# **Adult Social Care – Digital Transformation Fund**

# **Expression of Interest for Adult Social Care Technology Fund**

The Adult Social Care Technology Fund is part of the broader Adult Social Care Digital Transformation Fund (ASC DTF). This Expression of Interest relates only to the **care technology fund**. For information on other funding available please email [england.adultsocialcare@nhs.net](mailto:england.adultsocialcare@nhs.net). If you would like to make more than one proposal, please ensure you submit separate EOIs.

**Before completing this form, please read the guidance and FAQ which are part of this document.**

Please submit this form to [england.adultsocialcare@nhs.net](mailto:england.adultsocialcare@nhs.net) by

**17:00 26th May 2023**

**Main contact**

**Who is the main contact(s) for this Expression of Interest?**

|  |  |  |
| --- | --- | --- |
| **Organisation** | *[Insert text here]* | |
| **Name(s)** | *[Insert text here]* | |
| **Email address** | *[Insert text here]* | |
| **Are you based in …** | **Care provider setting** |  |
| **Local authority** |  |
| **ICS** |  |
| **Evaluation organisation** |  |
| **Other, please specify** |  |

**Who will you work with?**

|  |  |
| --- | --- |
| **Partnership bids between different parts of the sector are essential to the success of this work. Please list the partners you will work with.** | |
| **Care providers** | *[Insert text here]* |
| **Local authorities** | *[Insert text here]* |
| **ICS** | *[Insert text here]* |
| **Evaluation partners** | *[Insert text here]* |
| **Other partners (if applicable)** | *[Insert text here]* |

**Fund priorities**

**Which of the following priorities will your proposal contribute towards? You may select multiple priorities for one project.**

*If you have more than one individual project in mind, please use one EOI form per project.*

|  |  |  |
| --- | --- | --- |
| **Care quality and safety** | **Reducing avoidable admissions/readmissions** | **Support people to live independently \*** |
| *[X]* | *[X]* | *[X]* |

\* If you select this category your project outline must refer to which instrumental activities of daily living you will support (getting around in the community; managing finances; shopping and meal preparation; maintaining a safe and clean home; engaging with others; managing medications)

**Your proposal**

**Outline of the work proposed**

|  |
| --- |
| **Please briefly outline what you propose to do and how you will deliver it.**  **This should include the problem you want to address; project aims and specific objectives.** |
| *[Insert text here]* |
| **Please list the main outcomes you anticipate from this work (approx. 500 words)** |
| 1. *[Insert text here]* |
| **How many people do you think you will reach through your proposal**? |
| *[Insert an estimated minimum figure. Where individuals may receive multiple technologies, please count them once.]* |
| **What care technology, if you know at this stage, will you use to help meet the aims and objectives of your proposal?** |
| *[Insert the technology you hope to use and/or suppliers if you have this information.]* |
| **How will you ensure this work helps to reduce health inequalities and / or digital exclusion? (approx. 500 words)** |
| *[Insert a summary of the steps you will take to support accessibility and appropriate use for people where reasonable adjustments may be required, including those with learning disabilities, autism, mental health needs or dementia. You may also consider broader aspects of digital exclusion including rurality, social isolation, and poverty.]* |

**Evidence generation**

A core part of this work is to report on evaluation outcomes and benefits. You will be expected to:

* Establish and fund a relationship with an external evaluation partner
* Work closely with DiSC Benefits Manager.

|  |
| --- |
| **Please tell us how you have or will identify and work in partnership with an evaluation partner.** |
| *[Insert text here]* |

**Costs and timelines**

**What are the timelines for your proposal?**

|  |  |
| --- | --- |
| **When would you propose to start the work?**  *We hope to release the first wave of funding in September 2023* | |
| *[Insert date here]* | |
| **How long will the project run for?** | |
| **Up to 6 months** | *[X]* |
| **Between 6-12 months** | *[X]* |
| **Between 12-18 months** | *[X]* |

**How much would your proposal cost to fund?**

*This fund will cover revenue costs only and should not be spent on any capital-based projects. However, funding can be spent on hardware required for implementation, and in some instances can include funding to cover connectivity. However, this must be detailed, and costs outlined separately.*

|  |  |
| --- | --- |
| **Total costs** | |
| **Allocation requested in 2023/24** | *£[Value]* |
| **Allocation requested in 2024/25 (if applicable)** | *£[Value]* |

**If you are currently piloting this care technology in your locality/organisation, please provide the following information.**

|  |  |
| --- | --- |
| **Brief overview of the pilot** | *[Insert text here]* |
| **Number of people reached by the pilot** | *[Insert number here]* |
| **Level of current funding** | *£[Value]* |
| **Source of funding** | *[Insert text here]* |