



Annex B: Adult Social Care (ASC) Digital Transformation Fund FY 22/23 (Year 1) Implementation Plan Template

Please note, there are 3 overall parts to this submission, these are: 3 Year Strategic Plan; Financial Year (FY) 22/23, (Year 1) Implementation Plan and Funding Agreement. All 3 parts must be completed for your ASC Digital Transformation Fund submission to be accepted.

The submission deadline for completed templates is 01 June 2022.

Use the sections below to describe the initiatives that the ICS will undertake to deliver the FY 22/23 programme objectives set out in ‘*Guidance for ICS, Digitising social care, Adult Social Care Digital Transformation Fund*’. Please submit templates to the Digital Adult Social Care Programme via: adultsocialcare@nhsx.nhs.uk

1. Key Contacts

ICS Name	West Yorkshire Health and Care Partnership
ICS Member organisation(s) to receive funding	NHS Wakefield CCG
ICS SRO (name)	James Thomas
ICS SRO (email)	jamesthomas2@nhs.net
ICS Adult Social Care Lead (name)	Richard Graham
ICS Adult Social Care Lead (email)	Richard.graham@leeds.gov.uk
Project Lead (name)	Nichola Stephens & Kathryn Jeffreys
Project Lead Contact Details (email)	nichola.stephens1@nhs.net Kathryn.jeffreys@nhs.net

2. FY 22/23 Approach

Please briefly outline your approach for spending both the funds awarded and any match funding, including details of the organisation who will be responsible for the hosting of, and management of, funding.

In 2021-22 Leeds were part of the DSCR pilot scheme. We completed a baseline assessment exercise of care homes to understand the level of digital maturity as well as developing a business case template to support providers to understand the full costs of implementing a DSCR. These plans have been developed in view of the findings. In Leeds we are seeking funds to deliver the following:

Develop a local team:

The team would consist of staff to undertake the following:

- Home Care landscape assessment
- Project planning for technical implementation
 - Pre-implementation support:
 - Initial project management support around knowing what is needed and the realistic costs
 - Risk management of project and provision to ensure continuity of safe care
 - Analysis of the various provider offers.
- During technical implementation as required we will offer project support to plan the roll out the system covering, organising, but not providing staff training, initial audit and monitoring of the system with feedback and development of post implementation sustainability action plan etc
- Quality improvement benefits review for each care plan to:
 - Improve outcomes for residents.
 - Maximise wellbeing outcomes for service users
 - Ensuring high quality care plan reviews leading to improved care plans and care. Aligned with WGLL for residents and provider
 - Ensuring the implementation meets the needs of the provider.
 - Using data and information to plan and develop WDGLL success Outcome 1 well led.
 - Ensure adequate risk assessments and risk mitigation strategies are in place during implementation and post implementation.
- Understand digital literacy issues within the system – undertake a training needs assessment
- We will link with other teams in the council and system providers to support basic digital literacy skills and training on the system. (basic digital skills amongst the workforce will increase the likelihood of effective DSCR use if the whole team can use and interact with the care record)
- Provide Technical expertise around information governance and data security to achieve DSPT and access to NHS mail accounts.
- Provide links to procurement and technology infrastructure expertise.
- Following Implementation, as required the provider will be able to call on an audit and QA support from the Care Quality Team as well as digital and IG support from the ICS team (Max of 1 hr per Care plan/Service user)
- Undertake a scoping exercise including falls prevention to be part of years two and three development.

We anticipate providing the above wrap around service of project and development planning, implementation support, ongoing support and training, and quality and benefits realisation assurance would cost an average of £1950 per provider.

In addition, there is a need to:

- Undertake a training needs assessment for Leeds Care Providers
- To undertake a full home care landscape assessment
- Provide IG support to complete a DSPT for all remaining care home and home care providers to ensure providers are ready to adopt DSCR over the lifetime of the project

To provide the above this team would require funding of **£165,090** to cover year 1 (remaining 8 months)

Project support purchased will be supported by resources in kind from:

- IDS Strategy and Innovation Team
- IDS Business Change Support Team
- IDS IG Team
- IDS Procurement Team
- ASC Transformation Team
- ASC Care Quality Team
- Specialist Comms Support
- SCR Board oversight
- ASC Directorate Leadership Team

Estimated to total **£330,000**

Funding to support providers to purchase and embed DSCR:

A further key part of deployment is the funding of DSCR costs in 20 providers, this would include preparing the existing data, testing new DSCR, the actual purchase costs of the DSCR and devices to support its use, Wi-Fi uplifts required and licence costs. This enhanced financial support will increase interest in joining the first cohort of providers that adopt DSCR with the support of the programme and team. Learning from previous work in the council has shown that buying the technology is the easy part. Getting existing data ready for transfer, skilling up the workforce and testing the solution are all critical to success. If support is not available, take up and effectiveness of the project will be low.

Work in West Yorkshire has estimated that for an average sized care home there will be average year 1 costs of £4000 in licensing and £3000 in implementation costs to accommodate the variability in baseline implementation requirements. For 20 providers we would equate **£131,630** of funding. Providers deploying DSCR would be expected to pick up ongoing maintenance and licensing costs for years 2-3 at an average of £4000 each year per provider equating to £160,000

In addition, providers will need to release staff time for training, data take on, quality improvement meetings, undertake procurement activities and implementation of the DSCR. We anticipate this would equate to approx. **£337,000** of in-kind activities.

The total programme funding request would be £296,720 with £330,000 being provided by matched resources in year 1

Cash match funding difficult for LA's at present due to budget pressures, however it is anticipated

that match funding can be met through allocation of matched resources and in-kind contributions to run the project.

The governance of the funding will be managed by Leeds City Council and a grant agreement will be put in place between Leeds City Council and care providers to detail the requirements, outputs and outcomes of the support team.

A challenge fund grant application process based on key building blocks such as DSCR System, Hardware requirements, Wifi improvements etc will be designed and put in place to allow care providers to apply for grant funding to adopt DSCR. Year 1 costs will be covered by the grant (up to an agreed maximum amount) and then year 2 and 3 costs for maintenance and ongoing license costs will be picked up by providers. Providers will be supported to undertake procurement from the agreed supplier framework and the wrap around support service detailed above will ensure best value for money, efficiency and that providers are fully ready to deploy DSCR.

Project outputs and metrics to measure these will be designed as part of the initial project set up process and measured quarterly to ensure the project remains on track, meets its original aims and objectives and can report on progress.

Funding awarded as part of this programme for the implementation of Digital Social Care Records (DSCR) can only be used to purchase from assured suppliers as part of the Assured Supplier List. Please outline your proposed procurement / grant funding approach in FY 22/23 to ensure that adult social care providers only access funding via this framework.

It is expected that a challenge fund* grant model for DSCR will be developed with minimum criteria being the provider was a CQC registered provider of social care in Leeds on 1st April 2022, that the provider is purchasing a system from the Digital Social Care Records – assured supplier list, they are registered to contract with Leeds City Council, and there are no legal or other impediments likely to affect their operation over the next 12-month period. Other criteria may be developed, and it is expected other areas within the ICS will come together to develop common criteria

The anticipated process is that a provider will engage with the support team to express interest in accessing funding, the Digital Social Care Records – assured supplier list usage will be communicated clearly from the start and throughout the project. A grant application will be required from all providers wishing to access funds

The grant application process will allow key building blocks such as DSCR System, Hardware requirements, Wifi improvements etc to be bid for to allow care providers to apply for grant funding to adopt DSCR. Year 1 costs will be covered by the grant (up to an agreed maximum amount) and then year 2 and 3 costs for maintenance and ongoing license costs will be picked up by providers. Providers will be supported to undertake procurement from the agreed supplier framework and the wrap around support service detailed above will ensure best value for money, efficiency and that providers are fully ready to deploy DSCR.

Grant support funds will only be released to contribute to the costs of framework approved DSCR suppliers and associated building blocks required to ensure implementation. It will not be possible to apply for any of the building blocks in isolation of a framework approved DSCR system. This

process will also capture which provider or groups of providers are procuring which named system.

* A challenge fund is a competitive process under a grant scheme, used to disburse funding to a range of projects, based on a set of pre-published criteria – challenge funds include an assessment of quality, in relation to delivery proposals. Under the challenge fund model, a funding envelope is made available, and applications can be submitted in line with pre-published guidance, which could include an application round at regular intervals, or the opportunity to submit an application at any time, until the funding is exhausted, or the scheme is discontinued.

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1014029/2021-08-27_Grants-Standards-Guidance-INTRO.pdf)

3. FY 22/23 Objectives and milestones

Please outline the key deliverables for FY 22/23. These must include how you will support the Digitising Adult Social Care Programme targets of DSCR and sensor based falls prevention and detection technology scaling in addition to plans for piloting new care technology (if applicable in year one). The first two rows of the table below must be completed as minimum.

Ref	Objective Please define the benefits, outcomes, and performance improvements that are expected in FY 22/23	WGLL Alignment Please state the primary WGLL ICS success measure (1 - 7) this objective aligns to. Click here for more information	Deliverables Please define the specific actions and outputs that will be delivered to achieve FY 22/23 objectives	Measures Please outline the metrics you will use to assess performance in FY 22/23 and how baseline data will be obtained	Due Date When will this be delivered?	Cost (£) Please state the amount of ASC digital transformation funding in year one that will be attributed to this
1	60% of CQC registered adult social care providers have an assured digital social care record by March 2023	2, 3, 4, 5, 6, 7	Distribution of Adult Social Care Digital Transformation Funding to scale the implementation of DSCRs to 14 providers	Number of providers expressing interest in accessing funds to support DSCR Number of applications for funding Number of providers meeting the pre-requisites for DSCR implementation Number of providers with live DSCR Baseline data for home care providers available.	March 2023	£131,630
2	Develop a local support team to enable rapid onboarding and efficiency opportunities of groups of providers commissioning DSCR collectively.	1, 7	Team recruitment and development Support providers to access and deploy DSCR and support	Number of providers engaged Number of providers converted to application for funds	September 2022	£165,090

	<p>Support providers to increase digital skills amongst the workforce</p> <p>Support Care Providers to become DSPT compliant to facilitate implementation of a DSCR over the lifetime of the project</p> <p>Undertake a scoping exercise including falls prevention to be part of years two and three development.</p>		<p>funding, enabling cross provider development and collaboration.</p> <p>Digital skills programme and skills sessions</p>	<p>Number of successful funding applications where pre-requisites for implementation of a DSCR are met</p> <p>Number of live deployments of DSCR</p> <p>Number of skills sessions delivered and beneficiaries</p> <p>Skill level improvement and confidence measurement in session beneficiaries and wider workforce</p> <p>Number of providers who are DSPT compliant</p> <p>Baseline assessment of the feasibility of implementation of falls prevention technology.</p>		
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4. Outcomes and benefits

As referenced in the Benefits Measurement section of the ICS Guidance Document, ICS are expected to identify, measure, monitor and evaluate benefits and outcomes as part of their delivery approach. Please detail your approach below. Your answer should include benefits and outcomes for the following audiences;

- Individuals in receipt of care
- Adult social care providers
- The NHS
- Local authorities and regulators

The programmes outcomes and benefits centre around improved data capture and availability, people getting support and their families being more engaged in their care and planning their support with a much more patient centred approach.

Care Providers being able to be more efficient and productive with less administrative burdens, greater access to data to drive quality improvements and efficiencies.

Individuals in receipt of care

- Increased involvement in care for care recipients and their family/unpaid carers through greater access to care records.
- More person-centred care due to timely access to better quality information by multiple care staff.
- Faster assessment/admission procedures due to timely access to better quality information.
- Better informed care decisions due to timely access to better quality information.
- Greater use of remote monitoring/care solutions through the DSCR platforms.
- Faster response from GPs for any health care needs due to greater facilitation of shared care records/joint working/remote working.
- Reduced readmissions from care homes/home to hospital due to timely access to better quality information.
- Improved quality (if still subject to human error and duplication) in documentation
- Family can be more involved in care (if given easy access to record)
- Potential improvement in health outcomes (if linked to system modules enabling monitoring of symptoms)
- Data is stored and shared more securely.

ASC Providers

- Enhancements for care planning
- Integrations with Restore 2 project allowing improved patient observation data and links direction to primary care networks.
- Enhanced ability around continuous service improvement due to greater availability of data and improved data quality.
- Greater transparency and enhanced ability to answer complaints and safeguarding queries.
- Greater access to patient history to spot trends over time and better ability to preserve patient's services history.
- Reduced admissions from care homes/home to hospital due to timely access to better quality information.

- Easier demonstration of care quality (to CQC, Local Authorities and customers) due to timely access to better quality information.
 - Support to ensure providers understand how they can utilise data from the systems, audit the systems and manage the systems to improve CQC inspection efficiency, demonstrate care quality (to CQC, local authorities and customers)
- Reduced risks and incidents due to improved routine monitoring through embedded flags and alerts in the platform.
- More person-centred care due to timely access to better quality information by multiple care staff.
- Faster assessment/admission procedures due to timely access to better quality information.
- Increased staff satisfaction/morale due to timely access to better quality information because this would enable staff to spend less time on administrative tasks and more time on caring.
- Greater staff retention through improved staff satisfaction/morale.
- Reduced staff travel time due to remote access to care records and reduced need to return to base.
- Improved deployment of staff time due to timely access to better quality information.
- Increased automation of routine tasks through the DSCR platforms.
- Increased identification of health needs/risks and thus increased deployment of targeted interventions due to timely access to better quality information.
- Reduced postage and printing costs due to less use of paper.
- Easier demonstration of care quality (to CQC, Local Authorities and customers) due to timely access to better quality information.
- Providers would have systems in place that alert to potential changes in condition or behaviour in a person before serious escalations occur, sharing this insight with GP's and other health partners to address and manage minor changes early, this preventative approach is less disruptive and more cost effective than cases escalating and resulting in a fall or hospital admission.

The NHS

- Greater uptake of other technologies where DSCRs can act as a platform through which to integrate them.
- Faster assessment/admission procedures due to timely access to better quality information.
- Increased staff satisfaction/morale due to timely access to better quality information because this would enable staff to spend less time on administrative tasks and more time on caring.
- Increased identification of health needs/risks and thus increased deployment of targeted interventions due to timely access to better quality information.
- Increased uptake of DSCRs due to stronger evidence about the platforms.
- Reduced delays in transfers out of hospital to social care due to greater facilitation of shared care records/joint working.
- Reduced errors during transfers out of hospital to social care due to greater facilitation of shared care records/joint working.
- Faster response from GPs for any health care needs due to greater facilitation of shared care records/joint working/remote working.

- Reduced admissions from care homes/home to hospital due to timely access to better quality information.
- Reduced readmissions from care homes/home to hospital due to timely access to better quality information.
- Improved population health management and reduced health inequalities due to better quality aggregated information.

Local authorities and regulators

- Potential greater uptake of other technologies where DSCRs can act as a platform through which to integrate them.
- Faster assessment/admission procedures due to timely access to better quality information.
- Increased staff satisfaction/morale due to timely access to better quality information because this would enable staff to spend less time on administrative tasks and more time on caring.
- Reduced staff travel time due to remote access to care records and reduced need to return to base.
- Easier management of capacity/demand/contracts due to timely access to better quality information.
- Increased identification of health needs/risks and thus increased deployment of targeted interventions due to timely access to better quality information.
- Increased uptake of DSCRs due to stronger evidence about the platforms.
- Easier demonstration of care quality (to CQC, Local Authorities and customers) due to timely access to better quality information.
- Reduced delays in transfers out of hospital to social care due to greater facilitation of shared care records/joint working.
- Reduced errors during transfers out of hospital to social care due to greater facilitation of shared care records/joint working.
- Faster response from GPs for any health care needs due to greater facilitation of shared care records/joint working/remote working.
- Improved governance/oversight of the social care market due to access to better quality aggregated information.
- Reduced time spent by regulators through access to better quality aggregated information.
- Easier identification of outliers/risks in care provision due to better quality aggregated information.
- More informed policy making and increased use of targeted interventions due to better quality aggregated information.
- Improved population health management and reduced health inequalities due to better quality aggregated information.

ICS should commit to using a Quality Improvement approach to optimise technology implementation. This should be done in a way that makes sharing possible to help internal and external scale and learning.

Please detail how you will spread shared learning across the ICS.

Leeds has a long history of working with partners across Bradford, Calderdale, Kirklees and

Wakefield on digital schemes ensuring learning is shared in a timely fashion to maximise benefits realised across the region. Leeds and Kirklees both worked on the DSCR pilot and outputs from that project have been shared across the region. Furthermore, the Leeds Digital Board can utilise its reporting links via the ICS Digital Board to ensure the project progress and learning is disseminated throughout the ICS.

The team aims to improve the health and wellbeing of service users by working with care providers to maximise quality improvement benefits through review of each care plan and the care planning process prior to upload and again post upload with the aim of:

- i. Improving outcomes for residents.
- ii. Maximising wellbeing outcomes for service users
- iii. Ensuring high quality care plan reviews leading to improved care plans and care. Aligned with WGLL for residents and provider
- iv. Ensuring the implementation meets the needs of the provider.
- v. Using data and information to plan and develop WDGLL success Outcome 1 well led.

In addition, the team are looking at support for the providers in ensuring they can audit the systems once in place to ensure data usage and CQC inspections are more efficient. This will include offering training to managers in the use of data to ensure continuous service improvement through greater availability and use of data.

5. Implementation resources and stakeholder engagement

Please outline how you will ensure that you have appropriate resources to deliver the objectives and deliverables in FY 22/23. Your answer should include how you will utilise the Local Implementation Support Funding across the ICS.

In Leeds we are seeking funds to deliver the following:

Develop a local team:

The team would consist of staff to undertake the following:

- Home Care landscape assessment
- Project planning for technical implementation
 - Pre-implementation support:
 - Initial project management support around knowing what is needed and the realistic costs
 - Risk management of project and provision to ensure continuity of safe care
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- During technical implementation as required we will offer project support to plan the roll out the system covering, organising, but not providing staff training, initial audit and monitoring of the system with feedback and development of post implementation sustainability action plan etc
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 - Ensuring the implementation meets the needs of the provider.

- Using data and information to plan and develop WDGLL success Outcome 1 well led.
- Ensure adequate risk assessments and risk mitigation strategies are in place during implementation and post implementation.
- Understand digital literacy issues within the system – undertake a training needs assessment
- We will link with other teams in the council and system providers to support basic digital literacy skills and training on the system. (basic digital skills amongst the workforce will increase the likelihood of effective DSCR use if the whole team can use and interact with the care record)
- Provide Technical expertise around information governance and data security to achieve DSPT and access to NHS mail accounts.
- Provide links to procurement and technology infrastructure expertise.
- Following Implementation, as required the provider will be able to call on an audit and QA support from the Care Quality Team as well as digital and IG support from the ICS team (Max of 1 hr per Care plan/Service user)
- Undertake a scoping exercise including falls prevention to be part of years two and three development.

We anticipate providing the above wrap around service of project and development planning, implementation support, ongoing support and training, and quality and benefits realisation assurance would cost an average of £1950 per provider.

In addition, there is a need to:

- Undertake a training needs assessment for Leeds Care Providers
- To undertake a full home care landscape assessment
- Provide IG support to complete a DSPT for all remaining care home and home care providers to ensure providers are ready to adopt DSCR over the lifetime of the project

Included in the team above Leeds is bidding for 0.5 WTE PO6 project manager to support the delivery of this project at £27,600 from the Local Implementation Support Funding

Project support purchased will be supported by resources in kind from:

- IDS Strategy and Innovation Team
- IDS Business Change Support Team
- IDS IG Team
- IDS Procurement Team
- ASC Transformation Team
- ASC Care Quality Team
- Specialist Comms Support
- SCR Board oversight
- ASC Directorate Leadership Team

Estimated to total **£330,000**

If support were not available to providers adoption and deployment would be low and the effective use across health and social care of care records would be set back and the impact felt across the sector.

Funding to support providers to purchase and embed DSCR:

A further key part of deployment is the funding of DSCR costs in 20 providers, this would include preparing the existing data, testing new DSCR, the actual purchase costs of the DSCR and devices to support its use, Wi-Fi uplifts required and licence costs. This enhanced financial support will increase interest in joining the first cohort of providers that adopt DSCR with the support of the programme and team. Learning from previous work in the council has shown that buying the technology is the easy part. Getting existing data ready for transfer, skilling up the workforce and testing the solution are all critical to success. If support is not available, take up and effectiveness of the project will be low.

Work in West Yorkshire has estimated that for an average sized care home there will be average year 1 costs of £4000 in licensing and £3000 in implementation costs to accommodate the variability in baseline implementation requirements. For 20 providers this would equate to funding of **£131,630**. Providers deploying DSCR would be expected to pick up ongoing maintenance and licensing costs for years 2-3 at an average of £4000 each year per provider equating to £160,000

In addition, providers will need to release staff time for training, data take on, quality improvement meetings, undertake procurement activities and implementation of the DSCR. We anticipate this would equate to approx. **£337,000** of in-kind activities.

The total programme funding request would be £296,720 with £330,000 being provided by matched resources in year 1

Outline your approach to stakeholder communication and engagement plan in year one of the programme. Your answer should include how you will commit to working in partnership with local authorities and independent adult social care providers to deliver year one objectives.

(Attachments permitted)

There are strong relationships between local care organisations, Leeds Care Association, the Local Authority and NHS Teams. These relationships will be used to take a multi-platform approach to engagement including face to face, piggybacking existing events and meetings, issuing updates and opportunities to get involved. We also plan to run bespoke events as necessary to encourage diversity and involve all voices, this will be a mix of virtual and physical events.

Engagement and communication will be a continuous activity and central to the delivery of the project and the project will have access to a specialist digital communications expert.

Examples of existing engagement routes that will be utilised include (but are not limited to) regular registered managers meetings, bi-weekly provider bulletin, well established social media accounts followed by providers as well as bespoke events and advocacy and communications via the Leeds Care Association.

6. Milestones

What are your key milestones for FY 22/23? (additional rows can be inserted if required)		
No.	Milestone	Delivery date
1	Overarching Project Plan with milestones developed	September 22
2	Commence digital support team recruitment	September 22
3	Digital support team in place	September-October 22
4	Reengage with providers that expressed interest in access digital system support	September 22
5	Develop grant process	September 22
6	Develop benefits and other performance trackers	September 22
7	Provider engagement campaign commences	September 22
8	Digital skills sessions and support commences	October/ November 22
9	Open grant funding applications and process for DSCR	October 22
10	First specification to framework	December 22
11	Programme review one	November 22
12	First provider goes live DSCR	January 23
13	Year two plan and financials developed	January 23
14	Year two plan and funding confirmed	February 23
17	Year one reporting, benefits, and lessons learned published	March 23

7. Delivery trajectory

The programme aims to deliver 60% adoption of DSCRs across CQC registered social care providers by March 2023, and 80% adoption by March 2024. Sensor based falls prevention and detection technologies, such as acoustic monitoring, will be in use in care homes for the residents they have identified as most at risk of falls, reaching at least 10% of residents by March 2023 and 20% by March 2024.

Use the section below to provide a monthly projected trajectory for your ICS. The trajectory data provided below will be baselined and each ICS will be required to provide a monthly progress update against the baselined trajectory, using the programme’s monthly highlight report template. The data provided will be triangulated with information obtained as part of quarterly CQC provider submissions and DSCR supplier data submission.

Type of care setting	Number of establishments in this setting	Number of establishments in this setting who have adopted a DSCR	Number of establishments in this setting who have adopted SBF
Domiciliary Care	165	127	
Extra Care Services			
Supported Living			
Shared Lives			
Care Home without Nursing	102	34	
Care Home with Nursing	50	23	
Other/ Unregulated			
ICS Total			

DSCR Monthly Trajectory

In the cells below please input the projected number of adult social care establishments (locations) to be supported with DSCR adoption in month during FY 22/23

Delivery Month	Apr 22	May 22	June 22	July 22	Aug 22	Sep 22	Total (Apr 22 - Sep 22)
In-month target (no of care establishments)							
Delivery Month	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Total (Oct 22 - Mar 23)
In-month target (no of care establishments)				5	5	10	20
Total planned care establishment by 31st March 2023 (in year)							20

Sensor based falls prevention and detection technology Monthly Trajectory <i>In the cells below please input the projected number of adult social care establishments (locations) to be supported with sensor based falls prevention and detection technology in month during FY 22/23</i>							
Delivery Month	Apr 22	May 22	June 22	July 22	Aug 22	Sep 22	Total (Apr 22 - Sep 22)
In-month target (no of establishments)							
Number of individuals impacted							
Delivery Month	Oct 23	Nov 23	Dec 23	Jan 23	Feb 23	Mar 23	Total (Oct 22 - Mar 23)
In-month target (no of care establishments)							
Number of individuals impacted							
Total planned care establishments by 31st March 2023 (in year)							0

8. Risk Management

Please highlight at least 5 delivery risks for FY 22/23 and outline your mitigation plans. This may include operational, financial, legal or commercial issues.			
Risk Please define risk you have identified as part of your project plan	Impact of no mitigation Please outline the impact and consequence if no action is taken to mitigate the risk	Mitigation actions Please detail to actions you will take to mitigate or avoid the identified risk	Responsible Action owner
Local support team cannot be recruited	Capacity will not be available to support the rapid rollout of DSCR	Explore secondment, overtime and backfill opportunities to give the support team the required level of capacity.	Nichola Stephens
The number of providers who expressed interest in the landscape assessment do not convert to DSCR recipients because of service pressures	The early potential cohort is reduced, and further engagement work will be required.	Effectively engage with a pipeline of providers who will each be at various stage of digital maturity to build a flow of sites that are moving towards DSCR procurement and deployment.	Nichola Stephens
Future funding is reduced or removed	Fewer providers will have access to support and DSCR or fall tech grants to facilitate adoption.	Explore alternative funding models and approaches to deliver target aspirations, this may include provider, LA and partner funding.	Nichola Stephens
Future funding is released late	The support team contracts are not renewed on time and capacity is lost. The pipeline of potential DSCR providers ceases to flow and critical mass is lost.	Get early and confirmed details of year two funding. Supply evidence and benefit data to support year two funding.	Nichola Stephens & ICS lead

<p>The DSCR framework providers are overwhelmed and cannot supply or engage at local level</p>	<p>Providers seeking responses to specifications or deployment support are unable to progress, target risks being missed</p>	<p>Develop a basic level common specification, this would mean fewer highly tailored discussions with lots of individual providers and potential make procurement discussions and deployment simpler for all parties.</p>	<p>ICS leads team & national team</p>
<p>Subsidy control blocks or impedes the grant funding of monies to independent sector providers</p>	<p>Providers cannot access funds, and may be committing to whole system deployment costs</p>	<p>Get early WY wide legal stance on the grant funding of costs to deploy DSCR and falls tech in independent care businesses.</p>	<p>ICS lead & LA legal teams</p>
<p>Demand for grant support exceeds budget</p>	<p>Budget will overspend</p>	<p>Operate grants in a cost conscious way, only releasing evidenced costs incurred rather than fixed amounts. Make all applicants aware that funding is limited and risk of refusal of grant application is a possibility.</p> <p>The pipeline of providers outlined above will also help assess who is expected to require what funding depending on where they are in the pathway to deployment.</p>	<p>Nichola Stephens</p>