



Department  
of Health &  
Social Care

**MEMORANDUM OF UNDERSTANDING**

**BETWEEN**

**THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE**

**And**

**THE COUNCIL OF THE CITY OF COVENTRY**

**FOR THE PROVISION OF ADULT SOCIAL CARE ACCELERATING  
REFORM FUND  
FOR THE FINANCIAL YEARS 2023-24 AND 2024-25**



# Department of Health & Social Care

This Memorandum of Understanding (which expression shall include the Annexes) (“MoU”) is dated

## Between

- (1) **Secretary of State for Health and Social Care acting through the Department of Health and Social Care of 39 Victoria Street, London, SW1H 0EU (“DHSC”); and**
- (2) **The Council of the City of Coventry of Floor 8, 1 Friargate, Coventry CV1 2GN (the “Recipient”).**

together the “Parties” and each a “Party”.

## Background and Policy Context

The Secretary of State for Health and Social Care has determined under Section 31 of the Local Government Act 2003 that a Grant of £418,302 should be paid to Coventry City Council for the financial year 2023-24. A following payment of £361,302 will be made for the financial year 2024-25 following the completion of satisfactory mid-grant reporting.

The Treasury has consented to payment of this Grant.

### 1. Purpose of the MOU

1.1. The purpose of the Memorandum of Understanding (“MOU”) is to formalise the working relationship and expectations relating to the Grant of £418,302 (2023-24) and £361,302 (2024-25) from DHSC to the Recipient for the Projects.

### 2. Legal Status

2.1. This MOU establishes the responsibilities of the Parties and the general principles for their cooperation.

2.2. This MOU is not intended to be legally binding and no legal obligations or legal rights shall arise between the Parties from the provisions of this MOU. The Parties enter into this MOU intending to honour their obligations.

2.3. Neither Party will be authorised to act in the name of, or on behalf of, or otherwise bind the other Party, save as expressly permitted by the provisions of this MOU.

2.4 For the avoidance of doubt, the Recipient shall not be held responsible for other members of Consortium that fail to comply with the terms of this MOU and nor shall it accept any financial liability that would adversely impact on other Consortium members without their prior approval (not to be unreasonably withheld or delayed).



**NOW THEREFORE** the Parties have agreed to cooperate under this MoU as follows:

### 3. Definitions

In this MOU the following terms shall have the following meanings:

“**Activities**” means agreed activities set out in Annex A and “Activity” shall be construed accordingly.

“**Branding Manual**” means the HM Government of the United Kingdom of Great Britain and Northern Ireland ‘Funded by UK Government branding manual’ first published by the Cabinet Office in November 2022 and is available at <https://gcs.civilservice.gov.uk/guidance/marketing/branding-guidelines/> including any subsequent updates from time to time.

“**Commencement Date**”: the date on which the Grant is awarded to the Recipient.

“**Confidential Information**”: means any information which has been designated as confidential by either Party in writing or that ought to be considered as confidential (howsoever it is conveyed or on whatever media it is stored) including information the disclosure of which would, or would be likely to, prejudice the commercial interests of any person or trade secrets and all personal data and sensitive personal data within the meaning of applicable legislation. Confidential Information shall not include information which:

- a) was public knowledge at the time of disclosure (otherwise than by breach of a duty of confidence by either Party);
- b) was in the possession of the receiving Party, without restriction as to its disclosure, before receiving it from the disclosing Party;
- c) is received from a third party (who lawfully acquired it) without restriction as to its disclosure; or
- d) is independently developed without access to the Confidential Information.

“**Consortium**”: Consortium consist of local authorities within the geographical area of an Integrated Care Partnership who wish to take forward Projects under the scope of this Grant. Each local authority can only join one consortium, and the Recipient has been nominated from the relevant Integrated Care Partnership Geography.

“**Data Protection Legislation**”: the UK GDPR as amended from time to time; (ii) the Data Protection Act 2018 as amended from time to time; (iii) regulations made under the Data Protection Act 2018; (iv) all applicable law about the processing of personal data.



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**“Eligible Expenditure”**: subject to paragraph [13], Eligible Expenditure means the expenditure incurred by the Recipient or any person acting on behalf of the Recipient during the Funded Period in carrying out the Projects.

**“Expression of Interest”**: the submission made by the Recipient in application for the Grant to deliver the Projects.

**“Funded Period”**: the period for which the Grant is awarded starting on the Commencement Date and ending on 31<sup>st</sup> March 2025.

**“Grant”**: the sum of £418,302 (2023-24) and £361,302 (2024-25) to be paid to the Recipient in accordance with this MOU.

**“Integrated Care Partnership”**: a statutory committee jointly formed between the NHS integrated care board and all upper-tier (county) local authorities that fall within the Integrated Care System area.

**“Intellectual Property Rights or IPRs”**: copyright, rights related to or affording protection similar to copyright, rights in databases, patents and rights in inventions semi-conductor topography rights, trade marks, rights in internet domain names and website addresses and other rights in trade names, designs, know-how, trade secrets and any modifications, amendments, updates and new releases of the same and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world.

**“Projects”**: the projects described in Annex A.

**“Proposal”**: the Recipient’s delivery plan for the Projects which has been submitted to DHSC through the Expression of Interest.

### **4. Parties’ Responsibilities**

4.1. DHSC shall provide the Grant to the Recipient in accordance with Annex B.

4.2. DHSC expects the Accelerating Reform Fund (ARF) to fund new, or scale existing, activity. The ARF should not be used to fund (without scaling) existing activity.

4.3. The Recipient shall not use the Grant to fund activities that do not contribute towards delivery of the Projects the Consortium outlined at EOI, as set out in Annex A, without the prior written approval of DHSC.

4.4. The Recipient will ensure it complies with the terms of all applicable laws in carrying out the Projects including (but not limited to) compliance with the subsidy control regime pursuant to the Subsidy Control Act 2022.



## 5. Principles of collaboration and the Parties' responsibilities

5.1. The Parties will adopt the following principles ("Principles") at all times in respect of this MoU:

- i. be accountable to each other for performance of their respective roles and responsibilities as set out in this MoU;
- ii. share information, experience, materials and skills to learn from each other and develop effective working practices, work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost;
- iii. comply with the law and best practice, including any relevant Governmental protocols and guidance;
- iv. act in a timely manner;
- v. ensure sufficient and appropriately qualified employees and other necessary resources are available and (in the case of employees) authorised to fulfil the responsibilities set out in this MoU.

## 6. Liaison between the Parties

6.1. Formal contact between the Parties will be through the MoU Representatives. The MoU Representatives are:

**DHSC:** Linsey Craike and Megan Bradish, Deputy Directors for Adult Social Care Charging, Commissioning and Markets

**The Recipient:** Jon Reading, Head of Commissioning and Quality

6.2. Either Party may change their MoU Representative at any time by notifying the other in writing.

6.3. The MoU Representatives shall:

- i. meet no more than quarterly (unless DHSC has significant concerns around delivery of this MOU's objectives) at a time and place to be mutually agreed to review the Activities carried out under, and the operation of, this MoU and to address any issues arising from this MoU;
- ii. provide assurance to the Parties that the Activities agreed between the Parties are being undertaken and that work is proceeding in accordance with the Principles; and
- iii. document key decisions in writing.

## 7. Charges and liabilities

7.1. Except as otherwise provided in this MoU, each Party shall bear its own costs and expenses incurred in complying with its obligations under this MoU.



7.2. Both Parties shall remain liable for any losses or liabilities incurred due to their own or their employees' actions and neither Party intends that the other Party shall be liable for any loss it suffers as a result of this MoU.

## **8. Intellectual Property**

8.1. Any Intellectual Property Rights that arise from or are developed by either Party in carrying out the requirements of this MOU ("Foreground IPR") shall be vested in and owned by the Crown.

8.2. Both Parties will work together to ensure that in the performance of the Activities the use of any Foreground IPR does not infringe any Intellectual Property Rights belonging to a third party. Where use of Intellectual Property Rights belonging to a third party is required to perform the Activities or to use any Foreground IPR, the Recipient will use reasonable efforts to secure licences for both Parties to use any such Intellectual Property Rights on an irrevocable, royalty-free, non-exclusive basis. Where this is not possible, the Recipient will agree with the Authority such other means to procure the performance of the Activities and use of Foreground IPR without infringing such rights, which may include modification of the Activities to avoid infringement.

8.3. Other than as expressly set out in this MOU, neither Party will have any right to use any of the other Party's names, logos or trademarks on any of its products or services without the other Party's prior written consent.

## **9. Freedom of Information and Communications to the Public**

9.1. Each Party will provide to the other Party any information in its possession that may be reasonably requested by the other Party, subject to any confidentiality constraints, safeguards and statutory rules on disclosure. Each Party will consult the other Party before making to any third party any significant disclosures of information under the Freedom of Information Act 2000 and/or the Environmental Information Regulations 2004 in relation to this MoU.

9.2. The requirements in this paragraph [9] and paragraph [10] (Confidential Information) below are subject to any Government requirements as to transparency which may apply to either or both Parties from time to time.

9.3. DHSC will be responsible for handling media inquiries relating to the Activities under this MoU. Each Party will seek the other Party's approval before publishing any information resulting from the use of exchanged data received from the other Party.

## **10. Confidential Information**



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- 10.1. Each Party understands and acknowledges that it may receive or become aware of Confidential Information of the other Party (which may include information where the other Party owes a duty of confidence to a third party) whether in the course of performance of the Projects or otherwise.
- 10.2. Except to the extent set out in this paragraph 10 or where disclosure is expressly permitted elsewhere in this MoU (such as disclosure to other Consortium members in the delivery of this MOU), each Party shall treat the other Party's Confidential Information as confidential and safeguard it accordingly (which shall include complying with any protective markings on documents and instructions supplied by the other Party). In particular, neither Party will do anything that may place the other Party in breach of a duty of confidence owed to a third party. A Party receiving Confidential information shall not disclose Confidential Information to any non-Crown bodies without the prior consent of the other Party.
- 10.3. The obligations of confidentiality in this paragraph [10] shall continue in force notwithstanding termination of this MoU.
- 10.4. Nothing in this paragraph [10] shall prevent DHSC disclosing any Confidential Information obtained from the Recipient:
- 10.4.1. for the purpose of the examination and certification of the DHSC's accounts and/or pursuant to section 6(1) of the National Audit Act 1983;
  - 10.4.2. to any government department, consultant, contractor or other person engaged by DHSC, provided that DHSC only discloses information which is necessary for the purpose concerned and obtains appropriate confidentiality undertakings in relation to such information; and/or where disclosure is required by Law, including as described in paragraph 9.

### **11. Protection of Personal Data**

- 11.1. The Parties will comply with their responsibilities under the Data Protection Legislation and will not use any Personal Data exchanged under this MoU for any purposes which are incompatible with the Data Protection Legislation. No data or information collated and/or exchanged under this MoU should be used for commercial purposes without the prior written agreement of the supplying Party (which use may be conditioned as the supplying Party sees fit)
- 11.2. Each Party must ensure that Personal Data collated or exchanged under this MoU is not transferred outside the UK without the prior agreement of the other Party.

### **12. Reporting and Evaluation**



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- 12.1. The Recipient will work with DHSC and any other third parties (including an evaluation partner/the Social Care Institute for Excellence and/or any other party as may be identified and notified in due course by DHSC) to provide the necessary information and data to enable monitoring and evaluation of progress against the aims and outcomes of the Projects.
- 12.2. The Recipient will report to DHSC and/or any other third party (as may be identified and notified in due course by DHSC) through mid (July 2024) and end (April 2025) grant reports, or at such other intervals the Parties shall agree (acting reasonably and without delay), on delivery of the projects included in the EOI. This will include an update on delivery and a summary of the impact of implementation. Further detail will be set out in due course by DHSC and/or the evaluation partner (as shall be identified and notified in due course).
- 12.3. The Recipient will be expected to cooperate with DHSC and/or any other third parties (as may be identified and notified in due course by DHSC) to share necessary information, data and/or learnings with other Consortia regarding the delivery of the Projects and lessons learned.
- 12.4. DHSC will monitor Grant expenditure through mid and end grant reports or at such other intervals as DHSC may deem necessary (acting reasonably) if there are significant concerns around delivery of the Projects.
- 12.5. By the 21 April 2025, the Recipient will submit a final statement of Grant usage to DHSC (ASCInnovationImprovementUnit@dhsc.gov.uk) relating to all Eligible Expenditure linked to the Projects undertaken by 31/03/2025. The final statement of the Grant usage must be certified by the Recipient's Chief Executive (or equivalent) in format set out in Annex C.
- 12.6. The Recipient will report as soon as reasonably practicable any instances of fraud they detect to DHSC.
- 12.7. DHSC acknowledges that the delivery of some parts of the Projects may continue beyond 31 March 2025. DHSC will work with the Recipient beyond 31 March 2025 to capture outstanding benefits realised and evidence generated through the Grant.

### **13. Eligible Expenditure**

- 13.1. Costs which do not meet the definition of Eligible Expenditure include, but are not limited to, the following:
  - i. contributions in kind
  - ii. payments for activities of a political or exclusively religious nature





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- iii. depreciation, amortisation or impairment of fixed assets owned by DHSC
- iv. input VAT reclaimable by DHSC from HM Revenue & Customs
- v. interest payments or service charge payments for finance leases
- vi. gifts, other than promotional items with a value of no more than £10 in a year to any one person
- vii. entertaining (Entertaining for this purpose means anything that would be a taxable benefit to the person being entertained, according to current UK tax regulations)
- viii. statutory fines, criminal fines or penalties
- ix. expenditure not related to adult social care services.

13.2. The Recipient must not deliberately incur liabilities for Eligible Expenditure before there is an operational need for it to do so.

13.3. For the purpose of defining the time of payments, a payment is made by the Recipient when money passes out of its control (or out of the control of any person acting on behalf of the Recipient). Money will be assumed to have passed out of such control at the moment when legal tender (or equivalent contracting arrangement) is passed to a supplier (or, if wages, to an employee), when a letter is posted to a supplier or employee containing a cheque, or an electronic instruction is sent to a bank to make a payment to a supplier or employee by direct credit or bank transfer.

### **14. Breach of Expectations and Recovery of Grant funding**

14.1. If the Recipient fails to comply with any of the MOU criteria, or if any of the events set out in paragraph 14.2 occurs, DHSC may reduce, suspend or withhold funding payments.

14.2. The events referred to in paragraph 14.1 are:

- i. the Recipient purports to transfer or assign any rights, interests or obligations arising under this MOU without the prior agreement of DHSC;
- ii. any information provided in the Expression of Interest submitted by the Recipient for Grant payable under this MOU, or in any subsequent supporting correspondence is found to be significantly incorrect or incomplete in the opinion of DHSC;
- iii. it appears to DHSC that other circumstances have arisen or events have occurred that are likely to significantly affect the Recipient's ability to achieve



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the outputs, activities, milestones and targets set out in the expression of interest;

- iv. the Recipient's Chief Internal Auditor is unable to provide reasonable assurance that the statement of Grant usage, in all material respects, fairly presents the eligible expenditure in the funded Period in accordance with the definitions and expectations in this MOU; or
- v. The Recipient fails to deliver the Projects in line with the Proposal at Annex A.

14.3. If any overpayment is made under this Grant or any amount is paid in error, DHSC may reduce, suspend or withhold funding payments or require the repayment of the whole or any part of the monies paid, as may be determined by DHSC and notified in writing to the Recipient.

14.4. Such sum as has been notified will immediately become repayable to DHSC.

### **15. Resolution of disputes**

15.1. Any dispute between the Parties arising out of or in connection with this MOU shall in the first instance be resolved amicably between the Parties through the MOU Representatives and, if no resolution is reached, referred to the following senior personnel (at Director level):

For DHSC: Tabitha Jay, Director, Social Care Strategy and Reform

For the Recipient: Pete Fahy Director of Adults and Housing

### **16. Term and Termination**

16.1. This MOU shall commence on the Commencement Date and (subject to earlier termination on the terms of this MOU) shall continue for the duration of the Funded Period which may be extended by the written agreement of the Parties.

16.2. This MoU may be terminated by either Party at any time by giving at least three months written notice to the other Party.

16.3. A Party terminating this MoU will give as much notice as reasonably possible and will offer all reasonable assistance to ensure an effective handover of Activities, if required, and to mitigate the effects of termination on the other. In particular, a Party terminating this MoU shall take reasonable steps to ensure the other Party is not put at risk of action for breach of any statutory or other legal obligations as a result of terminating this MoU. This will include compliance with the further specific handover requirements set out below.



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16.4. The Recipient shall co-operate fully with DHSC during any handover arising from the expiry or termination of this MoU. Such co-operation shall extend to allowing full access to, and providing copies of, all documents, reports, summaries and any other information necessary, within legal constraints, to DHSC or such other third party (or parties) authorised to take over all or part of the Activities in order to achieve an effective transition without disruption to routine operational requirements.

### **17. Financial Consequences of exit from the MoU by an individual Party**

17.1. On termination of this MoU, a financial adjustment will be agreed according to the principle that DHSC will only be obliged to pay for Eligible Expenditure performed in accordance with the provisions of this MOU up to the date of termination (and upon termination the Recipient shall provide a final report detailing the Grant expenditure).

17.2. Where DHSC has paid any sums in advance, the Recipient will promptly arrange for repayment of amounts it has received in respect of the Projects and not yet expended (such amounts to be agreed with DHSC based on the final report provided further to the above paragraph 17.1).

### **18. Amendment of this Memorandum of Understanding**

Amendments to this MOU may only be made with the written consent of both Parties.

### **19. Details for correspondence**

#### **Local authority (the Recipient) to complete this section**

|           |   |
|-----------|---|
| Name:     | Jon Reading   |
| Position: | Head of Commissioning and Quality                           |
| Address:  | Adult Commissioning Team<br>1 Friargate<br>Coventry CV1 2GN |
| Email:    | Jon.reading@coventry.gov.uk                                 |

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|           |  |
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| Name:     | Linsey Craike and Megan Bradish  |
| Position: | Deputy Directors for Adult Social Care Charging, Commissioning and Markets |
| Address:  | Department of Health & Social Care<br>Victoria Street<br>London            |



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Social Care**

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|--------|---|
|        | SW1H 0EU                                  |
| Email: | ASCIInnovationImprovementUnit@dhsc.gov.uk |

**20. UK Government Branding**

- 20.1. If the Funding Recipient wishes to use the ‘Funded by the UK Government’ branding they shall at all times during and following the end of the Funded Period:
- i. comply with requirements of the Branding Manual in relation to the Projects; and
  - ii. cease use of the Funded by UK Government logo on demand if directed to do so by DHSC.

**21. Miscellaneous**

21.1. This MOU does not confer any rights on any third party. Nothing in this MOU shall be interpreted as limiting, superseding, or otherwise affecting any Party’s normal operations in carrying out its statutory, regulatory, or other duties. This MOU does not limit or restrict either Party from participating in similar activities or arrangements with other entities.

**22. SIGNATORIES**

The duly authorised representatives of the Parties affix their signatures below.

Signed for and on behalf of the Secretary of State for Health and Social Care

Signature: .....  
 Name:  
 Position:  
 Date:

Signed for and on behalf of Coventry City Council

Signature:   
 .....

Name: Jon Reading  
 Position: Head of Commissioning and



Department  
of Health &  
Social Care

Quality

Date: 14<sup>th</sup> February 2024



## ANNEX A – PROJECT PROPOSAL SUBMITTED AT EOI

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| Name of lead local authority submitting the application  | Coventry City Council   |
| Name of the responsible officer  | Jon Reading   |
| Job title or position in lead local authority  | Head of Commissioning and Quality   |
| Telephone number   | Tel: 02476 972739 Mob: 07940551599  |
| Address and postcode   | Floor 8<br>1 Friargate<br>Coventry CV1 2GN  |
| Email address  | <a href="mailto:Jon.Reading@coventry.gov.uk">Jon.Reading@coventry.gov.uk</a>  |
| Please specify which ICS area the consortium represents  | Coventry and Warwickshire ICS   |
| List of local authorities taking part in the consortium  | Coventry City Council, Warwickshire County Council  |
| Enter the number and title of the priority you have chosen.  | Shared Lives - Priority 1: community-based care models such as shared living arrangements Priority 4 (focusses on unpaid carers): ways to support unpaid carers to have breaks which are tailored to their needs Priority 5: digital tools to support workforce recruitment and retention, for example through referral schemes   |
| Your proposal: Describe the new or additional work you will deliver under this option to address local need? | <p>Shared Lives has an established service across Coventry and Warwickshire, currently rated as CQC 'Outstanding'. The scheme offers adults the opportunity to live with approved carers in family homes, experiencing all the joys and sometimes difficulties of family life and be an active member of the local community. Shared Lives is a key alternative to residential or supported living placements, offering increased outcomes for individuals at a comparatively lower cost for the local authority. Shared Lives also offers respite opportunities for individuals supported by unpaid carers in the community.</p> <p>Recruitment of new carers or families into the scheme is essential to creating additional capacity and enabling a variety of placements to be offered to individuals, however numbers of new families willing to provide the Shared Lives support are reducing year on year. This is particularly visible in the lack of families from diverse ethnic communities providing this support across Coventry and Warwickshire.</p> <p>The Shared Lives scheme has an ongoing recruitment campaign and initiatives to encourage new carers to join, however this is currently undertaken within existing resources meaning some</p> |



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|  | <p>capacity related limitations have been experienced. Likewise, dedicated knowledge and time is required to expand awareness of the scheme to underserved communities to encourage a wider demographic profile of carers recruited. Funding available through the ARF will therefore support Shared Lives recruit carers through:</p> <ul style="list-style-type: none"><li>- Dedicated marketing and communications support from an experienced recruitment / marketing provider;</li><li>- Development of a promotional video highlighting experience and benefits to people living in a Shared Lives home, and to families hosting them;</li><li>- Offer a sign-up incentive to new Shared Lives carers;</li><li>- Offer a Refer a Friend incentive to existing Shared Lives carers to encourage recruits.</li></ul>   |
| <p>Please outline your project governance, including listing the Senior Responsible Owner, Project Manager, Project Support, project workstream leads, and any other points to note (such as an advisor...</p> | <p>Senior Responsible Officer: Head of Service, Commissioning and Quality, Coventry City Council<br/>Project Manager: Unit Head Shared Lives, Coventry City Council<br/>Project Workstream Leads: Commissioning Officer CCC, Commissioner WCC (x2)<br/>Co-Production Group: Shared Lives carers and service users</p>  |
| <p>Delivery of your proposal</p>   | <p>ARF will look to specifically support a dedicated two-year recruitment campaign and use of payment-based incentives to becoming a Shared Lives carer. Through this the Council hope to increase the capacity of the scheme by up to 10 carers or homes and increase the number of both male carers and people or families from diverse ethnic backgrounds, where possible, as currently only two Shared Lives families are from a diverse ethnic community despite only 55% of the Coventry population reporting themselves as White-British in the 2021 Census.</p> <p>Funding available through the ARF will therefore support Shared Lives recruit carers through:</p> <ul style="list-style-type: none"><li>- Dedicated marketing and communications support. Specifically, this will have a professional and dedicated recruitment campaign. Year one will look to focus on the creation of promotional tools and materials (e.g. recruitment video) and year two will focus on marketing and targeting a diverse audience. Approximate cost £10,000 p.a.</li><li>- Offer a sign-up incentive to new Shared Lives Carers of up to £200 per referral (target 10 new carers/homes, £2000 total)</li><li>- Offer a Refer a Friend incentive of up to £200 per</li></ul> |



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|   | <p>successful referral (target 5 carers, £1000 total)<br/>Note payment for sign up incentive / referral only payable upon the passing of the carers 6-month probation period by Unit Manager.</p>   |
| <p>Which care providers, NHS and voluntary and community groups and ICS partners, have been involved in developing this proposal?</p> | <p>This proposal has been developed jointly by Coventry and Warwickshire commissioners with the Shared Lives lead and will be further developed through engagement undertaken with existing Shared Lives carers and individuals in receipt of support. This engagement will work to understand the reasons carers joined (and stay with) the scheme and service users perspective on how they view support. This engagement will feed into the recruitment and marketing approaches undertaken, specifically producing a video of lived experience to depict the life and benefits of a Shared Lives carer and the difference they can make to people's lives to encourage new shared lives carers.</p>   |
| <p>What are the biggest challenges you foresee in delivering your proposal and why? (approx. 200 words)</p>                           | <p>Shared Lives have been working to recruit new carers for some time, however, limitations have been experienced in respect of the time and budget available to undertake more targeted work. Work to date has included production of a brochure, a physical presence at town centres and local events by the Shared Lives team to speak to potential recruits and spread awareness, and attendance at adult social care open days and recruitment days. Possible challenge in undertaking this work is the potential for a lack of interest in becoming a Shared Lives carer resulting in minimal or no further carers recruited. Likewise, a key focus of this work is to increase the number of carers recruited who are male or from diverse ethnic background using evidence-based methods. Despite targeted work to attract these demographics, efforts may result in no further uptake or interest. The Council will however look to work with community and faith leaders and utilise the expertise of marketing / recruitment professionals to expand awareness and reach to encourage people to become a shared lives carer.</p> <p>A further challenge may be that, whilst capacity in the scheme is increased through new recruits, carers or families recruited may not be best placed to meet the needs of individuals requiring support. In all instances, individuals are 'matched' to carers or families prior to placement with families undergoing extensive suitability checks and training to ensure compatibility. An increase in carers, families or overall capacity does not necessarily equate to supporting more individuals as this is dependent on compatibility and suitability factors of all involved. More capacity will however increase the variety of placements and homes</p> |





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|   | available to perspective service users, increasing the likelihood of a successful placement.   |
| What kind of support would help overcome these challenges? (approx. 200 words)                                      | <p>The Council anticipate the support of a dedicated and experienced recruitment agency undertaking a specific campaign for the Shared Lives scheme will make a significant difference in targeting and engaging a wider audience, directly resulting in an increase of shared lives carers. Likewise, we anticipate this will increase knowledge and interest in the scheme to new and more diverse communities, in turn supporting individuals from a minority ethnic background to come forward and express an interest in becoming a shared lives carer.</p> <p>An exercise to map potential needs and requirements of individuals who would like to benefit from Shared Lives to better understand what the right home or carer consists of may support in targeting recruitment towards individuals or communities with these desired or needed traits, e.g. areas of the city / county, faith groups etc.</p> |
| What are the key outputs of your work and how will you know that your work has been successful? (approx. 200 words) | <p>Key outputs will include:</p> <ul style="list-style-type: none"><li>- Targeted recruitment campaign including a promotional video. As part of this we will ensure messaging and campaigns are inclusive as to encourage growth in the demographics of carers recruited.</li><li>- Increase of people expressing an interest in becoming a Shared Lives carer. Of this, we aim to see up to 10 individuals / families onboarded as a Shared Lives carer that could offer placements for up to 20 people. Additional capacity will support both long term placements and opportunities for respite for individuals supported by unpaid carers.</li><li>- Increase in individuals accessing Shared Lives support</li><li>- Increase the number of male shared lives carers registered.</li><li>- Increase the number of shared lives carers from a minority ethnic background registered.</li></ul>                  |
| Post-grant sustainability: What lasting impact will this project achieve?   | <p>Commissioners anticipate this project will create an increased capacity and lasting connections with underrepresented communities, allowing individuals from diverse backgrounds increased opportunities to become Shared Lives carers through improved knowledge of the scheme and its requirements. Likewise with an increased number of individuals aware of the scheme, we anticipate word of mouth will support ongoing</p>  |



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|   | <p>interest and therefore registrations in becoming a Shared Lives carer.</p> <p>As a result of the above, we aim to create a lasting impact in respect of the following:</p> <ul style="list-style-type: none"><li>- Increase capacity in the Shared Lives scheme;</li><li>- Increase the number of male carers and carers from a ethnic minority background. In turn this will assist the Council in supporting the diverse needs of individuals requiring support in Coventry and Warwickshire;</li><li>- Increase the number of people supported by Shared Lives, including the number of unpaid carers utilising the service for respite;</li><li>- Offer another option of support to residential or supported living placements. In turn this will increase outcomes for individuals whilst providing a cost-effective placement option for local authorities.</li></ul> <p>Service uptake and performance monitoring will be undertaken through the duration of the project to understand which elements of the campaign are successful in attracting new recruits. The project will also provide valuable training and insight on successful recruitment practices for the Shared Lives team to take forward following commencement of the project and negate the need for external recruitment support in the future.</p> |
| Enter the number and title of the priority you have chosen.2  | Carers digital self help tool: • 7 - Effective carer’s assessments focusing on outcomes and collaboration. • 8 - Inclusive services involving unpaid carers in the discharge process. • 10 - Social prescribing to link individuals to community resources • 11 - Improved identification of unpaid carers in communities. • 12 - Encouraging self-identification among carers and promoting service access.  |
| Your proposal: Describe the new or additional work you will deliver under this option to address local need?2 | <p>In developing the Coventry Carers Action Plan 2024/26 and Warwickshire Carers Action Plan 2023/25, engagement with local carers was undertaken to inform the priorities to be achieved in these plans. From this engagement a strong theme was the requirement for clear, easy to access information and support, available at any time and personalised to the carers needs. An online digital support tool utilising AI technology has been identified and aims to meets this need to ensure carers are equipped with the ability to self-serve, identify local support and access bespoke information to support their own well-being.</p> <p>Coventry City Council and Warwickshire County Council are</p>   |



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|   | <p>participating in a pilot commissioned by West Midlands ADASS of this digital carers self-help tool from December 2023 - March 2024, with usage of the tool monitored throughout this time to understand effectiveness and reach.</p> <p>To expand on the pilot and success of this tool in neighbouring authorities, both Warwickshire and Coventry are looking to formally commission the tool for a further two years. This initiative, although an extension of existing frameworks, introduces novel elements that align closely with local strategic priorities and evidence-based needs.</p> <p>Additional work supplementary to the existing pilot will involve formal commissioning and procurement of the tool, its ongoing promotion and monitoring and engagement with local carers to tailor the tool in line with place and organisational requirements and the integration of statutory carers assessments with Council systems. Further new elements of the offer include:</p> <ol style="list-style-type: none"><li>1. GP SMS Outreach: In collaboration with our Primary Care Networks Bridgit will send identification &amp; support SMS messages to all patients to enhance the number of carers identified and linked to support within primary care.</li><li>2. Referral Networks Enhancement: Equip all key VCSE organisations with unique links and promotional materials for carer support to conduct targeted promotional activities at the community level, ensuring a more localised and effective outreach.</li><li>3. Charity Advertising Partnerships: We plan to collaborate with charities to help them access free Google Ads credits and train and assist these charities in effectively running their advertising campaigns moving forward.</li></ol> |
| <p>Please outline your project governance, including listing the Senior Responsible Owner, Project Manager, Project Support, project workstream leads, and any other points to note (such as an advisor...2</p> | <p>Preliminary project team as follows:<br/>Senior Responsible Officer: WCC/CCC Commissioner Manager<br/>Project Manager: CCC Carers Lead / WCC Commissioning Manager<br/>Project Workstream Leads: Commissioner WCC / CCC Commissioning Officer / Commissioning Support Officer WCC<br/>Co-Production Group: Carers Trust and Caring Together Warwickshire, Adult Social Care</p>  |
| <p>Delivery of your proposal2</p>   | <p>ARF funding will specifically fund the annual cost of the tool itself to ensure ongoing access for local carers. Promotion, engagement and procurement activity will be undertaken within existing</p>   |



resource. Key activities include:

- Formal commissioning of carers digital support tool for initial 24-month
- Ongoing monitoring of delivery in respect of usage, trends etc.
- Communication and promotion of the digital platform.
- Integration with local authority systems

Funding breakdown:

The proposed allocation of funding for this project is £127,500 per local authority to cover two years of service. This includes a one-time implementation charge of £7,500 will be levied on each Local Authority to cover initial setup, integration, and customisation of the services to align with local needs and data sources.

Key Activities:

1. AI Technology Integration and Training: Implementing and customising the platform using local data sources for accurate and relevant support.
2. Development of SMS Campaigns: Crafting and disseminating SMS campaigns for carer identification in partnership with Primary Care Networks.
3. Charity Partner Training and Google Ads Setup: Enabling charities with digital advertising tools and techniques for sustainable carer identification, as well as increasing their capacity through the use of the platform.
4. Self-Help Portal: deploying the platforms services and online self-help portal for carers, providing resources, advice, and a personalised carer coaches.

High-Level Delivery Milestones:

1. AI Solution Training with Local Data: Completing the training of the AI solution using local authority, NHS, and charity data within within 1 month of Purchase Order.
2. Self-Help Portal Launch: Going live with the carers' self-help portal within 1 month of Purchase Order.
3. Launch of SMS Campaigns: Initiating the first SMS campaign with GPs within 2 months Self-Help Portal Launch
4. Charity Partner Empowerment: Completing training and setup for Google Ads campaigns within 2 months Self-Help Portal Launch
5. Mid-Term Evaluation and Adjustment: Conducting an evaluation at the 12-month mark to assess initial impact and adapt strategies as necessary.



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|  | <p>6. Final Reporting: Providing a comprehensive report on the project's progress and outcomes at the end of the funding period.</p> <p>These milestones ensure a structured and effective rollout of the project, with a focus on integrating innovative AI solutions, empowering carers through digital platforms, and establishing sustainable practices for ongoing carer support.</p>  |
| <p>Which care providers, NHS and voluntary and community groups and ICS partners, have been involved in developing this proposal?2</p> | <p>Regional: the pilot for this scheme was developed following review of the tool at the West Midlands Regional Carers Group, comprising of carers leads and commissioners across 14 local authorities. Through this group we share learning, findings from engagement and best practice, all of which informed the pilot approach.</p> <p>Coventry: As part of the pilot Coventry will be engaging with local carers and carer support organisations to gain feedback on how useful they find the platform, any improvements to consider and accessibility. We will then use this feedback to adapt the platform through the formal commissioning process. This will include feedback obtained through our two adult social care reference groups, and face to face engagement at carers support groups, community hubs and libraries to gain qualitative feedback alongside the quantitative feedback obtained via the tool.</p> <p>Warwickshire: Will take a similar approach to Coventry engaging will carers and key stakeholders to build on learning from the current Midlands wide pilot. Local adaptations will be discussed with the platform provider to include functionality such as online carers assessment and support planning which will interface with and support our commissioned provider support for carers. We will engage our carers reference group, local carers groups our community, our carers forum members and our primary care networks to support this offer.</p> <p>Both Coventry and Warwickshire will deploy the tool in close collaboration with our local commissioned carer charities and services, Carers Trust Heart of England (Coventry) and Caring Together Warwickshire (Warwickshire).</p> |
| <p>What are the biggest challenges you foresee in delivering your proposal and why? (approx. 200 words)2</p>                           | <p>Stakeholder Engagement and Adoption:<br/>The primary challenge lies in ensuring effective stakeholder engagement and adoption. This involves aligning the diverse</p>  |



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|   | <p>interests and expectations of healthcare providers, carers, and charity organisations with the project's goals. Despite the technical ease of integration, the human element of embracing new technology and changing established workflows remains a significant hurdle. Overcoming resistance to change and fostering a culture of innovation and collaboration among all stakeholders is crucial.</p> <p>Measuring Impact and Continuous Improvement: Another challenge is establishing robust mechanisms for measuring the impact of the project and using these insights for continuous improvement. This includes tracking key performance indicators, gathering feedback from users, and adapting the service to better meet the needs of carers and each local authority.</p> <p>Digital exclusion: We are conscious this is a digital tool, and this may exclude individuals who do not have tools or means to access the internet.</p> <p>Carer self-identification: From engagement with local Coventry carers undertaken in 2023 and in Warwickshire in 2022, a significant barrier to carers accessing support is the acknowledgement and self-identification of being a carer. Without carers recognising they are carers and that they may require support.</p> <p>Identification of unmet need: A key feature of the tool is signposting to other local services, resulting in a possible increase in demand for these services.</p> <p>By addressing these challenges with a strategic approach, focusing on stakeholder engagement, effective training, data quality, and continuous improvement, the project can navigate potential obstacles and achieve its objectives of enhancing support for unpaid carers.</p> |
| <p>What kind of support would help overcome these challenges? (approx. 200 words)<sup>2</sup></p> | <p>Stakeholder Engagement Initiatives: Regular engagement activities like workshops, feedback sessions, and collaborative forums can help align stakeholders' interests with the project's goals. These initiatives will foster a sense of ownership and participation among all parties, thereby reducing resistance to change.</p> <p>Impact Assessment and Feedback Mechanisms: Implementing robust mechanisms for measuring the project's impact and gathering user feedback is key. This includes setting up clear performance metrics, conducting regular evaluations, and adapting the service based on the findings.</p> <p>Digital exclusion: Coventry will work jointly with the Coventry</p>  |



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|   | <p>Device Bank to link carers with both equipment and training to access the online platform. We are also aware there is a demand for paper-based, non-digital information offer. Coventry will be meeting the requirements of such individuals through a refresh of paper-based information available and increased community presence. The information included in the non-digital offer will be shaped in line with trends in information accessed through the tool to ensure this remains fit for purpose.</p> <p>Caring Together Warwickshire the commissioned support in Warwickshire will support those carers who are digitally excluded to access support via face to face and phone appointments depending on carer preferences. Training can also be provided to support those carers who wish to use digital means to access support. The service also uses sessional workers and volunteers to support carers in their local areas. The service will also link carers with community partners.</p> <p>Carer self-identification: Work is underway to break down this potential barrier through improved information sharing and awareness. Ensuring carers recognise themselves as carers and are aware of the benefits of using this tool will be key to its success.</p> <p>Identification of unmet need: A usage dashboard is available through the Bridgit platform enabling the authorities to understand how carers have accessed the tool, onward referrals made, and trends in need. This, alongside usage of third sector organisations, will be monitored closely and targeted information or support produced to alleviate pressures where identified. The tool also offers a level of control in the information presented to the carer, meaning the local authority can prioritise information and services to manage onward demand if required.</p> |
| <p>What are the key outputs of your work and how will you know that your work has been successful? (approx. 200 words)2</p> | <ol style="list-style-type: none"><li>1. Increased Identification of Unpaid Carers: Through effective SMS campaigns and referral networks, a significant increase in the identification of unpaid carers is expected.</li><li>2. Successful Deployment of AI Support Systems: The integration and active use of Bridgit Care's AI technology within Local Authority and charity systems.</li><li>3. Operational Self-Help Portal for Carers: A fully functional self-help portal providing personalized support and resources to carers.</li><li>4. Enhanced Support Infrastructure for Carers: This includes training charity partners and implementing digital tools to improve the support available to carers.</li><li>5. Connection – Reducing isolation and increasing</li></ol>   |



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|   | <p>opportunities for social contact.</p> <ol style="list-style-type: none"><li>6. Support – Reducing the risk of carer breakdown, improving carers access to support at the point they need it.</li><li>7. Reporting &amp; Benefits – Improving intelligence on how carers are supported to inform future delivery.</li><li>8. Improve access to, and utilisation of, local placed based services.</li></ol> <p>The success of the work will be measured by:</p> <ul style="list-style-type: none"><li>• Quantitative Metrics: This includes tracking the number of carers identified, the usage statistics of the self-help portal, and the engagement levels with AI support systems. Increases in these numbers will indicate successful outreach and adoption.</li><li>• Qualitative Feedback: Gathering feedback from carers, Local Authorities, and charity partners on the effectiveness and impact of the support provided. Positive responses and constructive feedback will be key indicators of success.</li><li>• Operational Metrics: Assessment of the smooth integration and functionality of the AI systems, as well as the accessibility and utility of the self-help portal.</li><li>• Sustainability Indicators: Evaluating the long-term sustainability of the project, such as the continued use and benefit of the AI systems and self-help portal beyond the initial funding period.</li></ul> <p>Impact on wider priorities:</p> <ul style="list-style-type: none"><li>• Linked to priorities identified in Coventry Carers Action Plan 2024-26 and Warwickshire’s All Age Carers Action Plan 2023-2025.</li><li>• Improvements to national data and surveys regarding reported carer satisfaction</li><li>• Increase in registrations with and usage of Carers Trust e.g. CRESS registrations &amp; usage</li><li>• Increase in Carers Assessments</li></ul> |
| <p>Post-grant sustainability: What lasting impact will this project achieve?2</p> | <p>The innovations introduced will continue to support unpaid carers and the wider community beyond the grant funding period. Key aspects contributing to post-grant sustainability include:</p> <ol style="list-style-type: none"><li>1. Integration with Existing Structures: By aligning closely with current healthcare and local authority systems, the project ensures that its innovations, such as the AI support systems and self-help portal, become embedded within existing structures. This integration facilitates long-term usage and sustainability.</li><li>2. Capacity Building and Training: The project's focus on</li></ol>  |





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|   | <p>training charity partners and stakeholders in utilizing digital tools and AI technologies ensures that these skills and knowledge persist beyond the grant period. This capacity building empowers local organizations to continue supporting carers independently.</p> <p>3. Self-Sustaining AI Technologies: The AI systems, trained on a rich dataset, are designed to improve over time, becoming more efficient and effective in providing support. Their self-learning capabilities support them remain relevant and useful.</p> <p>4. Sustainability through Cost-Effectiveness: By demonstrating cost-effectiveness in terms of resource savings and improved care outcomes, the project positions itself as a viable option for continued funding or investment from various sources, including government bodies, or non-profit organizations.</p> <p>Due to current financial positions of local authorities, funding available post project cannot be guaranteed. To mitigate any potential risk to individuals or the local authorities involved, an exit strategy will be developed to manage any cessation of service or support in event no further funding can be identified. A light touch version of the tool will remain available to existing users of the service in event ongoing funding cannot be identified.</p> |
| Enter the number and title of the priority you have chosen.3  | <p>Carer breaks - Priority 3: investment in local area networks or communities to support prevention and promote wellbeing, enabling people to age well in their communities Priority 4 (focusses on unpaid carers): ways to support unpaid carers to have breaks which are tailored to their needs Priority 11 (focusses on unpaid carers): ways to better identify unpaid carers in local areas</p>   |
| Your proposal: Describe the new or additional work you will deliver under this option to address local need?3 | <p>In line with the Coventry Carers Action Plan 2024-26 and Warwickshire Carers Action Plan 2023 - 2025, a key priority is the delivery of a varied carers breaks offer, ensuring carers have time away from the caring role to improve their overall health and wellbeing. According to Census 2021 data, over 27,391 residents identified themselves as a carer, with over 52,000 in Warwickshire, however it is likely actual number of carers are much higher.</p> <p>As part of local engagement undertaken with Coventry carers in 2023 and in Warwickshire pre-tender of the commissioned service in 2022, we surveyed carers better understand their needs, what a good break looked like to them and any potential barriers they experience in accessing breaks, respite or services. The overwhelming response from carers was the need to have access</p>  |



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|  | <p>to suitable break and respite provision, with more tailored and flexible offers required to enable them to do so. Other feedback also noted carers do not feel valued, can experience isolation and would like more opportunities to maintain their own health and wellbeing. Examples of breaks ranged from a chance to go for a coffee or a few hours to themselves, an overnight break, or extended time or holidays away from the caring role. In respect of barriers, some carers reported unease in using commissioned support, unsuitable provision and guilt in taking a break.</p> <p>To enhance the carers breaks offer available across both Coventry and Warwickshire area, new initiatives and options are being investigated to better support carers. Following investigations with other local authorities, an established provider (Provider 'X') was identified to work with local businesses and organisations to seek donations to allow carers to take time away from their caring role, for example meals out, hotel stays, theatre tickets. Businesses benefit from making donations through positive publicity, demonstration of improved corporate and social responsibility and ability to connect to a new demographic and can also utilise carer awareness training available through Provider X.</p> |
| Please outline your project governance, including listing the Senior Responsible Owner, Project Manager, Project Support, project workstream leads, and any other points to note (such as an advisor...3 | Preliminary project team as follows:<br>Senior Responsible Officer: WCC Head of Older People Commissioning / CCC Head of Service<br>Project Manager: CCC Carers Lead / WCC Carers Commissioner<br>Project Workstream Leads: CCC Commissioning Officer and Change Manager / Commissioning Support Officer WCC<br>Co-Production Group: Carers Trust and Caring Together Warwickshire   |
| Delivery of your proposal3   | <p>The scheme has had great success in Liverpool, Milton Keynes, and Wigan, with Coventry and Warwickshire keen to learn from this success and create this opportunity locally and offer alternative breaks for carers in a cost-effective manner.</p> <p>Provider X will lead on this work in making links with local businesses and organisations, building the offer locally, communicating this and matching eligible carers to break opportunity. This will include the establishment of an online referral system allowing carers to apply for breaks, a stringent screening process and the matching of carers to potential breaks. Priority is given to carers who have not previously accessed the</p>  |



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|   | <p>service and those identified at screening as who would benefit from a break. The service aims to deliver two breaks per year to each carer registered. Carers do not need to be registered with the local authority to access the service however as part of screening will be required to evidence they have caring responsibility.</p> <p>Costs of this service will be met through the ARF grant to fund the service at £60,000 p.a. This cost meets the staff running costs of Provider X in its entirety.</p> <p>Through the offer we aim to see:</p> <ul style="list-style-type: none"><li>- Development of sustainable and ongoing business relationships with organisations across the city / county.</li><li>- Promotional campaign to showcase offer</li><li>- A diverse range of carers accessing opportunities for carers breaks</li><li>- Improvement in awareness of carers support services, resulting in increased usage of third sector support e.g. Carers Trust</li><li>- Reduction in carer breakdown resulting in commissioned care for the cared-for individual</li><li>- Improvements to the carers overall health and wellbeing, enabling them to continue their caring role successfully.</li></ul> |
| <p>Which care providers, NHS and voluntary and community groups and ICS partners, have been involved in developing this proposal?</p> | <p>Engagement is planned to take place with carers at phase one (January -March) to better understand what break provision they would like to access through this service to shape the offer. Initial engagement will also begin with local businesses and organisations to understand appetite for donations and offers of support.</p>  |
| <p>What are the biggest challenges you foresee in delivering your proposal and why? (approx. 200 words)</p>                           | <ul style="list-style-type: none"><li>• Ongoing sustainability post ARF Grant: Coventry City Council's and Warwickshire County Council's budgets and financial position post use of ARF grant monies cannot be confirmed due to the overall financial pressures faced by each local authority. It is likely there will be limited or no funding available to sustain this initiative post grant, unless an alternative funding stream is sourced or efficiencies are achieved through the pilot, allowing ongoing funding of Provider X to be met through such savings. Where no funding can be identified, consideration may be given to achieving a similar offer within existing resource, learning from the pilot and utilising the connections made over the life of the project.</li></ul>  |



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|  | <ul style="list-style-type: none"><li>• Discovery of unmet need: There is risk through this new offer of support, although informal, of identifying previously 'hidden' or unidentified carers. Whilst this is a benefit, we must also consider potential demand on wider carer support services and ensure this is managed within budgets and resource available.</li><li>• Replacement care: Consideration must also placed on bridging any replacement or respite care required by the cared-for to enable the carer to access breaks. Coventry propose this is met by a new community-alternative model approach currently in development by Coventry Council, however we may need to facilitate commissioned replacement care in instances where this model is unsuitable. Alternative arrangements may also be sourced through the Tribe project running parallel to the MyTime initiative also proposed under the ARF.</li><li>• Data collection (baseline): This is an entirely new project of its kind to Coventry and Warwickshire, therefore little to no data is available to baseline efforts against to predetermine numerical or statistical related success targets. The project will be based on learning taken from commissioners in local authorities with an established commissioned offer with Provider X.</li></ul> |
| <p>What kind of support would help overcome these challenges? (approx. 200 words)3</p> | <p>Ongoing sustainability post ARF Grant: identification of funding streams available to support the longevity of this initiative.</p> <p>Discovery of unmet need: Overcoming this challenge may be overcome through achieving efficiencies through the project itself e.g. less carers require commissioned support or services because of carer breakdown or burnout. Careful project planning and communications will also ensure that carers expectations are managed in respect of service delivery and availability, and to target those carers who have the most to gain from participating in the scheme.</p> <p>Work is also underway to link with local authority commissioners of established Provider X services to inform project delivery.</p> <ul style="list-style-type: none"><li>• Replacement care: Coventry propose this is met by a new community-alternative model approach currently in development by Coventry Council, however we may need to facilitate commissioned replacement care in instances where this model is unsuitable. Alternative arrangements may also be sourced through the a project running parallel to the this initiative also proposed under the ARF allowing individuals to source and utilize support from volunteers or community groups.</li></ul>                                      |
| <p>What are the key outputs of your work and how will you know that your work</p>      | <ul style="list-style-type: none"><li>• Development of a Provider X carers breaks offer across Coventry and Warwickshire, utilised by the residents of the city /</li></ul>  |



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| <p>has been successful? (approx. 200 words)<sup>3</sup></p>                                  | <p>county. Targets in respect of use will be confirmed upon review of progress and learnings by other local authorities with a commissioned, established offer.</p> <ul style="list-style-type: none"><li>• Increased levels of carer satisfaction, health and wellbeing reported (positive impact achieved to ASCOF indicators and biennial statutory survey).</li><li>• Reduction in requirement of commissioned care for the cared-for individual as a result of carer breakdown</li><li>• Improvements to the carers overall health and wellbeing, enabling them to continue their caring role successfully. This will be evidenced by both quantitative and qualitative feedback.</li></ul>  |
| <p>Post-grant sustainability: What lasting impact will this project achieve?<sup>3</sup></p> | <p>Though ongoing funding and resource to sustain the project post-ARF grant funded period cannot be confirmed at this time, we aim to create an offer of varied carers breaks across Coventry and Warwickshire, with long-standing business relations created to support longevity of the programme.</p> <p>Ongoing funding may be met through cost-savings achieved through reduced carer breakdown as a result of the pilot or alternative funding streams. Alternatively, considerations may be given to the local authority taking forward this work within existing resource and staffing following successful establishment of the offer. In respect of expansion, if successful it may be prudent to create links with other local authorities with this offer to extend the variety of breaks available across counties.</p> <p>To mitigate any potential risk to individuals or the local authorities involved, an exit strategy will be developed to manage any cessation of service or support in event no further funding can be identified.</p> |
| <p>Enter the number and title of the priority you have chosen.<sup>4</sup></p>               | <p>BiH professional support app (WCC only) Priority 2: supporting people to have greater control over their care options, such as by using digital tools to self-direct support or communicate needs and preferences Priority 3: investment in local area networks or communities to support prevention and promote wellbeing, enabling people to age well in their communities Priority 4 (focusses on unpaid carers): ways to support unpaid carers to have breaks which are tailored to their needs. Priority 10: social prescribing to connect people with information, advice, activities and services in the community</p>  |



Your proposal: Describe the new or additional work you will deliver under this option to address local need?4

A personalised phone app (BiH) that combines the use of technology and live professional support to enable people to access help whenever and wherever they need it. The app can help with making decisions, remembering or planning for events, or developing personalised strategies to manage anxiety or access to the local community independently, for example.

The BiH app users can use the traffic lights system to record how they feel:

Green – I'm ok

Amber – Things are a bit difficult but I don't need help

Red – Things are difficult and I need help;

If individuals press the red traffic light, or press amber three times, BiH will get in contact with them to follow up. The app is available 24 hours a day, 365 days a year including the 24/7 Responder Service linked to the traffic lights system.

The app was trialled in Coventry and Warwickshire by the Integrated Care System during 2021/22 to understand whether innovative digital solutions could support young people with neurodevelopmental conditions including autistic people.

'Think Autism, the National Adults Autism Strategy' defines autism as a lifelong neurodevelopmental condition that affects three main areas of functioning related to sensory processing, communication and social interaction. Autism is often described as a 'spectrum disorder' because the condition affects individuals in many different ways and to varying degrees, including how a person makes sense of the world around them.

Initially, access to the BiH licences was enabled based on a professional referral to Brain in Hand. Subsequently, a new self-referral route has been piloted which proved very successful in supporting people aged 16+ who are autistic or have ADHD, and those on the neurodevelopmental assessment waiting list who wanted extra support to manage their anxiety or to independently access their local community.

The pilot demonstrated that those aged between 25 & 26 used the app most frequently and the diary and events and problems and solutions functions were used more frequently than others. 56% of users who completed the survey said that Brain in Hand had helped them with their anxiety or mental health, in self-care and in controlling negative behaviours. 80% of those who



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|   | <p>responded to the survey stated that the app helped them to cope with day-to-day stressors.</p>   |
| <p>Please outline your project governance, including listing the Senior Responsible Owner, Project Manager, Project Support, project workstream leads, and any other points to note (such as an advisor...4</p> | <p>Delivery of the app element of this EOI will be governed by Coventry and Warwickshire All Age Autism Partnership Board. An Integrated Transformation Lead will take the lead commissioning role for implementation of this service across Coventry and Warwickshire, using existing networks and communication channels which were established during the previous commissioning activity with Brain in Hand.</p>  |
| <p>Delivery of your proposal<sup>4</sup></p>  | <p>The funding of £85,680 will pay for 70 BiH licenses to cover the period January 2024 to April 2025 (if successful).</p> <p>2024/25            Any future funding requirements after 2024/25?</p> <p>Direct staffing costs    £0            £0 (staffing and infrastructure accounted for in license price)</p> <p>Indirect staffing costs   £0            £0 (staffing and infrastructure accounted for in license price)</p> <p>Non-pay costs</p> <p>                              £85,680            £1377 +VAT per license continued beyond project term</p> <p>Licences can be recycled. It is anticipated that 70 licences will support circa 150 people during the proposed delivery period. High level key activity will be as follows:</p> <p>Funding secured – decision communicated with the provider</p> <p>Working group meets to review / agree eligibility criteria, plan for comms approach and develop KPIs and outcomes to be delivered through this service</p> <p>Comms launch through agreed channels (most likely targeted social media ads)</p> <p>Regular progress reporting to Coventry and Warwickshire Autism Partnership Board via agreed channels</p> <p>Regular provider performance meetings to discuss uptake, understand risks and issues and work in partnership to address those</p> <p>A more detailed project plan to be developed once outcome of this proposal is confirmed as positive.</p> |
| <p>Which care providers, NHS and voluntary and community groups and ICS partners, have been involved in developing this proposal?<sup>4</sup></p>   | <p>Under the Coventry and Warwickshire Keyworker pilot during 2021/22, Experts by Experience involved in coproducing the pilot identified a gap in autistic people’s ability to utilise phone based apps to help them live independently and participate in education</p>   |



and employment.

A range of example apps were identified and pros and cons of each discussed with the Keyworker Steering Group, and BiH was identified as an app with the greatest potential to fulfil autistic people's expectations around quality support being access via an assistive technological solution.

The pilot with BiH was progress to support delivery of the NHS Long Term Plan's focus on the importance of increasing the range of digital health tools and services to enable people to access modern ways of support that can be delivered closer home.

This proposal builds on existing experience with BiH through recent pilot activity which supported circa 50 residents of Coventry and Warwickshire to date. The project, which was endorsed and supported by Coventry and Warwickshire Integrated Care System, showed impressive engagement with the local autistic population in just 2 weeks and 67% of licenses were still engaged and benefitting from the solution after 12 weeks.

Throughout the pilot delivery, impact, both qualitative and quantitative, was measured. Findings included:

- 56%: BiH helped with anxiety or mental health.
- 80%: agreed/strongly agreed more able to cope with day-to-day stressors.
- 80%: agreed/strongly agreed BiH helped to improve their quality of life.

Evidence of impact was presented to Coventry and Warwickshire Autism Partnership Board earlier this year, which is co-chaired by an autistic Expert by Experience. Benefits of the app were recognised and the group were in favour of us pursuing additional funding routes to extend the service beyond current contract end date.

Independent evaluation has shown that BiH significantly reduces anxiety, improves quality of life, and decreases self-injurious behaviour among autistic individuals. This study recommended that BiH meets NICE research effectiveness standards for health digital technologies.

BiH is accredited by DTAC, ORCHA, and Cyber Essentials Plus, and is a fellow of the NHS Innovation Accelerator (NIA). BiH demonstrates a serious commitment to authentic public patient involvement. BiH have a co-production lead who is autistic and is





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|  | <p>responsible for ensuring the users' perspective is incorporated in all stages of product development including prototyping, testing and implementation. BiH have an active user panel and elicit the perspectives of non-users and former users to determine product development priorities.</p>  |
| <p>What are the biggest challenges you foresee in delivering your proposal and why? (approx. 200 words)<sup>4</sup></p>                | <p>Lack of alternative funding being available nationally and locally, at present, prevents us from building on the successes of the previous work with Brain in Hand and expanding the app to capture broader audiences. Ability of funding matching at the end of the two years will be paramount to ensure those actively using the licences can continue to be supported to benefit from greater independence.</p> <p>Also, demand exceeding capacity for licences with more people being interested than there are licences available. This might result in people communicating poor experience of their inability to sign up for a licence.</p>   |
| <p>What kind of support would help overcome these challenges? (approx. 200 words)<sup>4</sup></p>                                      | <p>We will engage with partners to pursue ongoing funding availability as appropriate.</p> <p>We will ensure clear comms messages that communicate eligibility and process for licences sign up clearly to avoid miscommunication and dissatisfaction of local residents. We will ensure that those with greatest need for digital support are approached to benefit from this support.</p>  |
| <p>What are the key outputs of your work and how will you know that your work has been successful? (approx. 200 words)<sup>4</sup></p> | <p>The key output of this work will be the number of compliments and complaints, as well as quality of user feedback about impact of the app, which will be monitored on an ongoing basis.</p> <p>We will produce a set of comms messages aimed at the general public eligible for this support and work with system leads to agree and share those comms messages.</p> <p>We will establish a set of KPIs and outcomes for this project and work with BiH to ensure these are being achieved as planned.</p> <p>BiH will be producing regular performance update reports which will help commissioners understand impact of this app on delivery of local and national priorities.</p> <p>Towards the end of the contract BiH will produce a summary report on how well the service has delivered intended outcomes and KPIs.</p> |
| <p>Post-grant sustainability: What lasting impact will this project achieve?<sup>4</sup></p>   | <p>This initiative aims to address the significant health challenges faced by autistic individuals, such as reduced life expectancy, high suicide rates, and a greater likelihood of co-occurring mental</p>   |



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|  | <p>health conditions. These factors contribute for example, to autistic people disproportionately low employment rates, with only one in five being employed.</p> <p>Furthermore, Coventry and Warwickshire demand and waiting times for neurodevelopmental assessment follows the national picture in that demand outstrips clinical capacity to conduct assessments in a timely manner. This leads to long waiting times and people's needs not being met appropriately. A BiH based self-management approach will support people who are waiting for an autism assessment, those who are not eligible for specialist support and those who have never engaged with mental health services but struggle with anxiety. In turn, this increased level of support may reduce the demands placed upon carers/those who support autistic people, offering an alternative solution for managing day-to-day challenges.</p> <p>By offering our residents an opportunity to benefit from assistive technological solution to support them access local community, education and employment opportunities, the project will contribute to reducing health inequalities faced by the neurodivergent population.</p> <p>BiH has over 40 live programmes with health and social care organisations nationwide and is supporting over 8,000 existing app users across the health and education sectors. Case studies are available to show how BiH supports autistic people in areas such as in the workplace, transitions, living independently and education.</p> <p>Evaluation of the previous pilots demonstrated the level of positive impact this app can have on people's lives and this proposal seeks to expand opportunities to access the app building on those previously demonstrated benefits.</p> |
| Enter the number and title of the priority you have chosen.5 | HOSPITAL CARERS SUPPORT SERVICE (WCC only) Priority 7 (focusses on unpaid carers): ways to conduct effective carer's assessments with a focus on measuring outcomes and collaboration Priority 8 (focusses on unpaid carers): services that reach out to, and involve, unpaid carers through the discharge process Priority 10: social prescribing to connect people with information, advice, activities and services in the community Priority 11 (focusses on unpaid carers): ways to better identify  |



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|  | unpaid carers in local areas Priority 12 (focusses on unpaid carers): ways to encourage people to recognise themselves as carers and promote access to carer services  |                          |                           |                 |                          |                 |              |  |  |  |  |              |  |
| Your proposal: Describe the new or additional work you will deliver under this option to address local need?5  | <p>A Healthwatch report published May 2022 recommended that carers should have a single point of contact within hospitals to advocate for their input and recognition at discharge. A need was also identified for the improvement in the awareness of professionals of carers and the recognition of carers as equal partners in the hospital discharge process.</p> <p>Hospital Carers Support Service is a new service to offer, the unpaid carer and family, additional support in coping with an admission into hospital and subsequent discharge. This service looks to address concerns arising from the possible increase in caring responsibilities for the carer following the discharge to home of the person that they look after. The service will aim to provide support for the carer due to an admission to hospital that would result in a new caring role, significantly increased level of caring or a significant change in how caring can be delivered.</p> <p>A Hospital Carer Liaison will offer 1:1 guidance and advice during the hospital stay and following the discharge from hospital. The Advisor will liaise with discharge teams to assess the current situation of the carer or family, identify what support is needed for the carer and advocate for the carer during the discharge process. The Hospital Carer Liaison will look for solutions to help the carer or family prepare for discharge and continue to work with the family for up to 6 weeks, re-assessing the situation and the support in place as needed post discharge.</p> <p>Aims:</p> <ul style="list-style-type: none"> <li>• Identify and recognise carers as equal partners</li> <li>• Create a supportive environment for carers by embedding carers support as best practice during hospital stay and discharge</li> <li>• To improve awareness among medical and other professionals of carers</li> <li>• Improve joint working between NHS, social care and voluntary sector partners to support carers post discharge and reduce hospital readmissions.</li> </ul> |                          |                           |                 |                          |                 |              |  |  |  |  |              |  |
| Please outline your project governance, including listing the Senior Responsible Owner, Project Manager, Project Support, project workstream leads, and any other points to note (such as an advisor...5 | <table border="0"> <tr> <td>Senior Responsible Owner</td> <td>Commissioning Manager WCC</td> </tr> <tr> <td>Project Manager</td> <td>Commissioning/Acutes WCC</td> </tr> <tr> <td>Project Support</td> <td>CSO/Provider</td> </tr> <tr> <td colspan="2">organisations/Acutes discharge/Social Care teams wCC</td> </tr> <tr> <td colspan="2">Advisory and monitoring: All Age Carers Steering Group WCC</td> </tr> <tr> <td colspan="2">Carers Forum</td> </tr> </table>   | Senior Responsible Owner | Commissioning Manager WCC | Project Manager | Commissioning/Acutes WCC | Project Support | CSO/Provider | organisations/Acutes discharge/Social Care teams wCC |  | Advisory and monitoring: All Age Carers Steering Group WCC |  | Carers Forum |  |
| Senior Responsible Owner   | Commissioning Manager WCC  |                          |                           |                 |                          |                 |              |  |  |  |  |              |  |
| Project Manager  | Commissioning/Acutes WCC   |                          |                           |                 |                          |                 |              |  |  |  |  |              |  |
| Project Support  | CSO/Provider   |                          |                           |                 |                          |                 |              |  |  |  |  |              |  |
| organisations/Acutes discharge/Social Care teams wCC   |  |                          |                           |                 |                          |                 |              |  |  |  |  |              |  |
| Advisory and monitoring: All Age Carers Steering Group WCC   |  |                          |                           |                 |                          |                 |              |  |  |  |  |              |  |
| Carers Forum   |  |                          |                           |                 |                          |                 |              |  |  |  |  |              |  |



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|   | Carers reference group   |
| Delivery of your proposal <sup>5</sup>  | <p>Feb -March 2024 Full Project Plan and timelines for service</p> <p>April 2024 Project performance indicators and key stakeholders identified</p> <p>April –Jun 2024 Lead provider organisation and staffing identified and recruited/ honorary acute contract in place/ service begin operation</p> <p>Jun – Sept 2024 Monthly performance meeting/reporting to support service with key stakeholders</p> <p>Oct – Dec 2024 Interim report/ End of project planning</p> <p>Mar/Apr 2025 End of Grant report</p>   |
| Which care providers, NHS and voluntary and community groups and ICS partners, have been involved in developing this proposal? <sup>5</sup> | <p>Engagement will take place during Jan – Mar 2024 with key stakeholders. Key Stakeholders are outlined this list is not exhaustive:</p> <ul style="list-style-type: none"><li>Carers and families</li><li>Carers Trust Heart of England</li><li>Acutes Discharge at George Eliot Hospital and Warwick Hospital, OT, and rehab teams</li><li>Social Care Teams</li><li>Hospital Social prescribers</li><li>Fire Service Safe and well checks</li><li>Voluntary services for transport</li><li>Meal Delivery service e.g. VASA</li><li>Primary care and Hospital discharge teams</li><li>Other community-based services such as CAB, Ask Sara, ICE, Community development teams</li></ul>  |
| What are the biggest challenges you foresee in delivering your proposal and why? (approx. 200 words) <sup>5</sup>                           | <p>Staffing of the service and timescales to embed service are very short. This could lead to delays in getting the service up and running and therefore less data to properly evaluate or realise benefits. This could be mitigated by using existing hospital support teams such as hospital liaison and/or hospital social prescribing services already in place.</p> <p>Carer identification and/or acceptance of support can be a risk as most carers don't identify with the term. Carers can also disengage from the service if staff are not aware or equipped to support family carers appropriately. This could be mitigated by improving awareness raising across all stakeholders and teams and providing training to ward, staff discharge teams, social care</p> |



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|  | teams and carers themselves.  |
| What kind of support would help overcome these challenges? (approx. 200 words) <sup>5</sup>                                      | This could be overcome by using existing services which already have a presence in hospitals such as Hospital Social Prescribing and Community Response Services. The service will link with existing social care and voluntary sector to support carers. Coproduction with carers will be a key element to the success of this service and will need to be embedded prior to service commencement and throughout the service provision.  |
| What are the key outputs of your work and how will you know that your work has been successful? (approx. 200 words) <sup>5</sup> | This service will support carers to facilitate carer recognition, equal partners in the discharge process and provide a single point of contact to support carers immediately post discharge from hospital. The success of the service will be evidenced by: <ul style="list-style-type: none"><li>• Increase in carer identifications and carers registered with carer support service</li><li>• Shorter time span to hospital discharge</li><li>• Reduction in hospital readmissions</li><li>• Improved carer awareness among professionals</li><li>• Fewer admissions due to carer breakdown</li><li>• Improved carer wellbeing and feelings of recognition</li></ul>  |
| Post-grant sustainability: What lasting impact will this project achieve? <sup>5</sup>   | Funding has not been identified at this stage to continue the project. However, training and awareness raising of professionals will have a long term and lasting impact in the support of carers after this grant has ended. Benefits will include improvements in carer recognition and support across health and social care, better discharge processes and learning from the London Carers and Hospital Discharge model in a Warwickshire context. Expansion to include Coventry City Council, Warwickshire County Council and community partners. The benefits of better quality discharge could create an evidence base that would enable dialogue with senior lead and partners across the ICS to identify funding to continue or build into discharge teams a liaison support function for carers as part of core best practice. |
| Enter the number and title of the priority you have chosen. <sup>6</sup>   | Volunteer and community network app<br>Priority 3: investment in local area networks or communities to support prevention and promote wellbeing, enabling people to age well in their communities<br>Priority 9: digital workforce development and market shaping tools with capability to map, strengthen and grow local workforce capacity relative to system demand<br>Priority 10: social prescribing to connect people with information, advice, activities and services in the community<br>Priority 6: develop and expand the impact of local volunteer-supported pathways for people drawing on care and support. Please note, approx £25,000   |



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|   | <p>of ARF funding will be used towards programme / project management costs to ensure delivery of all projects and manage interdependencies between proposals</p>   |
| <p>Your proposal: Describe the new or additional work you will deliver under this option to address local need?6</p>  | <p>The 'T' app has been piloted with specific communities in South Warwickshire to enable people to search for local services and connect safely with local community volunteers who may be able to help. This pilot focused on quite specific sections of the community in the Leamington and Shipston areas of South Warwickshire. Warwickshire Community and Voluntary Action (WCAVA) were a key partner as part of this pilot. The aim of this proposal will be to build on this learning and expand the remit of the pilot more widely across Warwickshire.</p> <p>In Coventry, work is underway to develop a community alternative provision of support for both unpaid carers (including carers breaks) and to offer a viable alternative to regulated home support. Warwickshire has also reviewed its carers support service including its digital offer and carers breaks offer. The app will support the development of this work through giving a platform to map organisations, volunteers and assets, understand demand and gaps in provision that can be filled with these organisations, and link the individual and potential provision negating the involvement of social care. Work will be undertaken on a pilot basis with a specific area of the city to trial success.</p> |
| <p>Please outline your project governance, including listing the Senior Responsible Owner, Project Manager, Project Support, project workstream leads, and any other points to note (such as an advisor...6</p> | <p>Preliminary project team as follows:<br/>Senior Responsible Officer: WCC Head of Older People Commissioning / CCC Head of Commissioning and Quality<br/>Project Manager: Engagement and Development Officer (CCC) / Commissioning Manager WCC<br/>Project Workstream Leads: CCC Commissioning Officer &amp; Change Manager CCC / Lead Commissioner WCC<br/>Co-Production Group: Carers Trust and Caring Together Warwickshire, SWFT, Community partners</p>  |
| <p>Delivery of your proposal6</p>   | <p>ARF funding will fund a pilot of the tool across Coventry and further expansion of the existing pilot in Warwickshire. From the project we aim to:</p> <ul style="list-style-type: none"><li>- Map third sector organisations, community assets and volunteers</li><li>- Understand gaps in provision</li><li>- Reduce the number of individuals and unpaid carers requiring or accessing commissioned services, resulting in a cost reduction</li></ul>   |



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|   | <p>In year 1 we plan to achieve:</p> <ul style="list-style-type: none"><li>- Identify areas for pilot / expansion</li><li>- Mapping of organisations, volunteers and assets (by platform)</li><li>- Onboarding organisations onto the system</li><li>- Communications campaign</li><li>- Building of knowledge of platform and the support available through this</li><li>- Begin to understand demand and service available, including potential gaps in provision</li></ul> <p>In year 2 we plan to achieve:</p> <ul style="list-style-type: none"><li>- Full understanding of demand and services available</li><li>- Growth in organisations and volunteers registering with the platform</li><li>- Increase in microenterprises created on the platform</li><li>- Active use of the tool by individuals to source care</li><li>- Understanding outcomes achieved by those using the platform</li><li>- Understanding of 'care dark spots' within our local areas and in turn an approach to address this due to its likely impact on carers and their cared for</li></ul> <p>By the end of the two-year period we aim to see active use of the tool by individuals (and organisations) in sourcing alternative care provision and support for individuals.</p> |
| <p>Which care providers, NHS and voluntary and community groups and ICS partners, have been involved in developing this proposal?</p> | <p>In Coventry, work is underway to engage with the local third sector to understand appetite for supporting community alternative initiatives, and to understand from carers what potential support would be of benefit. Response and interest have so far been positive, with organisations advising whilst offers of support from volunteers to their organisations were generally high there was limited capacity to coordinate volunteer opportunities. A digital platform was suggested by organisations as a 'one stop shop' to coordinate and map support, with the ability for individuals link to this directly. Further engagement is planned with the third sector to showcase the tool and grow the offer of community alternative support through this platform.</p> <p>Initial engagement with carers has also highlighted potential areas of support which can be sourced through the platform and the community alternative model, with further engagement with both carers and home support service users planned to understand and</p>   |



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|   | develop this further.  |
| What are the biggest challenges you foresee in delivering your proposal and why? (approx. 200 words) <sup>6</sup> | <ul style="list-style-type: none"><li>• Resource: The platform will involve engagement with and mapping of third sector and micro-organisations, onboarding, communications and campaigns and onward development. Alongside the staff and tools provided by platform this will be supported by existing Council resource supplementary to business as usual. Third sector organisations are also seeing increased usage, especially through the winter period and to support on cost-of-living related matters. Resource to commit to the project may therefore be limited at peak times or ongoing.</li><li>• Impact to wider social care workforce: There is risk staff employed in care organisations within the local adult social care workforce leave current roles to set up micro-organisations under the platform. Whilst this can be encouraged to support the success of the initiative, consideration must be given to the impact of staff lost to contracted care service and the possible effect of this on delivery against commissioned contracts.</li><li>• Safeguarding: Work undertaken in the South Warwickshire pilot has highlighted the potential safeguarding risk of people requiring support connecting with volunteers who do not have a DBS check.</li><li>• Onboarding of volunteers/organisations: Work in the Warwickshire pilot has also noted some challenges in onboarding volunteers and organisations to the platform, with some reluctance from organisations to onboard due to concerns in relation to expected demand and a lack of clarity on the expectation of service delivery. Likewise, generational differences in volunteers have also been noted, with younger volunteers more engaged with the tool whilst other age groups enjoy the networking and social elements of volunteer work.</li></ul> |
| What kind of support would help overcome these challenges? (approx. 200 words) <sup>6</sup>                       | <ul style="list-style-type: none"><li>- Resource: The authorities will work jointly with third sector organisations to engage them in use of the tool and showcase how this can be of benefit to them long term in creating efficiencies. The development of a clear project and communications plan will ensure both authority and third sector resource can be managed appropriately alongside and without compromising business-as-usual matters.</li><li>- Impact to wider social care workforce: Engagement with the workforce and organisations will be critical to understanding and therefore mitigating this risk. Notably from discussions with the platform provider and upon reviewing case studies the growth of the platform takes around 2-3 years to establish. As such, risk</li></ul>  |





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|  | <p>to the workforce affecting delivery of care is anticipated to be low.</p> <ul style="list-style-type: none"><li>- Safeguarding: This challenge has been overcome through the current pilot through ensuring volunteers can only join the platform via an existing organisation (not as a standalone individual) and therefore subject to DBS, organisational oversight and further safety checks.</li><li>- Onboarding of volunteers/organisations: Learning taken from the South Warwickshire pilot will be implemented in respect of this challenge. Specifically, the project teams will tailor communications to the volunteer groups, organisations and localities we are looking to target, as well as providing clarity from the outset on the expectations and roles of organisations in delivering support to provide reassurance.</li></ul>                            |
| <p>What are the key outputs of your work and how will you know that your work has been successful? (approx. 200 words)<sup>6</sup></p> | <ul style="list-style-type: none"><li>- High percentage of third sector organisations to be onboarded and utilising the tool</li><li>- Growth in number of micro and community enterprises operating in the Coventry and Warwickshire pilot areas</li><li>- Reduction in the number of people requiring commissioned support services (from pilot areas)</li><li>- Robust demand data, asset mapping and understanding of gaps in provision available</li><li>- Increased use of direct payments (expanded services and support options available for people on direct payments)</li><li>- Increased diversity of provision micro-enterprise / third sector, with increased awareness and usage of these services</li><li>- Improvements to carers and service user satisfaction</li></ul>  |
| <p>Post-grant sustainability: What lasting impact will this project achieve?<sup>6</sup></p>   | <p>We aim to achieve an overall change in approach to supporting people and carers in a more community-based approach, moving away from a reliance on traditional commissioned support models. Through the use of this platform individuals will be able to self-serve and identify suitable and creative care options, giving increased choice and control.</p> <p>Once the platform provider is commissioned by the locality, we begin the process of working in co-production with local stakeholders to scale Community Micro Enterprise provision (sole-trader care enterprises). The Micro Enterprises are then commissionable by the local authority, people using personal budgets and individuals seeking private care provision.</p> <p>Once the number of micro enterprises has scaled to a certain level the platform is able to switch to a 3% revenue model which</p> |



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|   | <p>in real terms means 3% of every care transaction going through the platform is taken by The Tribe Project as a platform fee to the Community Micro Enterprises for using the technologies to run their business. The 3% revenue covers the cost of running Tribe within the locality and we continue to scale the project with all aspects of the platform still available to stakeholders in the region.</p> <p>To mitigate any potential risk to individuals or the local authorities involved, an exit strategy will be developed to manage any cessation of service or support in event no further funding can be identified.</p> |
| Title and Organisation  | Jon Reading - Head of Commissioning and Quality  |
| Signature   | Jon Reading  |
| Date  | 1/12/2024  |
| The Social Care Institute for Excellence (SCIE) is providing practical support to local areas on this work. To help SCIE to tailor their support and to provide you with information on their work, ... | I agree  |



## ANNEX B – Grant Funding

### Grant Terms

- A. DHSC will provide the Grant for the Projects to the Recipient in accordance with the process described in paragraph B of this Annex B.
- B. The first payment will be made in March 2024 for 2023/24. The second tranche of Grant payment will be provided in 2024/25. Payment amounts are detailed in the below table.
- C. The second tranche of Grant payment will be conditional on the Recipient completing mid-grant reporting, details to be set out in due course.
- D. The Recipient will notify DHSC as soon as is reasonably practicable should an underspend be forecast.
- E. The Recipient will have a proactive and up to date counter fraud policy that is able to prevent, detect and correct instances of fraud. DHSC should be notified as soon as is reasonably practicable in suspected and actual cases of fraud.
- F. The Grant should only be spent on Eligible Expenditure to support the Projects during the Funded Period. Any changes to the Proposal outlined in Annex A should be aligned to the criteria for accessing the Grant and DHSC should be notified.
- G. The Lead Local Authority on behalf of the Consortium shall account for the monies within their financial accounts utilising the most appropriate and relevant accounting policy and legislation.

### Grant Allocation

Your Grant allocation is £418,302 (2023-24) and £361,302 (2024-25) to be spent within the Funded Period in accordance with the Expression of Interest and this MOU.

| Payment Dates                           | Payment Amount  |
|---|-----------------|
| 23/24 payment (expected 7 March 2024)   | £418,302        |
| 24/25 payment (expected 20 August 2024) | £361,302        |
| <b>Total</b>                            | <b>£779,604</b> |



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**ANNEX C – Statement of Grant Usage (SOGU) Template**

**FINANCIAL YEAR PERIOD - ENDING 31/ 03/ 2025**

**Project Name: Adult Social Care Accelerating Reform Fund**

Please use this form to provide a final statement of Grant usage.

This Statement should be submitted to DHSC within a week of receipt.

**Contact Details**

Name of Recipient

Recipient Address

Name and telephone number of person  
to whom queries about this Statement  
can be made

**Grant Reference Number: \*\*\*\*\***

Please complete the following table, to the nearest £1.

| Amount of Grant received (£) | Actual eligible expenditure | Reason for any difference |
|------------------------------|-----------------------------|---------------------------|
| <b>Revenue</b>               | <b>Revenue</b>              |                           |
| £XXXXXXXX                    | £XXXXXX                     |                           |

Complete the certification before returning.

**Certification**

I certify that to the best of my knowledge and belief the above information gives a complete and accurate record of the Eligible Expenditure as stated in the award letter in relation to Grant received from Department of Health & Social Care for the above Projects and that we have taken steps to ensure that we would be in a position to repay the Grant if we breach the Grant expectations set out in the Memorandum of Understanding between the Secretary of State for Health and Social Care and Coventry City Council for the provision of the Adult Social Care Accelerating Reform Fund for the financial years 2023-2024 and 2024-2025.



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Signed by the Recipient's the Chief Executive (or equivalent).

Signature:

Name: (BLOCK CAPITALS):

Job Title:

Date: