with the people who have multiple, complex needs including dementia.'

The aim of this initiative is to mainstream the findings of The King's Fund's Dementia Enhancing The Healing Environment programme across the wider NHS and Social Care, seeking not only to improve physical care environments by direct capital investment, but to improve the awareness of how these environments can help people with dementia to receive better care.

Q11. How will the Department ensure that this targeted money is utilised for the purpose intended and not simply ploughed into some other NHS or Social Care cause?

A. The Department will establish a clear governance and reporting protocol around the initiative, and additionally NHS Trust and Local Authorities CEOs and Directors of Finance are being asked to take a leading role to ensure every pound of investment is wisely spent and directed towards raising the quality of NHS and care environments for people with dementia and staff who utilise them.

Q12. What evidence is there to suggest that care environments need to be any different for people with dementia?

A. There is a full evaluation of The King's Fund pilot sites which details the benefits of these environments both on service users and the clinical teams working within them.

Q13. If this investment is so important why has it not been done before?

- A. The NHS has a long standing track record of improving care environments. In terms of dementia friendly environments, there is relatively little understanding and evidence of what interventions make positive improvements to the care of people with dementia. This has been recognised by the Department who commissioned key stakeholders and partners to work with the NHS to better understand what can be practically achieved. This was achieved through the work with The King's Fund's Enhancing The Healing Environment (EHE) programme. The next phase of this work is now set to build upon EHE evidence by raising the wider NHS and Social Care awareness of how dementia friendly environments can assist people with dementia and their carers and in the development of national policy and best practice guidance which the NHS and Social Care can utilise to improve their environments across the care spectrum.

Q14. If this investment is so important why are NHS Trusts and Local Authorities working with their social care providers not doing it already?

- A. NHS Trusts invest in the upgrading and maintenance of their estates, however, the understanding of what constitutes a dementia friendly environment has not been available due to a lack of high quality evidence, therefore, NHS Trusts have not been in a position to undertake such work. Similarly, while there are some examples of innovation in social care around improving care environments, more evidence is required to support wider adoption.

Q14. £50m is not a lot to fix this problem in the whole of the NHS and Social Care.

- A. £50m is a small sum of money when placed in the context of the scale of the problem facing society and the NHS and Social Care but we have to remember that this is an environmental improvement programme targeted at NHS hospitals and Local Authorities working with their social care providers, it is not designed to address the totality of the problem which is one facing the whole of society. However, we believe that this investment will target a number of pilot schemes which will enable improved care of people with dementia and importantly high quality evidence based best practice to be gathered and disseminated across an even wider spread of health and care organisations thereby benefiting a much wider population than simply the initial pilots.

Q15. £50m is a lot to spend on a bunch of pilot programmes.

- A. Based upon the schemes recently completed by the NHS through the EHE programme the Department anticipates a variety of different sizes of pilot project will be suitable for investment, this will be necessary in order to draw together a rich variety of evidence across dementia care.

Annex B – Stage 1 Application

<p>Stage 1 Expression of Interest Application Pro Forma</p> <ul style="list-style-type: none"> Please expand this template as required, ensure you address each question and utilise the guidance document to do this.
<p>Applicant Organisation Name and Address</p>
<p>Is this a joint application (NHS Trust and Local Authority) if so please give details of partner organisation</p>
<p>Project Title and / Site description (please indicate if the project is in a specialist dementia care service, 400 words maximum statement):</p>
<p>Project Aim and Description (400 words maximum statement)</p>
<p>Detail total amount of capital required and spending profile 2012/13 and 2013/14</p>
<p>Local Authority Financial Transfer Details:</p>
<p>Project Director Contact Details Tel No: Address: Email:</p>
<p>Finance Department Contact Details: Tel No: Address: Email:</p>
<p>Statement of support from organisation’s CEO and Director of Finance (400 words maximum statement):</p> <ul style="list-style-type: none"> Outline your commitment to sharing evidence and findings to support the development of best practice guidance and future policy. <p>Please confirm:</p> <ul style="list-style-type: none"> that this capital award will be utilised only for the project described in this application. that the project is a physical improvement to the environment of care in an area used by people with dementia and/or their relatives that the project will be completed by 31 March 2014. that you understand that the Department of Health reserves the right to reclaim the capital allocation if it is not utilised for the purposes of this project. Local Authorities sign up to the Dementia Care and Support Compact. NHS Trusts sign up to the national call to action -The Right Care - Creating dementia friendly hospitals that you will comply with the European Union (EU) Procurement Directives, other international agreements and procurement legislation pertaining to the project. you will demonstrate compliance with statutory requirements e.g. planning and building regulations. you will fully comply with the public sector Equality Duty <p>Please feel free to add any specific information you feel necessary to support your stage 1 expression of interest application.</p>
<p>Why do you believe we should fund your bid and what unique benefits can you bring to the National pilot programme (400 words maximum statement)?</p>
<p>Signed (CEO/ Director of Finance):</p>
<p>Date:</p>

Annex C – Stage 2 Application

By 31 January 2013

Stage Two “Committed to Proceed” application will be issued on DH website
<http://www.dh.gov.uk/health/category/policy-areas/social-care/dementia/>