



Department
of Health &
Social Care

MEMORANDUM OF UNDERSTANDING

BETWEEN

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE

And

DERBYSHIRE COUNTY COUNCIL

**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 9 February 2024.

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) Derbyshire County Council of Derbyshire County Council, Matlock, DE4 3AG (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 £449,247 should be paid to Derbyshire County Council for the financial year 2023-24. A following payment of £455,809 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 £449,247 (2023-24) and £455,809 (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



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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.



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“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.

“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 31st March 2025.

“Grant”: the sum of £449,247 (2023-24) and £455,809 (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: Jude Boyle, Commissioning Manger - Carers

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



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- 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

- 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

- 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.



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- 12.5. By the 21 April 2025, the Recipient will submit a final statement of Grant usage to DHSC (ASCIInnovationImprovementUnit@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
 - 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 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: Linda Elba-Porter, Interim Director of Adult Social Care

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.

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).



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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:	Jude Boyle
Position:	Commissioning Manager (Carers)
Address:	Derbyshire County Council Matlock DE4 3AG
Email:	Jude.Boyle@derbyshire.gov.uk

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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 Victoria Street London SW1H 0EU
Email:	ASCInnovationImprovementUnit@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



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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:

Tabitha Jay

Position:

Director, Social Care Strategy and Reform

Date:

23 February 2024

Signed for and on behalf of Derbyshire County Council

Signature:

.....

Name: Linda Elba-Porter

Position: Interim Director of Adult Social Care

Date: 15.02.2024



ANNEX A – PROJECT PROPOSAL SUBMITTED AT EOI

Name of lead local authority submitting the application	Derbyshire County Council
Name of the responsible officer	Jude Boyle
Job title or position in lead local authority	Commissioning Manger - Carers
Telephone number	07980784865
Address and postcode	Derbyshire County Council, Matlock, DE4 3AG
Email address	jude.boyle@derbyshire.go.uk
Please specify which ICS area the consortium represents	Joined up Care Derbyshire (JUCD)
List of local authorities taking part in the consortium	Derbyshire County Council Derby City Council
Enter the number and title of the priority you have chosen.	Priority 11 (focusses on unpaid carers): ways to better identify 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?	<p>Brief description of the project</p> <ul style="list-style-type: none">• Co-produce more inclusive approach to support for local carers.• Funding for Consultant (possibly Mobilise who have effectively carried out similar work in County and have unique approach) as the lead organisation working with (and funding for) current commissioned carers support service provider <p>Aims</p> <ul style="list-style-type: none">• Support people including across diverse communities to self-identify as carers• Increase levels of engagement with, and support for, carers who are not currently active with conventional support services particularly in some of our communities that have poor access to, experiences of and outcomes from carers support and services.• Particular issue in Derby City is carers in black, Asian and minority ethnic communities but also recognise carers in LGBTQ+ communities, male carers, younger carers and working carers.



- Strategic use of technology to identify and support carers through engaging digital content and tools at scale
- Further improve facilitation of carer-to-carer peer-support
- Online services which ensure a seamless sign up and access experience
- Particular focus will be given to tools and content which attracts carers from demographic groups which are typically underrepresented through conventional contact support.
- Integrate approach and tools into Council and commissioned carers support.

New or existing workpiece

New work for Derby City looking to build on successful work in Derbyshire County and apply within the City, which has different challenges, demographics and geography based on mixed methods of engagement and marketing including social media, technology, ensuring community focused, relevant, and attractive information and material.

Evidence supporting the project

Difficult to measure over a pilot but would expect an increase in carer self-identification and resilience and increased diversity of carers accessing range of support.

- Insights report with case studies, local/national benchmarking, and demographics
- Data dashboard tracking KPI targets and outcomes

How it relates to local strategic priorities

Listening to, engaging with, and supporting Carers identified as priority for City Council including Cabinet – noting lead member is hosting a listening event in January (co-produced with carers) with all carers across City invited to have their voices and experiences heard.

Feedback from Annual Conversation hosted by Dr Carol Tozer – recognition of recent improvements in commissioned support for carers in Derby City but that



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	more needs to be done
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>Senior Responsible Owner Andy Muirhead (Service Manger Commissioning Derby City Council)</p> <p>Project Manager- Michael Rose (Lead Commissioner for Learning Disabilities, Autism, Mental Health, and Carers)</p> <p>Project Support – Commissioned Carer services from CAMM/UCS (and possibly other VCSE and Independent organisations, ICB, Derby CC ASC – operational and commissioning.</p> <p>Project workstream leads - TBC</p> <p>Other points to note (such as an advisory panel or co-production group). - Look to build on existing carers engagement and what comes out of City carers listening event to build co-production.</p>
Delivery of your proposal	<p>Which part of proposal will this funding pay for?</p> <ul style="list-style-type: none">- Consultancy to manage, run and carryout project- Developing co-produced approach with carers, community organisations and other partners- Carrying out mixed methods approach- Time/additional resource from commissioned service provider(s)- Embedding learning, practices, support tools etc. <p>In business as usual</p> <p>Engagement</p> <p>Approach to engagement would be co-produced and be integrated within Derby City’s existing Council and commissioned support services. Based on work in Derbyshire Council this could include</p> <ul style="list-style-type: none">• A weekly e-support package with key information and practical advice from other carers across the country, with links appropriate organisations.• Automated online tools to support specific common queries (e.g., carers allowance, blue badge eligibility and emergency planning)• Membership of national online peer support discussion group• Carer responses to snapshot wellbeing polls and surveys• New application-based communication and support tool <p>Key activities - High-level delivery milestones</p> <ol style="list-style-type: none">1. Set up Phase (1st April - 1st May 2024)



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	<ul style="list-style-type: none">• Run co-production sessions with existing providers and partners to identify key themes• Co-production through engagement with carers in the community• Update local resources to ensure they are relevant and accurate• Agree safeguarding process and signposting with local partners <p>2. Delivery Phase (1 May 2024 - 30 April 2026)</p> <ul style="list-style-type: none">• Campaigns including digital approaches to identify and engage unpaid carers• Engagement with people, groups, and communities• Provision of ongoing support through online community, resources, events, and courses <p>3. Evaluation</p> <ul style="list-style-type: none">• Share data with people and partners• Conduct evaluation interviews with users and partners• Share and present interim evaluation report with stakeholders for discussion• Agree next steps
<p>Which care providers, NHS and voluntary and community groups and ICS partners, have been involved in developing this proposal?</p>	<p>Range of evidence, engagement, and inputs. Mobilise, JUCD ICB, VCSE Alliance and have been involved in developing this EoI, along with evidence to support this from social care teams, carer support service providers and coproduction with carers, findings from the Survey of Carers in England and locally, Social Care Users Survey, ASCOF data, GP Patient Survey, and the Census.</p> <p>In order to accelerate the reach and impact of partnering with a consultant and the carers support service provider, it is proposed to co-produce the local project further with stakeholder including community groups: carers, people drawing on care and support, commissioned carer services, the VCSE and front-line staff.</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">• Interface between online digital support and the commissioned carer service• Avoid overlap and confusion for carers in relation to existing carers support service• Raise the profile of the work at pace, with system



	<p>partners and updating local resources webpages to ensure they are relevant, accurate and reflect this work.</p> <ul style="list-style-type: none">• Embed this into BAU post funding• Reaching underrepresented groups and those who are offline and/or experience digital poverty
<p>What kind of support would help overcome these challenges? (approx. 200 words)</p>	<ul style="list-style-type: none">• Cross system partner engagement, buy-in and involvement in particular including from current commissioned service providers.• Ensuring that all touchpoints through which an unpaid carer could be identified and/or encouraged to come forward (GPs/hospital discharge/ASC/VCSE and carer organisations) are aware of this initiative and clear of the scope of the offer• Effective evaluation and communication of interim and final outcomes.
<p>What are the key outputs of your work and how will you know that your work has been successful? (approx. 200 words)</p>	<ul style="list-style-type: none">• Insights report with case studies, local/national benchmarking and demographics including more inclusive carers engagement, support, and services.• Data dashboard tracking KPI targets and outcomes• Although difficult to measure over a pilot, an increase in carer resilience would be expected as an outcome of this work.• Derby University has a particular interest in the effective support of carers and may support the project and assist with evaluation.
<p>Post-grant sustainability: What lasting impact will this project achieve?</p>	<p>Outline how innovations will be supported going forward beyond the grant funding and/or have a lasting impact</p> <ul style="list-style-type: none">- Integration into City Council approach to engagement and co-production with carers and cared for and inclusion within requirements for commissioned carers support service. <p>Include opportunities for further scaling</p> <ul style="list-style-type: none">- Working across system partners in particular including health work with carers and further learning for the County Council and County commissioned support services.- Looking at how lessons can be taken on board within other commissioned services both in terms of engaging with and supporting carers and of more inclusive engagement with and supporting for other vulnerable people e.g., Dementia Support, Autism Support etc.



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	<p>How the project will be learned from or implemented within existing structures</p> <p>Approach will be embedded within City Council and commissioned support service work with carers.</p>
Enter the number and title of the priority you have chosen.2	Priority 8 (focusses on unpaid carers): services that reach out to, and involve, unpaid carers through the discharge process
Your proposal: Describe the new or additional work you will deliver under this option to address local need?2	<p>Brief description of the project</p> <p>This new project sets out to improve early identification of Carers during hospital admission and discharge, encourage inclusive, planned discharges, and offer robust post discharge support through investment to build capacity within existing services, the VCSE and inflate the capabilities of Adult Social Care (ASC) hospital teams. The project will be further co-produced following submission, with Carers, VCSE partners, ASC, ICB and the University of Derby through awareness learning, new resources and modernising the design of carer champion networks and training. We will reduce and simplify existing carer pathways and strengthen the connection between ASC Hospital discharge teams and commissioned Carers Services, who will subsequently link Carers to hubs within their local communities for ongoing support.</p> <p>The project sets out to ensure greater consistency in registering Carers with GPs and commissioned Carer Services, to help carers navigate health and social care services, contingency plan and ensure they have appropriate support in place to preserve health and wellbeing.</p> <p>Carers will be linked to local Carers hub at an earlier stage to ensure support during the transition of becoming a carer and introduce provision of post discharge support across a framework of VCSE partners as carers adapt to caring, to reduce isolation, encourage peer support and offer specialist advice</p> <p>Derby University has a particular interest in the effective support of carers and will support the project and assist with evaluation.</p> <p>Evidence supporting the project</p> <p>Baseline data indicates low level of referrals (less than 25%) from ASC Discharge teams and NHS services (GP, hospital, and community health services).</p>



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	<p>Engagement with carers and SACE findings suggests poor outcomes and (at times avoidable) negative experiences during and after discharge, including lack of recognition and involvement in the discharge process, and examples of unsafe, unlawful, and uncoordinated discharge practice which doesn't consistently uphold LA or NHS duties and targets. This project will build on the findings of the JUCD NHS Charities BME carer and digital projects.</p> <p>How it relates to local strategic priorities</p> <p>This is a key area highlighted by Dr Carol Tozer through the Annual conversation and a key priority within the All-age system-wide carers strategy.</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...2</p>	<p>Senior Responsible Owner – Sue Whetton (Group Manager Commissioning) Project Manager – Jude Boyle (Commissioning Manager Carers) Project Support – Commissioned carer services DCA/CAMM/UCS (and possibly other VCSE partners), ICB, LA ASC – operational and commissioning Project workstream leads - TBC Other points to note (such as an advisory panel or co-production group). Look to build on existing carers engagement and what comes out of City carers listening event to build co-production.</p>
<p>Delivery of your proposal2</p>	<p>Which part of proposal will this funding pay for?</p> <ul style="list-style-type: none">- Corporate management, commissioning team and strategic programme co-ordination costs and/or any consultancy to manage, run and carryout project- Developing co-produced approach with carers, community organisations and other partners- Time/additional resource from commissioned service provider(s)- Embedding learning, practices, support tools etc into business as usual- Utilising relevant VCSE partners involved in the delivery of the project (replicating successful approach utilising the NHS charities grant across the VCSE consortia) <p>Key activities and High-level delivery areas incorporated into proposal</p> <p>Utilising the 'Carers and Hospital Discharge Toolkit'</p>



	<p>activities will include:</p> <p>Carer Awareness: delivered to hospital ASC teams on rotation, to improve practice, confidence and competency in carer identification, advice/information and compassionate conversations, referral to Carer support services. Better use of resources within the hospital carer care pathway by empowering embedded roles.</p> <p>Developing resources for all audiences: coproduced resources freely available to hospital discharge teams and Carers, available in multiple formats and languages and incorporating existing work identified within the corporate comms carer work plan.</p> <p>Modernising Carer Champion networks: Increasing expertise of key roles that act as a point of contact for wider discharge teams.</p> <p>VCSE partnership hubs supported with online resources: Connect with Carers service hubs in each locality for face-to-face and online opportunities for information, advice, and guidance from a range of VCSE partners (offered evenings for working age Carers) and carer clinics within GP practices and CMHT.</p> <p>Partnerships - to identify solutions to the challenges different groups of Carers experience through hospital discharge, including those from BME, LGBTQ+ communities, Mental Health Carers, those with care and support needs themselves, working age carers, male carers, and young adult carers.</p>
<p>Which care providers, NHS and voluntary and community groups and ICS partners, have been involved in developing this proposal?2</p>	<p>How you have co-produced this proposal with people drawing on care and support family members</p> <p>We have drawn on ongoing engagement and coproduction with carers, findings from workshops held with ASC Hospital discharge teams and engagement with VCSE Alliance around the ARF and associated system priorities, to inform and shape this proposal and with whom we will continue to coproduce the granular detail of the project plan beyond EOI submission date.</p> <p>It's expected there will be a strong focus on utilising the VCSE Alliance, Local Place Alliances and Public Health, NHS and ASC commissioned services (Falls, Dementia Support, Independent Advocacy, Home not Hospital, Autism, PALs, Healthwatch Derby University, GP care coordinators and</p>



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	social prescribers).
What are the biggest challenges you foresee in delivering your proposal and why? (approx. 200 words) ²	<ul style="list-style-type: none">• Resource limitations in ASC hospital discharge teams and the introduction of new or perceived time-consuming practice.• Reaching into NHS hospital discharge teams, and delivering awareness training for those workforces, particularly in hospitals that boarder Derbyshire, where relationships are not as developed
What kind of support would help overcome these challenges? (approx. 200 words) ²	<p>Involving partners across both local authorities, the ICB and VCSE to be agreed through respective local authority governance.</p> <p>Linking with other AFR projects across East Midlands ADASS who are focusing on this priority and utilising the learning from similar project evaluation, content held on the NHS Futures</p>
What are the key outputs of your work and how will you know that your work has been successful? (approx. 200 words) ²	<ul style="list-style-type: none">• Co-production conversations (workshops, interviews etc) to map carers discharge journey• Update of current resources and new toolkits for ASC• Baseline data and distance travelled date (referral numbers to commissioned service from ASC and NHS Hospital discharge teams, pre and post survey data drawn from ASC workers and carers aligning to I statements)
Post-grant sustainability: What lasting impact will this project achieve? ²	<p>Outline how innovations will be supported going forward beyond the grant funding and/or have a lasting impact.</p> <ul style="list-style-type: none">- Integration into LA pathways and processes to ensure early identification/ engagement with carers and inclusion within requirements for business-as-usual commissioned carers support service. <p>Include opportunities for further scaling</p> <p>It is expected this will be piloted in an area of the ICS and then be rolled out wider as at a later stage in the project or following the project.</p> <p>How the project will be learned from or implemented within existing structures</p> <ul style="list-style-type: none">• Agree KPIs, data returns, tools for evaluation such as quality of life, carer burden scales etc and regular meetings with commissioners to measure project successes• Produce outcome reports as required including



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	<p>long term sustainability of the model</p> <ul style="list-style-type: none">• Looking at how lessons can be taken on board within other commissioned services both in terms of engaging with and supporting carers and of more inclusive engagement with and supporting for other vulnerable people e.g., Dementia Support, Autism Support etc.• Approach will be embedded within LA and commissioned support service work with carers and component of carer strategy deliver.
Enter the number and title of the priority you have chosen.3	Priority 7 (focusses on unpaid carers): ways to conduct effective carer’s assessments with a focus on measuring outcomes and collaboration
Your proposal: Describe the new or additional work you will deliver under this option to address local need?3	<p>Brief description and aims of the project</p> <ul style="list-style-type: none">• Links to a need identified within Derby and Derbyshire to address issues with existing carers assessments (cost to deliver, waiting times, effectiveness, consistency, right type, and level of support etc)• Consideration of carer assessments in a broad sense and how this integrates with the existing approaches e.g., carer conversation within the 3-conversation model and accessing carers support beyond carer personal budgets and developing a tool in the context of the outcomes carers want and need to achieve• Reposition the assessment process as a holistic review that is more accessible, ensures the appropriate type and level of support and where needed leads more clearly to a support plan with access to the right support• Combining technical and conceptual, strength based and self-serve format• Anticipate number of carers will run through the process at its various stages of deployment to realise the benefits of the assessments to varying degrees (increasing over time) for the length of the project• Coproduce an online Carers Assessment and support plan tool that is unique to JUCD ICS, designed in collaboration with unpaid Carers, VCSE sector, Derby/Derbyshire LAs and current academic research led by the University of Derby• Accessible for Carers who prefer to access support online or feel their needs will be best met without their assessment being completed with a Support Worker - including young carers, young adult carers, carers in employment



	<ul style="list-style-type: none">• The Assessment tool will be organic, grown from contributions from all partners and coproduced with all age adult carers across the ICS, Derby, and Derbyshire and with support from VCSE partners who can support identifying and removing barriers to accessing support online including commissioned service providers and using Carer insight and expertise• This may include online learning sessions/podcasts; speaking with experts, professionals, and real-life stories/Videos and animations sharing information and experiences/Specific Carer information held with partners across the JUCD ICS <p>New or existing workpiece</p> <p>This is part of an existing workplan</p> <p>Evidence supporting the project</p> <p>Engagement with carers and SACE findings indicates dissatisfaction from carers relating to waiting times for assessment and support and their involvement with the assessment of the person drawing on care and support</p> <p>There is a small percentage of carers who do not want to receive their carer assessment from the commissioned carer service, preferring to receive an integrated assessment with the person depending who relies on them. There is also large percentage of carers who could be 'waiting well', accessing important and necessary information to support the caring role (particularly working carers who have limited access to traditional services) and many carers with the ability to utilise self-serve options and fast track their assessment to the carer conversation stage.</p> <p>This project will build on the findings of the JUCD NHS Charities funded work which had two workstreams relating to BME carers and digital inclusivity.</p> <p>How it relates to local strategic priorities</p> <p>This is a key area highlighted by Dr Carol Tozer through the Annual conversations and a key priority in the All-age system-wide carers strategy. It also supports strengths based/3 conversations and self-serve approaches that have been embedded across both Local Authorities.</p>
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<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</p>	<p>Responsible Owner – Sue Whetton (Group Manager (Commissioning)) Project Manager – Jude Boyle (Commissioning Manger Carers) Project Support – Commissioned carer services DCA/CAMM/UCS (and possibly other VCSE partners), ICB, Derby City and Derbyshire LA ASC teams – operational and commissioning Project workstream leads - TBC Other points to note (such as an advisory panel or co-production group). Develop an ICS oversight/steering function led by both LA with an advisory function that includes commissioned services, partners, and carer reps</p>
<p>Delivery of your proposal3</p>	<p>-Which part of proposal will this funding pay for? Corporate management, commissioning team and strategic programme co-ordination costs and/or any consultancy to manage, run and carryout project</p> <ul style="list-style-type: none">- Developing co-produced approach with carers, community organisations and other partners- Time/additional resource from commissioned service provider(s)- Embedding learning, practices, support tools etc into business as usual- Utilising relevant VCSE partners involved in the delivery of the project (replicating successful approach utilising the NHS charities grant across the VCSE consortia) <p>Key activities - High-level delivery milestones for proposal Phase 0 - Exploration/Discovery Exploring: What carer outcomes do carers and the LA seek through 3 conversations and strength-based approaches and Carer assessments? Outputs: ● Comprehensive understanding of the ‘as-is’ arrangements/Draft vision of what an assessment process is seeking to achieve Phase 1 - Data Capture ● What data is needed to: Activities: observed carer trials/Conversations with existing technology providers (e.g., Mosaic/Liquid Logic) Outputs: evidence of how carers prefer to input different data types Phase 2 - Data Capture (Integration)</p>



	<p>Questions: How can data flow seamlessly into existing case management software</p> <p>Activities: consult with existing providers to explore options and review against cost effectiveness</p> <p>Phase 3 - Support Plan</p> <p>Approach: Break down the support plan into bitesize elements that can be delivered through channels (technology) carers are already using</p> <p>Output: modular support plan which can be delivered by email/SMS/WhatsApp, drawing on existing expert content</p> <p>Phase 4 - Support Plan</p> <p>Approach: Incorporate into the modularised approach established in Phase 3</p> <p>Output: Fold in the thoughts and feelings experienced by range of carers, especially those from underrepresented groups</p> <p>Phase 5: Support Plan (Version 3.0 - Language and Culture)</p> <p>Approach: research the most effective tools for translation and cultural adaptation/assemble a group of carers with relevant experiences to test different approaches and give feedback to the model</p> <p>Output: ability for the entire process to be offered in multiple languages, incorporating cultural considerations</p> <p>Phase 6: Impact and Improvement</p> <p>Approach: reflective exercises for carers to identify the impact of the process on their caring role and monitoring data around onward engagement with other services</p> <p>Outputs: extensive analysis of the impact of the intervention for carers, data on impact for DCC at system-level (Including cost reduction, impact on onward services etc)</p> <p>Phase 7: Predictive Support Plans</p> <p>Approach: use data from submissions and above activity to develop a predictive model</p> <p>Output: a support plan could predict future carer needs</p>
<p>Which care providers, NHS and voluntary and community groups and ICS partners, have been involved in developing this proposal?3</p>	<p>How you have co-produced this proposal with people drawing on care and support family members unpaid carers front-line staff where possible</p> <p>We have drawn on ongoing engagement and coproduction with carers, findings from workshops held</p>



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	<p>with ASC Hospital discharge teams and engagement with VCSE Alliance around the ARF and associated system priorities, to inform and shape this proposal and with whom we will continue to coproduce the granular detail of the project plan beyond EOI submission date.</p> <p>It's expected there will be a strong focus on utilising the VCSE Alliance, Local Place Alliances and Public Health, NHS and ASC commissioned services (Falls, Dementia Support, Independent Advocacy, Home not Hospital, Autism, PALs, Healthwatch Derby University, GP care coordinators and social prescribers).</p> <p>Using Derby University (researcher and potentially utilising a research student placements) Rural Action Derbyshire (who lead on digital inclusivity)</p>
What are the biggest challenges you foresee in delivering your proposal and why? (approx. 200 words) ³	<p>During consultations, some Carers have raised concerns around technology; saying they 'hate computers' and are 'frightened' by technology.</p> <p>Exploration of where an online assessment could be positioned within an ICS platform (e.g., health and wellbeing website)</p> <p>Integration of a carer assessment within respective case management software</p> <p>Integration within current Council and commissioned support service business as usual approaches, processes, and systems</p>
What kind of support would help overcome these challenges? (approx. 200 words) ³	<ul style="list-style-type: none">• Working with ICB & LA ASC data/IT colleagues• Work with local partners commissioned to lead on digital inclusivity
What are the key outputs of your work and how will you know that your work has been successful? (approx. 200 words) ³	<ul style="list-style-type: none">• Improved and shared understanding of purpose of and fair and good outcomes from carers assessment process• An online carer assessment resource that could dovetail with the ASC self-assessment systems and respective case management software
Post-grant sustainability: What lasting impact will this project achieve? ³	<p>Outline how innovations will be supported going forward beyond the grant funding and/or have a lasting impact.</p> <ul style="list-style-type: none">- Integration into LA pathways and processes to ensure early identification and engagement with carers and inclusion within requirements for business-as-usual commissioned carers support service.



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	<p>Include opportunities for further scaling</p> <p>How the project will be learned from or implemented within existing structures</p> <ul style="list-style-type: none">• Agree KPIs, data returns, tools for evaluation such as quality of life, carer burden scales etc and regular meetings with commissioners• Outcome reports as required including long term sustainability of the model• Working across system partners in particular including health work with carers and further learning for the LA commissioned support services• Looking at how lessons can be taken on board within other commissioned services both in terms of engaging with and supporting carers and of more inclusive engagement with and supporting for other vulnerable people e.g., Dementia Support, Autism Support, Aging well etc.• Partnership with Derby University Researcher <p>How the project will be learned from or implemented within existing structures</p> <p>Approach will be embedded within LA and commissioned support service work with carers.</p> <p>JUCD would therefore be able to realise the benefits of the assessments to varying degrees (increasing over time) for the length of the project.</p>
Title and Organisation	Linda Elba-Porter Interim Director of Adult Social Care (Derbyshire County Council)
Signature	Linda Elba-Porter
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 £449,247 (2023-24) and £455,809 (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)	£449,247
24/25 payment (expected 20 August 2024)	£455,809
Total	£905,056



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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
Revenue	Revenue	
£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



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Health and Social Care and Derbyshire County Council for the provision of the Adult Social Care Accelerating Reform Fund for the financial years 2023-2024 and 2024-2025.

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

Signature:

Name: (BLOCK CAPITALS):

Job Title:

Date: