

## HEALTH AND SOCIAL CARE

### 1. Summary of call

To improve the health and well-being of people living in the region by enabling them to access quality health and social care services in the most appropriate setting to their needs, through collaboration on a cross border basis.

The INTERREG VA Programme is making a call for applications under specific objective 4.1:

The total value of the Health theme is €53 million ERDF with indicative budgets identified for each defined area.

Opening Date: 2 October 2015

Closing Date: **16 November 2015 (15:00)**

Steering Committee Date: 13 January 2016

#### The result indicator:

An increase in the number of 'episodes of health, community and social care' delivered on a cross border basis. The baseline value for 2014 is 4700 per annum. The target value for 2023 is 9000 per annum.

## Output indicators:

The budgets below are indicative and are based on historic costs of health interventions. It is envisaged that the use of innovative approaches, will result in more cost effective service delivery solution.

- **Population health: (indicative budget €8m inclusive of ERDF + Match)**
  - 4.110 - 12 new cross-border area interventions developed to support positive health and wellbeing and the prevention of ill health
  - 4.111 - 15,000 beneficiaries supported by new cross-border area initiatives for positive health and wellbeing and the prevention of ill health
- **Disability services: (indicative budget €8m inclusive of ERDF + Match)**
  - 4.112 - Develop 2 new cross-border area community support services to support disabled people who are socially isolated (including the use of web based information outlining community assets)
  - 4.113 – 4,000 Beneficiaries supported by new cross-border area initiatives for disabled people of all ages who are socially isolated
- **Mental health: (indicative budget €8m inclusive of ERDF + Match)**
  - 4.114 - 1 new cross-border area community and voluntary sector infrastructure developed to support clients who have recovered from mental illness (including utilisation of e- health e.g. patient records and support services)
  - 4.115 - 8,000 Cross-border area clients in receipt of mental illness recovery service
- **Children’s services (indicative budget €8m inclusive of ERDF + Match)**
  - 4.116 - Develop and implement 2 new border area frameworks for early intervention with vulnerable families
  - 4.117 – 5,000 Vulnerable families in receipt of an intervention
- **Acute Services (indicative budget €11m inclusive of ERDF + Match)**
  - 4.118 - Establish 4 cross-border frameworks, for scheduled and unscheduled care streams, to improve utilisation of scarce human, physical and financial resources
  - 4.119 – 15,000 Patients benefitting from scheduled and unscheduled care streams (including utilisation of e- health e.g. patient records and support services)
- **Primary care and older people services (indicative budget €10m inclusive of ERDF + Match)**
  - 4.120 – 4,500 Patients availing of e health interventions to support independent living in caring communities
  - 4.121 - A shared cross-border framework and service for the identification, assessment and referral of patients identified as “at risk” (in particular, those at risk of isolation and social exclusion) (target: 2,500 interventions);
- **Health Care Intervention Trials (indicative budget €9.35m inclusive of ERDF + Match)**
  - 4.123 - Develop infrastructure and deliver 10 cross-border area health care intervention trials for novel but unproven healthcare interventions to prevent and cure illness

## 2. Essential information

The call for applications should be read in conjunction with the following:

- Cooperation Programme and associated Citizens' Summary
- The Programme Rules
- Guide for Applicants
- Commission Guidance for the Preparation of Unit Costs

Please consult these documents before completing the application form as they contain essential information to assist you in making the best application possible.

Applicants may also find it useful to consult the 'Impact Assessment Toolkit for Cross Border Cooperation'. This toolkit has been developed by the Centre for Cross Border Studies, as part of an INTERREG IVA funded project and is intended to be a practical guide to assist with planning cross-border projects. A copy of the toolkit can be downloaded from our website.

## 3. Project Selection Criteria

Applicants must apply to develop and implement cross border health and social care services by the defined "critical action area", notably; population health, disability services, mental health, children's services, primary care and older people services, acute services and intervention trials. Applicants can apply for more one critical action area, but must submit a separate application form for each.

The following selection criteria will be used:

- a. Contribution of the project to the defined results and outputs of the Programme.  
Applications under each critical action area which demonstrates a strategic approach that will deliver all of the beneficiary targets are favoured. However, applications must target at least 33% of the target beneficiaries in the critical action area, except for the area of healthcare intervention trials where the applicant will be required to demonstrate that they can deliver all of the outputs required.
- b. Quality of project design;
  - Assessment of delivery mechanisms; the mobility of health and care professionals and patients across borders; provision of service remotely by electronic means; to include the development of the necessary protocols;

- Health and social care trials will be only funded in case of existence of a market failure
- All activities must align with Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011

In addition to the above, applications are encouraged to consider the inclusion of the following:

- New innovative approaches to service delivery;
  - E-Health/digital health & care technology solutions in the delivery of health and care/services including development of necessary protocols;
  - Provision of staff training aimed at maximizing the delivery and value of cross border interventions;
  - Additional to current provision;
  - Capacity to mainstream;
  - Assessment of added value to improving health and wellbeing and community resilience;
- c. Quality of project team and implementation arrangements;
- Collaboration and partnership approach;
- d. Value for money - Cost effectiveness of impacting on the result indicator
- e. Quality of cross-border co-operation with demonstrable added value ;
- f. Contribution towards sustainable development;
- g. Contribution towards equality.

#### **4. Background to INTERREG Programme**

The INTERREG VA 2014-2020 Programme is one of approximately 60 programmes across the European Union designed to promote greater levels of cross-border cooperation.

Northern Ireland, the Border Region of Ireland and Western Scotland share a number of common features with other border areas across Europe where developmental problems are exacerbated by the existence of borders. Borders can distort infrastructure and communication networks resulting in reduced economic development and different policy approaches which hinder joined-up service delivery.

The INTERREG VA Programme has been designed to address many of these issues in order to promote greater economic, social and territorial cohesion across the region.

## 5. Eligible Region

The eligible area for the INTERREG VA Programme is:

- Northern Ireland;
- The Border Counties of Ireland (Monaghan, Leitrim, Cavan, Louth, Sligo and Donegal);  
and
- Western Scotland (Dumfries & Galloway, East Ayrshire and North Ayrshire mainland;  
South Ayrshire; Lochaber, Skye & Lochalsh, Arran & Cumbrae and Argyll & Bute and  
Eilean Siar/Western Isles).

Projects must comply with the cross-border requirements of Article 12 of 1299/2013 as detailed in the Programme Rules.

## 6. What is the theme “Health and Social Care” going to achieve?

The Programme will invest in a number of health and care sectors where there is greatest need and where the value of cross-border cooperation can deliver greatest results. The specific objective is, through collaboration on a cross-border basis, to improve health and well-being of people living in the region by maximising community assets and enabling citizens to access quality health and social care services in the most appropriate setting to their needs, and to enable greater self-management and a focus on prevention.

The programme will invest in programmes that reflect and support current strategic priorities within the jurisdictions of the region. These include, but are not restricted to ‘Transforming Your Care’ and ‘Making Life Better’ in Northern Ireland; ‘Future Health’ and ‘Healthy Ireland’ and ‘eHealth Strategy for Ireland’ in Ireland and; Achieving Sustainable Quality in Scotland’s Healthcare: A ‘20:20’ Vision”, The Healthcare Quality Strategy for NHS Scotland and Renewing Scotland’s Public Services: Priorities for Reform. Applicants will therefore need to demonstrate how proposals fit with the relevant strategies across the jurisdictions the project will serve.

## 7. Anticipated Actions

It is anticipated that the Programme will fund the following types of actions.

- Population health: Supporting positive health and well-being and the prevention of ill health through an integrated approach, which could incorporate, e.g, using digital technology and remote monitoring to support patient self-management, e.g. Long Term Conditions
- Disability services: Development of a social equality approach to promoting social inclusion, citizenship and better life outcomes for people with disabilities
- Mental health: Promoting cross-border mental/emotional resilience and recovery;
- Children's services: Early intervention with vulnerable families (focusing on the under 5years population)
- Primary Care and older peoples services: supporting resilient and caring communities and independent living (which could incorporate for example Alzheimer's/Dementia initiatives, community capacity initiatives and re-ablement including the the use of e-health and digital technology)
- Acute services: To develop new models of working both in scheduled and unscheduled care streams by better utilising scarce physical, financial and human resources. This could incorporate, for example, the development of interoperable solutions which will improve access to patient information to enable more effective and timely clinical decision making, patient management; and enhance patient safety. The focus should be on services where there is agreement between the relevant Governments for the delivery of such services on a cross border basis and there are defined patient cohort groups.

Within these defined areas of health and social care the following actions will be included:

- Development and implementation of support and cooperation services on a cross-border basis for community and voluntary organisations involved in supporting communities and in the provision of social care and health care services within their own communities;
- Development, implementation and evaluation of cross-border initiatives in the area of mobile, digital and e-health, including addressing challenges of isolation in rural areas, telemetry, web-based information on community resources and support services across a range of health care service areas;
- Development of cross-border cooperation in the area of health care records management in order to streamline access to information for patients and clinical professionals in the provision of cross-border care services;

- Cross-border training interventions for health care professionals, social care professionals and personnel in community and voluntary organisations involved in the provision of cross-border health and social care support services;
- Development, implementation and evaluation of health and social care trials in a range of healthcare areas

## **8. Budget and co-financing rate**

€53m million ERDF is available under this theme with indicative budgets identified per defined area. Successful projects will be offered a grant in Euro. The maximum intervention rate that can be applied is 85%

This means that applicants are required to bring a minimum of 15% match funding to the eligible project costs over the lifetime of the project. Applicants may seek match funding from the member states through this application process. Please see the Programme rules for further details on match funding.

However, please be aware the intervention rate (grant rate) may decrease depending upon the state aid implications of your project. It is the responsibility of the Lead Partner to ensure that State Aid implications have been fully considered. The application should clearly demonstrate how State Aid compliance will be achieved.

The level of grant aid may also be adjusted to take due account of anticipated future revenue streams. Please consult the Programme rules for further details.

Grants and payments may take any of the following forms:

- (a) Reimbursement of eligible costs actually incurred and paid;
- (b) Standard scales of unit costs;
- (c) Flat-rate financing, available for overhead costs or salary costs.

The above options may be combined only where each option covers different categories of costs or where they are used for different projects forming a part of an operation or for successive phases of an operation.

### **8.1 Simplified Cost Option (SCO)**

In order to simplify the administration of grant aid the SEUPB would propose to use simplified costs options for the administration of this theme. Simplified costs will be

established at Stage 2 of the application process in consultation with the successful applicant and in accordance with the Commission guidance. It is envisaged that the relevant simplified cost options will include unit costs and flat rate cost as outlined in the Programme Rules.

## **8.2 Applicant Proposed Unit Cost Option**

Applicants have the opportunity to present alternative unit costs. Where applicants take this opportunity the information must be presented in accordance with the Commission's guidance for the preparation on unit costs.

Unit costs must be:

- Fair – based on reality, not excessive or extreme
- Equitable – it does not favour some beneficiaries or projects over others
- Verifiable – determination of flat rates, standard scales of unit costs or lump sums should be based on documentary evidence which can be verified.

Applicants must document as a minimum:

- The description of the calculation method, including key steps of the calculation
- The sources of data used for the analysis and the calculations, including an assessment of the relevance of the data to the project(s), and an assessment of the quality of the data
- The calculation itself to determine the value of the Simplified Cost Option (unit cost).

The Common Provisions Regulation (CPR) specifies that the following may be used in evidence to support Simplified Cost Options:

- 'Statistical' data or other objective information
- The verified historical data of individual beneficiaries
- The application of the usual cost accounting practices of individual beneficiaries.

When providing calculations of unit costs, applicants must provide accounting data over at least three years so as to identify any potential exceptional circumstance which would have affected costs in a specific year as well as the tendencies in the cost amounts.



Where alternative unit costs are presented, applicants will be able to suggest modifications to the overall financial allocations.

Unit Costs are not to be used where a project is outsourced or implemented exclusively through the procurement of works, goods or services.

## **9. Application process**

A two stage process will be in place for this call as detailed in the Guide for Applicants. Full details of the assessment process, including admissibility criteria is also available in the Guide for Applicants.

You can apply on-line through the SEUPB website. (Note: the on-line process will not be fully operational until the end of December 2015, in the interim an application form is available from the SEUPB).

Completed applications should be submitted to [applications@seupb.eu](mailto:applications@seupb.eu) or SEUPB, EU House, 11 Kevlin Rd, Omagh, Co Tyrone BT78 1LB

## **10. Contact Us**

For general enquiries about this call please contact the SEUPB on: Tel: + 44 28 82 255750

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