

## Digital Social Care Records (DSCR)

Date: 7/3/23

Report of: The Chief Officer of Transformation and Innovation

Report to: The Interim Director of Adults and Health

Will the decision be open for call in?  Yes  No

Does the report contain confidential or exempt information?  Yes  No

### Brief summary

The Department of Health and Social Care published the White Paper People at the Heart of Care which recognised that, when technology is embedded seamlessly into care and support services, it can help people to live happy, fulfilled lives in their homes and communities. To support this goal, the White Paper committed to invest at least £150m in digitising the social care sector. Leeds ASC Transformation Team were involved in an early ICS DSCR Accelerator Project, the outputs generated the learning used to write a bid for funding, allowing Leeds to hit the 60% target by 2023.

The ASC Transformation Team, ASC Care Quality Team, and Integrated Digital Services (IDS) Strategy and Innovation Team worked in partnership with the regional Integrated Care Board (ICB) which submitted a bid for £296,720 for Leeds. The bid was successful, and the project has now been initiated with the aim of the funding being passed to Leeds City Council to manage the scheme. The project will aim to support up to 20 CQC registered providers in Leeds to adopt a DSCR (Digital Social Care Record System) by March 2023.

### Recommendations

The Interim Director of Adults and Health is recommended to -

- a) Retrospectively approve the Council entering into a Section 256 funding agreement with NHS West Yorkshire Integrated Care Board to receive the £296,720.00 of external funding to deliver the DSCR project on behalf of the partnership.
- b) Approve carrying out a grant application process to distribute £140,000.00 from the Section 256 funding received.
- c) Note the proposed use of the funding as set out in this report and authorise the Service Transformation Team to manage the funding to deliver the DSCR project as set out and in compliance with the Section 256 funding agreement requirements.

### What is this report about?

- 1 A bid for funding to support the implementation of initially up to 20 DSCR schemes for CQC registered providers in Leeds was successful and resulted in external funding of £296,720 being

allocated to Leeds City Council. It is proposed that the funding will be spent on a combination of Council staffing costs associated with the project and providing grant funding directly to CQC registered providers

- 2 The Council has to enter into a Section 256 funding agreement in order to receive the funding, and it is proposed that the funding is allocated to the Service Transformation Team's budget for them to manage the project.
- 3 Grant funding will be allocated to care providers for specific care premises and limited to whichever is the lower of £7,000 per premises or the full implementation costs per premises. The project team will facilitate a challenge fund process that will allow the whole sector to bid for funding. The project team will assess each application on its merits and work with providers to support implementation of a DSCR. Successful providers will have to enter into individual grant agreements with the Council. Successful providers will be able to access NHS Digital Social Care Records [assured supplier framework](#) as this is accessible to non-public bodies. Any purchases made against the framework will be between the provider and the Assured Supplier selected.
- 4 The initial aim will be to support up to 20 care providers from a budget of £140,000 out of the funding. The remaining £156,720 is budgeted to cover the Council's resourcing costs. If there is an underspend from the resourcing costs or after the grants for the initial 20 care premises are allocated, then remaining funding will either be offered to support additional care premises with a DSCR implementation or used by the Council to trial new technologies and support implementation of falls detection technology in line with NHS guidance on funding allocation.

### What impact will this proposal have?

- 5 The proposal will support up to 20 CQC registered organisations within the Care Home and Home Care sector to digitise their care records by implementing a DSCR from the assured supplier framework. There are several benefits to implementing DSCRs ranging from better risk management, providing better customer service for families, better information sharing, freeing up staff capacity and supporting the reduction of paper usage within an organisation.

### How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 6 Health and Wellbeing – digitisation supports better risk identification and therefore early intervention before a health concern escalates.
- 7 Inclusive Growth – digitisation provides many benefits, such as better customer care – thereby, promoting good quality care homes, which in turn, supports business growth.
- 8 Zero Carbon – 66% of all care homes in Leeds still use paper-based record keeping. Digitisation promotes paperless record keeping, reducing paper and ink usage across the sector.

### What consultation and engagement has taken place?

Wards affected: All

Have ward members been consulted?

Yes

No

- 9 Service Transformation conducted a survey exercise and engaged with 30% of home care providers and 72% of care home providers as part of establishing a high-level baseline. Further baselining is currently taking place with the home care sector and care home sector to increase coverage.

## What are the resource implications?

- 10 Funding for 22-23 is being funded externally by the Adult Social Care Digital Transformation Fund. There will be no additional cash expenditure spent on resources by the Council for this project. It is expected that providers will release resources internally to support their implementation. Providers are expected to pick up all ongoing costs of the DSCR system in years 2 and 3 of implementation.

## What are the key risks and how are they being managed?

- 11 Key risks will be managed by the Project Team and reported on a quarterly basis to the national team. Any issues related to Adults and Health will be reported to the Leeds Project Board, the Shared Care Records Board and escalated to DLT as and when required.

### Key Risks

1. Inflationary pressures may deter some providers from wanting to digitise. Food and energy prices, particularly in care homes, is a significant budget challenge.

**Response to risk:** We will be monitoring provider interest and gathering data on costs from successful providers to better understand financial impacts on care homes and home care providers looking to move to a digital system.

2. It is possible that providers who have not been surveyed do not already have a digital social care record system in place. If this is the case, then we may not achieve the March 2023 target of 60% CQC providers having a DSCR in place.

**Response to risk:** Further surveying will be done over the course of this year to get a clearer understanding of the whole sector. Phase 3 (from March 2023) will give us a full 12 months and allow us to catch up. Further discussion with WY ICB has revised the target to 20 providers identified who will implement a DSCR by the end of March 2023. This has been done.

3. Resource pressures mean that providers do not have resources to support implementation

**Response to risk:** Project to provide support for implementation.

## What are the legal implications?

- 12 As the Council would be entering into grant arrangements with providers, the Council will have no contractual control over enforcement of the terms. The only sanction available with grant payments is for the Council to claw-back grant monies unspent or spent on matters for which the grant wasn't provided.
- 13 There is a risk of challenge that a grant payment is not a grant. Legally there is some confusion about when a grant can and cannot be used as there is a fine line between a grant (which is not caught by the procurement rules) and a contract for services (which is caught by the procurement rules). Although no longer directly applicable due to the UK's departure from the European Union, the preamble to EU Procurement Directive 2014/24/EU (from which the Public Contracts Regulations 2015 were transposed into English law) is still persuasive and the directive makes it clear at paragraph (4) that "the mere financing, in particular through grants, of an activity, which is frequently linked to the obligation to reimburse the amounts received where they are not used for the purposes intended, does not usually fall within the scope of the public procurement rules".
- 14 As such, unconditional grants are unlikely to meet the definition of a contract set out in the Public Contracts Regulations 2015 (PCR 2015). However, where grants are used with strict qualification criteria and an obligation to pay back money if certain targets are not reached, the position is less straightforward and it is possible that an arrangement referred to as a grant

could actually meet the definition of a contract set out in the PCR 2015 and, if it does, the PCR 2015 may apply. It is therefore extremely important to ensure that, if providing grants, the process followed does not fall within the definition of a “public contract” as set out in PCR 2015 which states – “contracts for pecuniary interest concluded in writing between one or more economic operators and one or more contracting authorities and having as their object the execution of works, the supply of products or the provision of services”.

- 15 The Council must consider whether the subsidy control regime applies whenever it provides a third party with financial assistance using public resources. If such financial assistance is a considered a subsidy, then it can only be provided to the third party if it complies with the Subsidy control rules.
- 16 The proposed grants to the care providers will likely be subsidies and so the subsidy control regime applies. However, the services being provided by the recipients are a ‘Service of Public Economic Interest’ (“SPEI”) for the purposes of subsidy control. It is proposed that providers receive the funding under the ‘Services of Public Economic Interest Assistance’ (“SPEIA”) exemption; this allows recipients of SPEI financial assistance to receive up to £725,000 financial assistance (cumulative from all sources) in any 3 financial year period without having to comply with the full Subsidy Control principles.
- 17 To provide the grants under the SPEIA exemption, the Council will have to comply with a formal SPEIA notification and confirmation process with the care providers before the funding can be provided. The proposed grants are small enough that the subsidy control transparency requirements do not apply.
- 18 The subsidy control regime does not apply to the Council receiving the funding from the NHS West Yorkshire Integrated Care Board because the Council is not an enterprise for these purposes.

## **Options, timescales and measuring success**

### **What other options were considered?**

- 19 No other options were considered as part of the bid. The bid for funding set out the objective of supporting 20 CQC registered places to implement a DSCR. The approach set out in the bid was to provide wrap around support to providers by supporting them with creating CQC compliant care plans, identifying training needs and providing project support, while using local specialised knowledge in Adults and Health to identify and support providers.

### **How will success be measured?**

- 20 Success will be measured in DSCR uptake and within benefits monitoring. The project objective is to support CQC registered services to implement a DSCR at initially 20 care providers. Specific benefits monitoring is yet to be agreed, but this is likely to be coordinated across West Yorkshire.

### **What is the timetable and who will be responsible for implementation?**

- 21 A joint team is being stood up to support implementation this financial year. It comprises of officers from the Service Transformation Team and the Care Quality Team within Adults & Health. There will also be a link in to 100% digital team as they are currently supporting Care Homes with digital skills, Information Governance support will also be included within the project team, which will be used to support providers. The objective is to have processes and documents in place in March 2023. The aim is to have 20 providers identified who meet the

requirements for a DSCR to be implemented by end March 2023. Payment can be made to these providers into the following year from this year's budget.

### **Appendices**

- Equality Assessment.
- Original Bid for funding.
- WY ASC DTF Funding Agreement.

### **Background Papers**

- None.