

Theory of change and evaluation workshop

Accelerating Reform Fund Evaluation

For local systems in receipt of grant funding

23rd May 2024

Agenda

Item	Time
Introductions and housekeeping	14:00 – 14:05
Introduction to evaluating the ARF programme	14:05 – 14:15
National programme theory of change <ul style="list-style-type: none">• Approach to development• Inputs and activities• Outputs, outcomes and impacts• Assumptions and risks	14:15 – 14:45
Thematic grouping of projects	14:45 – 14:55
Developing evaluation plans and capturing impact <ul style="list-style-type: none">• Initial examples• Group discussion	14:55 – 15:20
Next steps and the ongoing evaluation support offer	15:20 – 15:30

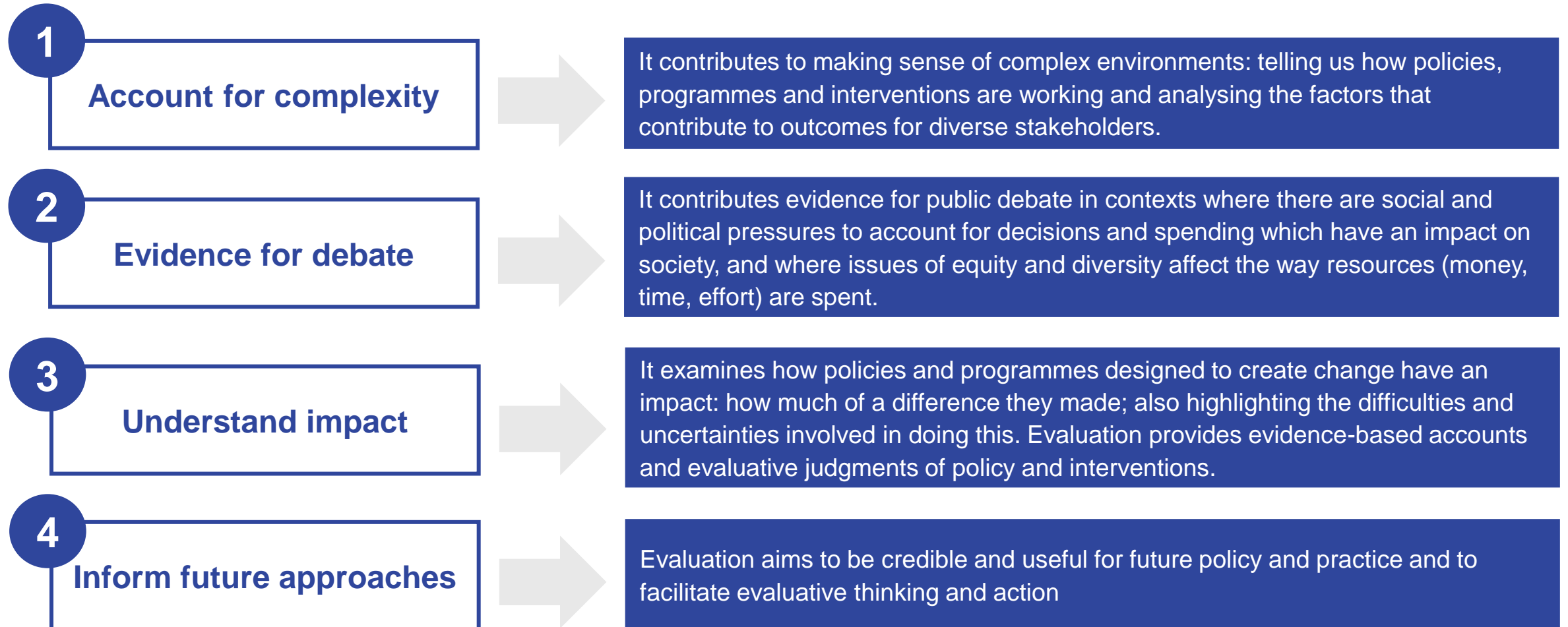
Today's objectives

1. Understand the importance of evaluation and theory of change development in the context of the ARF, both nationally and locally.
2. Establish a shared understanding of the ARF's national theory of change, to inform and align local approaches.
3. Begin to think about your approaches locally to evaluation and theory of change development.
4. Understand what the next steps are, across both our national evaluation and the support offer.

Introduction to evaluating the ARF programme

01

What is evaluation and why do it?



Evaluation in the context of social care innovation and the ARF

1. Provision of care is falling short of needs and expectations

The experience of those providing and receiving care often falls short of expectations. People want and prefer care to be as close to home as possible; with a more proactive, preventative focus, and addressing their holistic and individual needs.

The UK has an ageing population, and it is likely that the demand for adult social care will grow in the future.

The People at the Heart of Care white paper outlined ambitions for a 10-year vision for adult social care reform – a key part of delivering this vision is promoting and embedding innovation to respond to rising demand and the changing need of the population, and to make person-centred care and support a reality for those who draw on it.

2. Innovation in social care has unrealised potential

The failure to adopt innovations in social care is long-standing, complex challenge, limiting potential improvements in care and outcomes for people. There is much academic and service-based knowledge setting out the reasons for this; the NASSS framework theorises that staff time and attitudes, lack of resource and skill to make the 'value proposition' for innovation are particular barriers in health and care.

The care system has been innovating for decades, yet a key challenge is that there is a tendency for impactful innovations to remain on the margins, rather than becoming an integral part of how care and support is delivered. The core ambition of the ARF is to understand the barriers to adopting effective innovative approaches to build capacity and capability in local places for innovation and scaling.

The ARF will act as a 'national scaling pilot' to understand how to scale and sustain innovation nationally. The ICS footprint encourages collaborative working between health and care partners.

Opportunity for ARF funding and support to enable innovation and improvement and develop the potential for scaling and sustaining innovation in social care

Purpose of the ARF evaluation – why take part?

Key research questions:

1. Has the Fund supported local areas to overcome barriers and created conditions for the embedding and scaling of innovations in adult social care?
2. Has the SCIE support offer helped local areas to overcome barriers and to embed and scale innovation in adult social care?
3. What are the impacts of embedding and scaling innovative approaches to delivering care and supporting unpaid carers?

Benefits for systems of taking part:

- a) Sharing of learning and best practice - the findings of the evaluation and from different projects will be able to be shared nationally, to inform innovation work in the future
- b) Opportunities to network and collaborate with different systems
- c) Inform national approach funding and managing programmes addressing innovation within social care
- d) One-on-one support from expert health evaluation team

National programme theory of change

02

What is a Theory of Change and why develop one?

Theory of Change: a visual aid that shows the steps towards a desired goal, and the connection between these steps in terms of cause and effect

1

It depicts a **common understanding of what success looks like**, and in a way that can be **measured / evaluated**.

2

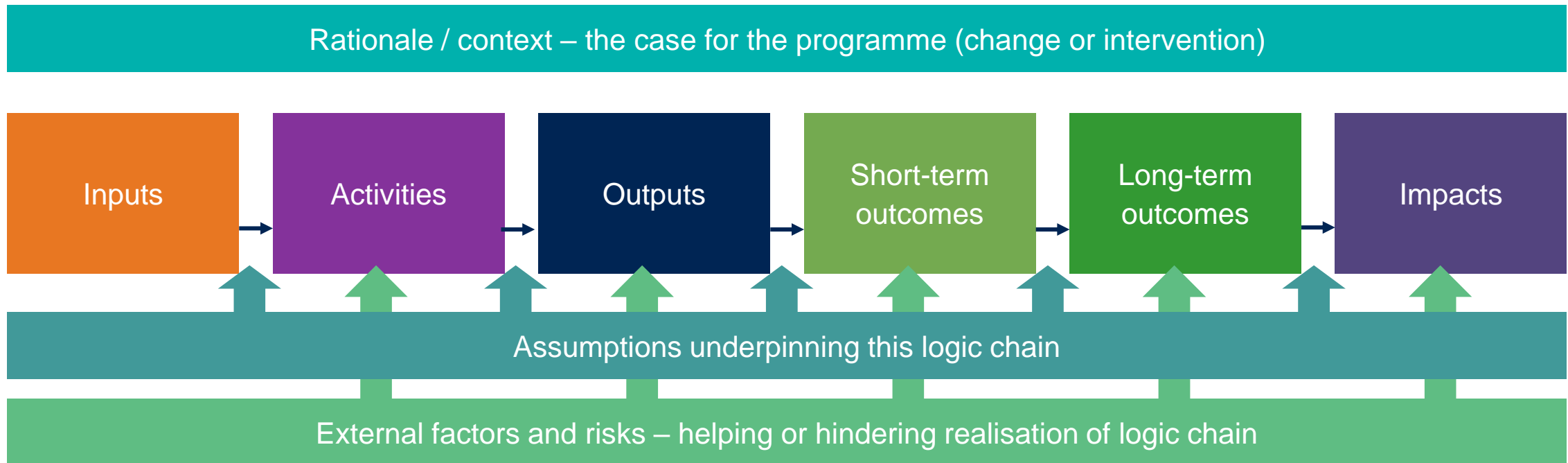
To understand the **assumptions** on which the ARF is based, so they can be tested.

3

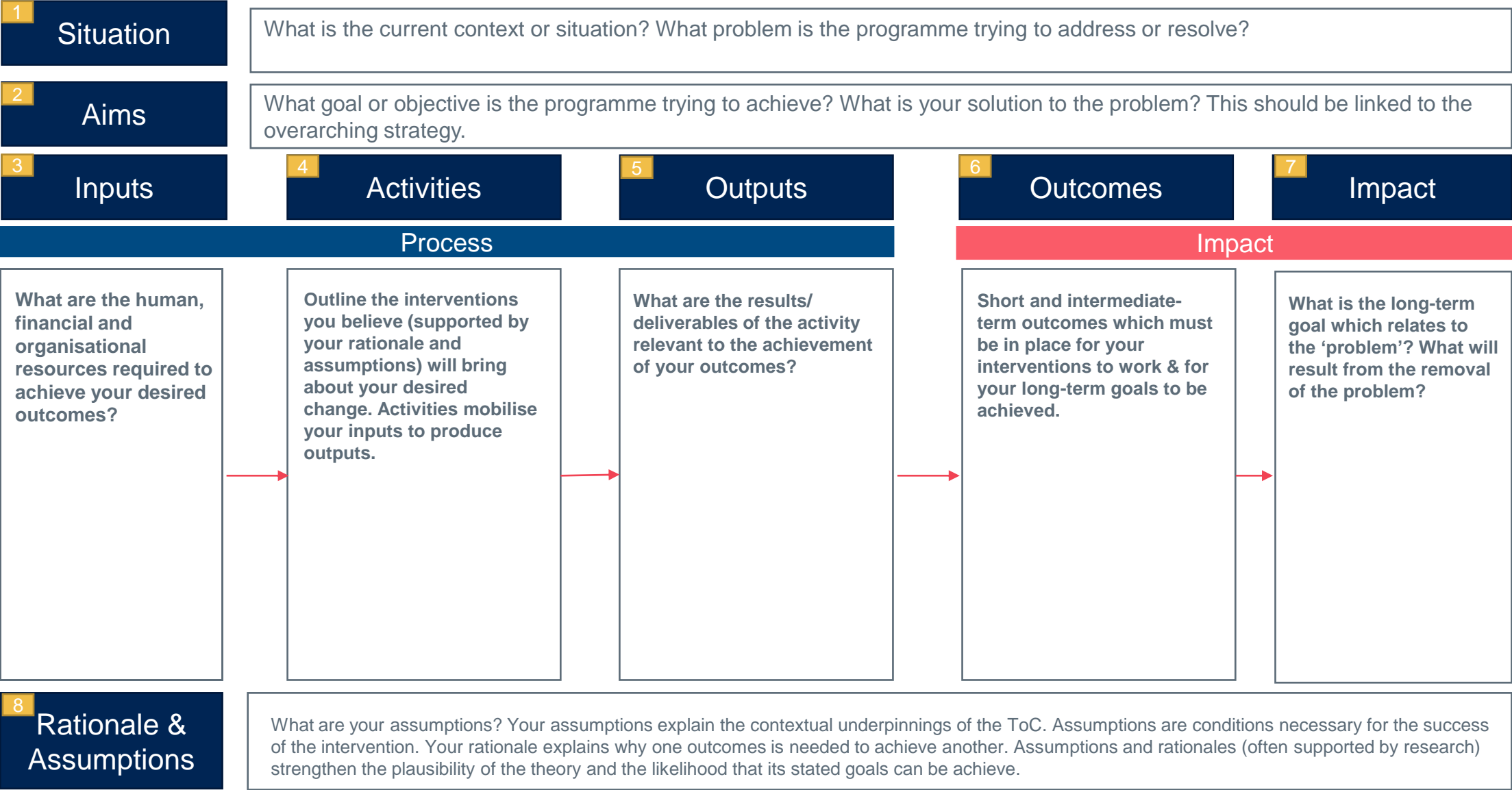
To help us think about **risks** that could prevent the key aims of the ARF from being achieved, and any **unintended consequences** of the programme.

An example

They often look like flow charts / logical chains to demonstrate hypothesised causality



Some definitions



How have we developed the national ARF ToC?

We have developed a national programme-level theory of change for the ARF, drawing on the following:

Document review



We have reviewed existing programme documentation, including monitoring information, business cases and EOIs.

Scoping interviews



We have conducted 6 scoping interviews involving 13 key policy and programme stakeholders from DHSC and SCIE.

Engagement with the support provider



We have also been meeting regularly with SCIE to understand their perspective on plans, progress and the evaluation.

Inputs: What resources have been or will be put into the programme?

*Inputs are the **resources committed** to the activities involved*

National inputs (DHSC, SCIE and Ipsos)

- The funding itself:
 1. A £300,000 'floor' per ICS consortium (n=42) intended to cover some core project start-up costs and will be provided in full in the first year.
 2. Top-up funding, totalling £30 million for all local authorities in England intended to cover some programme costs and is calculated based on the adult social care Relative Needs Formula (RNF) at a local authority level and summed to the ICS at a consortium level.
 3. The first payment will be made in March 2024 for 2024 to 2025 with a further payment to be made in 2025 to 2026. The second tranche of grant payments in 2024 to 2025 will be conditional on completion of mid grant reporting.
- The Social Care Institute for Excellence (SCIE) support programme funding
- Independent evaluation (delivered by Ipsos) funding
- DHSC, SCIE and IPSOS staff resource

Local inputs (Consortia: LAs and partners)

- Local authority staff resource
- 'In kind' resources within local authorities, such as estate and use of existing digital tools

Activities: What activities have happened or are planned to happen?

*Activities are **the things we expect to happen***

DHSC:

- Developing the 12 national priorities for innovation via stakeholder engagement
- Outreach and engagement activities with local systems/consortia
- The application process, including submission and assessment of expressions of interest (EOIs)
- Funding disbursement
- Monitoring and reporting of grant spending and activities

Local systems/consortia:

- Pre-grant funding participation in engagement activities
- Identification of innovation projects and submission of EOIs
- Establishing local commissioning and governance arrangements
- Implementation of 122 projects – covering 12 national priorities
- Engagement with SCIE support events and support for ToC development and impact assessment
- Development and sharing of impact assessments, post-grant plans and wider learning between systems

Support provider (SCIE):

- Development of webpage and ongoing support events
- Webinars and engagement activities for application process
- Q&A webinar to support applications and ad-hoc support/responding to queries from systems
- Analysis and categorisation of projects into delivery themes
- Local support delivery tailored to respond to consortia needs
- Capturing and sharing learning from systems and projects

Independent evaluators (Ipsos):

- Development of evaluation framework and approach
- Delivery of support to systems for ToC development and local impact assessments (1 national workshop and 42 webinars for individual systems/consortia)
- Three waves of interviews and surveys
- Delivery of evaluation report and recommendations/learning

Outputs: What will we notice changing?

Outputs are *what is delivered or produced* as a result of the programme

DHSC:

- Grant funding payments made to 42 consortia
- Detailed examples of social care innovation projects across 12 national priorities and all 42 ICSs

Support provider (SCIE):

- Development and sharing of new models around supporting and scaling innovation
- Newsletters, factsheets and ongoing comms materials for consortia
- Support and engagement events
- Analysis and categorisation of 122 projects into 8 delivery themes
- FAQs, tips and guidance
- Support packages for local systems based on needs

Local systems/consortia:

- Development of 122 social care innovation scaling projects – covering 12 national priorities
- Establishment of local collaboration and partnerships - via integrated project teams and boards
- Increased dialogue and learning both within and between systems
- 42 grants spent over 2024-25 and 2025-26
- Provision of peer support and shared learning via SCIE events, local ToC development workshop etc. for national knowledge sharing
- Local impact assessments
- Post-grant plans outlining how scaling innovation will continue

Independent evaluators (Ipsos):

- Interim reports x 2
- Final report
- ToC development and local impact assessment support materials

Outcomes: What do we hope will be achieved?

Outcomes are the *intended and unintended changes* that your stakeholders are experiencing or may experience as a result of the programme

Short-term outcomes

- Greater collaborative working within consortia
- Increased collaboration and co-production with local partners that LAs choose to work with including local care providers and/or local health and community organisations on their chosen option(s)
- Stronger evidence on scaling specific innovations, and lessons for successful implementation
- Increased knowledge across the sector around innovative approaches and their impacts
- Improved local capability (in terms of evaluation skills, drafting business cases and understanding potential for scaling and sustaining innovations)

Medium-term outcomes

- Programme innovations are scaled up and successfully sustained locally
- Improved understanding of how to identify and support the scale up of local innovation
- Improved understanding of the benefits of scaling innovations, including establishing a clearer economic case for investment in social care innovation
- Improved understanding of how to tackle the barriers to scaling innovation in local communities and more widely
- Improved visibility and awareness of the Innovation and Improvement unit and DHSC support for innovation and spreading best practice
- Improved understanding of how to mitigate risks when scaling social care innovations
- Change in commissioning locally towards more innovative models of care

Impacts: What will be the longer-term changes?

*Impacts are the **long-term, sustainable changes** at a system-level*

- Increased implementation of innovative types of social care support
- A larger proportion of commissioning resource and spend on preventative, community-based models and away from reactive, residential / high intensity support of support
- Improved outcomes for individuals who are supported by interventions which are effective and have been successfully scaled at a national level
- Scaling of successful social care innovations locally, and where appropriate, nationally



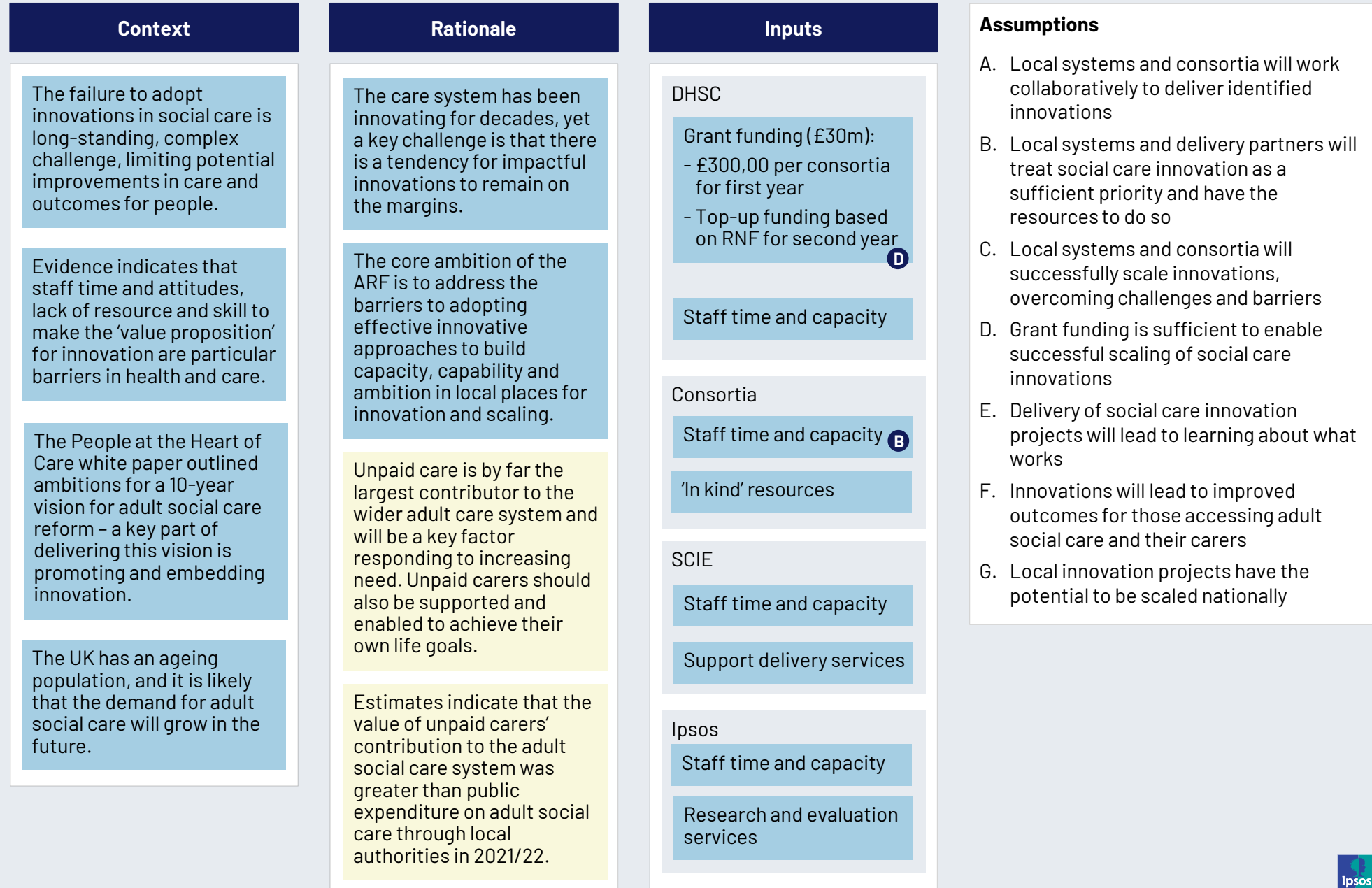
- Improved health, wellbeing, and quality of life outcomes for people who draw on care and support, and their carers (where support was effective) via scaling of innovations, linked to the 12 national priorities
- Improved system outcomes from learning generated on how to delivery social care locally; reduction in emergency admissions, readmissions and referrals into residential care in particular

Risks

For projects:

- Challenges with effective partnership working
- Insufficient capacity within local systems to deliver innovation projects, or lack of broader resource (outside of the fund) to deliver sustainable projects beyond the life of the fund
- Proposal (EOI) scope too great or diverse to deliver on time and/or maximise impact
- People in community not suitably engaged in design of new or scaled up services
- Limitations in the provider market and/or workforce acting as a barrier to innovations being unable to be scaled up in certain areas despite the demand being there

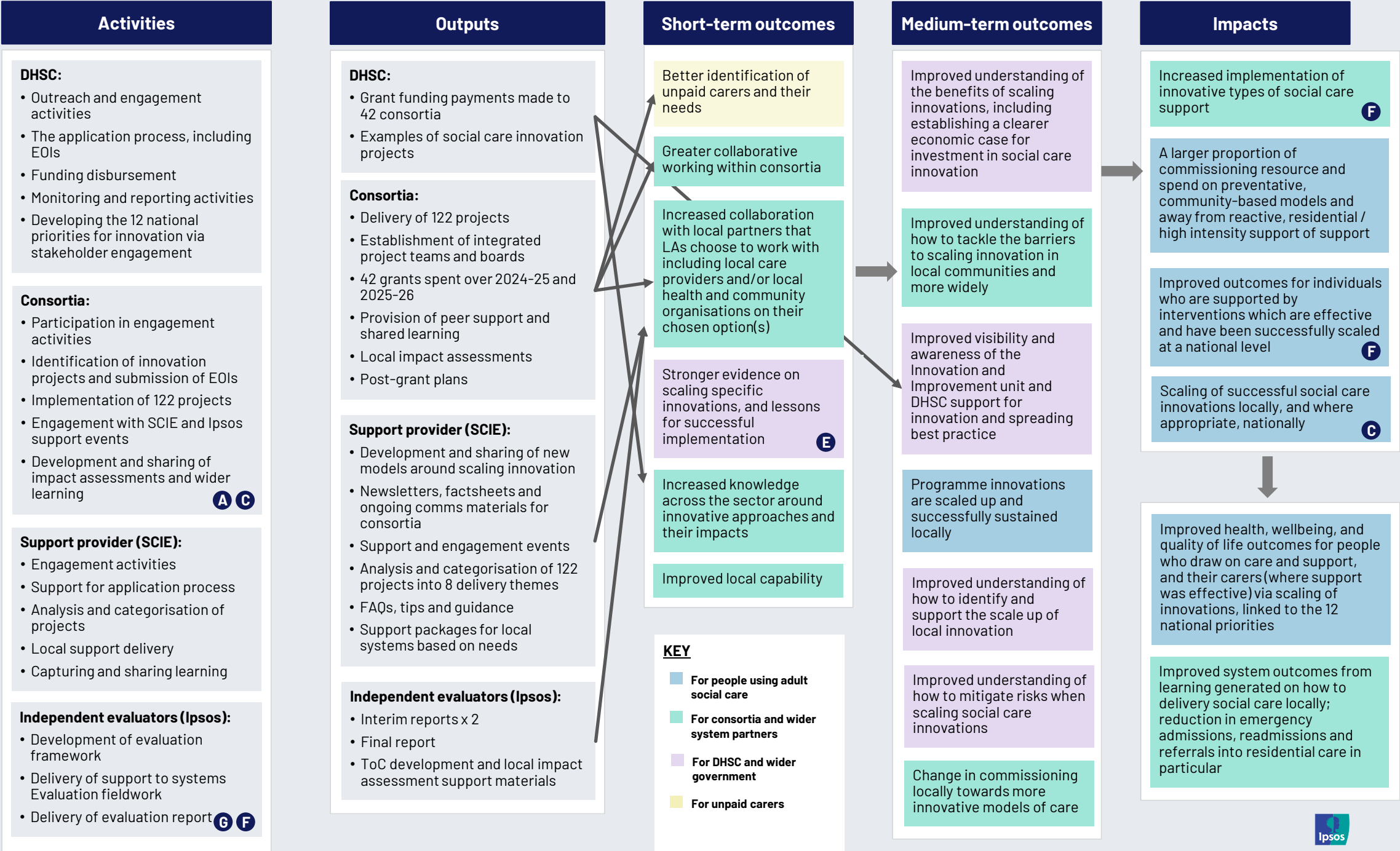
Accelerating Reform Fund: national programme-level theory of change



KEY

■ For wider system

■ For unpaid carers



Thematic grouping of projects

03

Our approach to thematic grouping

1) Initial thematic review of EOIs against ARF priority areas:

Using the data generated from EOI submissions, an initial thematic analysis was conducted to match EOIs to DHSC's priority areas for the ARF.

2) Developing Ipsos proposed themes:

Following the matching of EOIs to the ARF's priority areas, an open thematic analysis of EOIs data was conducted to establish some high-level themes covering multiple project areas. The analysis also incorporated key learning established during the review of scoping documentation for the evaluation, and Ipsos's wider learning from evaluation work in social care and health innovation more widely.






3) Ipso Facto (in-house AI) cross validation:

This thematic analysis was validated using Ipsos' in-house AI tool (Ipsos Facto), which uses word association algorithms and machine learning to identify themes and sort data. Themes remained consistent with the categories that were established via the manual thematic analysis, and automated coding of projects was a close match to the coding that was carried out manually.

Five key thematic project areas (from an evaluation perspective)

1. **Empowering Choice and Control:** This theme centres on providing individuals with greater autonomy over their care journey.
2. **Strengthening the Care Workforce:** This theme emphasizes the importance of developing and supporting the care workforce to meet the growing demand.
3. **Supporting Unpaid Carers:** This theme recognizes the crucial role of unpaid carers and aims to provide them with the necessary support and resources.
4. **Community-Based Care and Wellbeing:** This theme highlights the significance of community-based approaches to care and promoting overall wellbeing.
5. **Leveraging Technology for Care:** This theme focuses on the utilisation of digital tools and data-driven approaches to enhance various aspects of care delivery and support.

Thematically grouping projects

	Ipsos proposed themes	Definition	SCIE delivery themes	Priority areas
	Empowering Choice and Control	Providing individuals with greater autonomy over their care journey	Information advice and guidance and service directories	2, 4
	Strengthening the Care Workforce	Developing and supporting the care workforce to meet the growing demand	Hospital discharge Assessment of needs, carers assessment and carers identification	5, 6, 9
	Supporting Unpaid Carers	Providing unpaid carers with support and resources	Hospital discharge Assessment of needs, carers assessment and carers identification Other carers (working carers, contingency services, carers support, etc.)	4, 7, 8, 11, 12
	Community-Based Care and Wellbeing	Community-based approaches to care and promoting overall wellbeing	Shared home approaches Community and community networks development Other adults (end of life training, support through art and nature)	1, 3, 10
	Leveraging Technology for Care	Utilisation of digital tools and data-driven approaches to enhance various aspects of care delivery and support	Digital tools for self-care Information advice and guidance and service directories	2, 5, 9

Developing evaluation plans and capturing impact

04

Measuring outputs and outcomes - data collection methods

Data sources	Examples and rationale
Qualitative interviews and/or surveys with staff	Understand the impact of innovation on staff working in affected services LINKS TO – Outcomes and impact
Qualitative interviews and/or surveys with those in receipt of care and/or carers	Understand the impact of innovation on those accessing and using services, or those caring for others LINKS TO – Outcomes and impact
Service monitoring data	<i>e.g. Volume of referrals, use of tools and services</i> Understand how services are operating, and the volume of use/access LINKS TO – Outputs, possibly outcomes
Financial and workforce data	<i>e.g. Workforce retention, staffing levels, spend on services</i> Understand the impact of innovations on workforce, spending and potentially the VfM of changes LINKS TO – Outputs, outcomes and impact
Health outcomes data	<i>e.g. Outcomes STAR, onward referral data, readmissions, ambulance conveyances</i> Understand how innovations are affecting the health and wellbeing of those in receipt of social care, and the subsequent effects on use of other services and wider health and social care system locally LINKS TO – Outputs, outcomes and impact
Reach and engagement data	<i>e.g. Views of an online resource, engagement with a digital tool</i> Understand how those seeking or using social care support are accessing digital tools or other online support/resources LINKS TO – Outputs, possibly outcomes and impact

Key questions for group discussion

1. What are your evaluation plans locally? How much support do you need and in what areas?
2. Do we understand how change happens within the context we are working in?
3. Do you have a good understanding of the benchmarks and indicators that will tell you what has been achieved locally?
4. What are the risks and potential unintended consequences associated with your projects?
5. How does your local approach to evaluation align to the national picture and to these five themes?

Next steps and the ongoing evaluation support offer

05

Supporting systems to develop local impact assessments

1

National workshop for all systems to **co-develop and understand the national ARF ToC**, aligning and coordinating local impact assessment (within local needs and contexts).

2

At least one **support session** for all systems to develop their approach to local impact measurement and evaluation, alongside **two national webinars** to share emerging learning.

3

Review and inputs to local impact assessments, including **synthesis to generate national-level findings**.

Key dates for the ARF evaluation

Activity	Dates
ToC development workshop for local systems	May 2024
One-to-one sessions to support approach to developing local impact assessments	July 2024 onwards
Wave 1 survey	June to July 2024
Wave 1 interviews	July to August 2024
Webinars for group discussion and feedback on evaluation approaches and progress	August 2024 and January 2025
Interim report	August 2024
Wave 2 survey	September to November 2024
Wave 2 interviews	October to December 2024
Interim report	January 2025
Wave 3 survey	February to March 2025
Wave 3 interviews	March to April 2025
Final report	Post-March 2025

Next steps

1. Ipsos to refine ToC for the national ARF programme based on feedback
2. Ipsos to begin to deliver one-to-one support sessions for systems to develop local impact assessments
3. Ipsos to conduct first wave of fieldwork to inform national programme learning and local system learning
4. Interim findings and first webinar to share evaluation learning in August 2024

Appendix – theory of change examples for thematic areas

06

Theory of change model – empowering choice and control

Theme centres on providing individuals with greater autonomy over their care journey

Inputs and activities	Outputs	Outcomes	Impacts
<p>Inputs are the resources committed to the activities involved</p> <p>Activities are the things we expect to happen</p>	<p>Outputs are what is delivered or produced as a result of the programme</p>	<p>Outcomes are the intended and unintended changes that your stakeholders are experiencing or may experience as a result of the programme</p>	<p>Impacts are the long-term, sustainable changes at a system-level</p>
<p>Digital Enablement</p> <ul style="list-style-type: none"> • Funding for digital tools • Piloting new technology solutions in specific areas before wider rollout • Providing access to digital tools for communication and care options • Implementing self-directed support models, 	<p>Digital Enablement</p> <ul style="list-style-type: none"> • Increased adoption of self-directed support • Improved communication between individuals and care providers • Successful pilots of digital self-assessment tools 	<p>Digital Enablement</p> <ul style="list-style-type: none"> • Enhanced autonomy and control over care journeys • Increased access to personalized support options 	<p>Digital Enablement</p> <ul style="list-style-type: none"> • A system where individuals have greater choice and control over their care
<p>Expanding Community Care</p> <ul style="list-style-type: none"> • Development of digital platforms for communication • Investment in community-based care models like Shared Lives • ARF funding to promote and expand existing community care schemes • Expanding Shared Lives programs to offer more diverse support options • Conducting targeted communication campaigns to raise awareness of community care models • Optimizing existing property resources and infrastructure for Shared Lives 	<p>Expanding Community Care</p> <ul style="list-style-type: none"> • Growth in Shared Lives placements and services • Increased public knowledge of community care options • A wider pool of potential Shared Lives carers 	<p>Expanding Community Care</p> <ul style="list-style-type: none"> • Increased uptake of community care models • Greater flexibility and choice in care arrangements 	<p>Expanding Community Care</p> <ul style="list-style-type: none"> • Community care models become the norm

Theory of change model – strengthening the care workforce

Theme emphasises the importance of developing and supporting the care workforce to meet the growing demand

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Inputs are the resources committed to the activities involved Activities are the things we expect to happen	Outputs are what is delivered or produced as a result of the programme	Outcomes are the intended and unintended changes that your stakeholders are experiencing or may experience as a result of the programme	Impacts are the long-term, sustainable changes at a system-level
Digital Workforce Enhancement <ul style="list-style-type: none"> Funding for digital tools and training programs Utilizing digital tools like Care Friends for recruitment and retention Financial resources 	Digital Workforce Enhancement <ul style="list-style-type: none"> Increased recruitment and retention of care workers 	Digital Workforce Enhancement <ul style="list-style-type: none"> A more robust and skilled care workforce Sense of collective identity established amongst community-based employees Improved internal communication Staff are better supported 	Digital Workforce Enhancement <ul style="list-style-type: none"> A sustainable care system that can effectively meet the needs of a growing population requiring care Better retention of staff
Expanding Workforce Capacity <ul style="list-style-type: none"> Investment in recruitment and retention strategies, Expanding volunteer-supported pathways Implementing digital workforce development programs Encouraging the use of employee-focused apps for communication and engagement 	Expanding Workforce Capacity <ul style="list-style-type: none"> Enhanced skills and knowledge within the workforce Expanded reach of volunteer-supported care Improved internal communication and staff engagement 	Expanding Workforce Capacity <ul style="list-style-type: none"> Improved quality of care provided Increased capacity to meet growing demand A more motivated and connected workforce People whose values align with those of the sector are identified 	Expanding Workforce Capacity <ul style="list-style-type: none"> Workforce equipped to provide high-quality, personalised support. Recruitment of a wider pool of staff into the workforce
Improving Workforce Engagement <ul style="list-style-type: none"> Support for the adoption of digital tools by care providers, Funding for Carer Technology Facilitators Developing business cases for longer-term funding of Carer Technology Facilitator roles. 	Improving Workforce Engagement <ul style="list-style-type: none"> Evidence of financial benefits from Carer Technology Facilitators 	Improving Workforce Engagement <ul style="list-style-type: none"> Continued investment in Carer Technology Facilitator roles 	Improving Workforce Engagement <ul style="list-style-type: none"> More sustainable system

Theory of change model – supporting unpaid carers

Theme recognises the crucial role of unpaid carers and aims to provide them with the necessary support and resources

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<p>Enhancing Carer Wellbeing</p> <ul style="list-style-type: none"> Funding for carer support programs Facilitating tailored respite breaks for carers 	<p>Enhancing Carer Wellbeing</p> <ul style="list-style-type: none"> Increased availability of tailored respite breaks Development of user models for flexible respite care 	<p>Enhancing Carer Wellbeing</p> <ul style="list-style-type: none"> Reduced carer burnout Improved wellbeing and quality of life for carers More carers accessing flexible respite breaks, Improved carer independence, wellbeing, and mental health 	<p>Enhancing Carer Wellbeing</p> <ul style="list-style-type: none"> A system that recognizes and values the contribution of unpaid carers
<p>Improving Carer Identification</p> <ul style="list-style-type: none"> Development of carer assessment tools, Training for staff on carer engagement Conducting effective carer assessments using tools like SWEMWBS (Short Warwick-Edinburgh Mental Wellbeing Scales) Investment in services that reach out to carers during hospital discharge Implementing in-reach services in hospitals to support carers Involving carers in the discharge process 	<p>Improving Carer Identification</p> <ul style="list-style-type: none"> Improved identification and assessment of carers Enhanced support for carers during discharge 	<p>Improving Carer Identification</p> <ul style="list-style-type: none"> Increased recognition and support for unpaid carers Smoother transitions for carers during hospital discharge 	<p>Improving Carer Identification</p> <ul style="list-style-type: none"> Leading to better support and improved outcomes for both carers and those they care for A sustainable model for identifying and supporting carers
<p>Supporting Carers During Transitions</p> <ul style="list-style-type: none"> ARF funding for developing data analytical tools and operating models for carer identification and support, Improving identification of unpaid carers through collaboration with various organizations E.g. Implementation and expansion of Bridgit Self-Help for Carers platform that includes more charities and primary service 	<p>Supporting Carers During Transitions</p> <ul style="list-style-type: none"> Development of a data analytical tool for carer identification Implementation of the Bridgit Self-Help for Carers platform Data sets demonstrating the benefits of the Bridgit platform Increased onboarding of charities and primary services onto the Bridgit platform 	<p>Supporting Carers During Transitions</p> <ul style="list-style-type: none"> More carers identified and offered support services Reduced carer burnout through the Bridgit platform Improved community support and signposting through the Bridgit platform Greater awareness of carer needs among healthcare professionals 	<p>Supporting Carers During Transitions</p> <ul style="list-style-type: none"> Leading to long-term cost savings and improved outcomes

Theory of change model – community-based care and wellbeing

Theme highlights the significance of community-based approaches to care and promoting overall wellbeing

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Strengthening Community Networks <ul style="list-style-type: none"> Funding for community-based initiatives Implementing community-based care models 	Strengthening Community Networks <ul style="list-style-type: none"> Increased availability of community-based care options 	Strengthening Community Networks <ul style="list-style-type: none"> Increased sense of belonging and social inclusion 	Strengthening Community Networks <ul style="list-style-type: none"> A more resilient and connected community that supports the wellbeing of all its members
Expanding Shared Lives <ul style="list-style-type: none"> Development of age-friendly programs Investment in social prescribing programs Investing in local networks to support prevention and healthy aging, 	Expanding Shared Lives <ul style="list-style-type: none"> Enhanced social connections within communities 	Expanding Shared Lives <ul style="list-style-type: none"> Improved health and wellbeing within communities 	Expanding Shared Lives <ul style="list-style-type: none"> Better health outcomes and improved quality of life
Promoting Wellbeing and Prevention <ul style="list-style-type: none"> Support for the development of neighbourhood networks ARF funding to promote and expand community care schemes Utilizing social prescribing to connect people with community resources Promoting age-friendly initiatives Developing volunteer-supported pathways Expanding Shared Lives programs to include a wider range of support, such as Discharge to Assess and Day Support Reviewing and updating communication strategies to ensure they are current 	Promoting Wellbeing and Prevention <ul style="list-style-type: none"> Improved access to information and resources through social prescribing Development of resilient volunteer programs Expansion of Shared Lives services A wider range of support options available through Shared Lives Improved communication strategies 	Promoting Wellbeing and Prevention <ul style="list-style-type: none"> Reduced social isolation and loneliness Reduced pressure on formal care services Increased uptake of Shared Lives More people supported through Shared Lives, including younger adults, older people, and those with mental health needs 	Promoting Wellbeing and Prevention <ul style="list-style-type: none"> Shared Lives becomes a more widely adopted and sustainable model of care Provision of a person-centred alternative to traditional care settings

Theory of change model – leveraging technology for care

Theme focuses on the utilization of digital tools and data-driven approaches to enhance various aspects of care delivery and support

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Digital Service Delivery <ul style="list-style-type: none"> Investment in digital tools and platforms like The Tribe Project and Bexley Care Finder app Employing digital tools for self-directed support and communication Utilizing digital tools for workforce recruitment and development 	Digital Service Delivery <ul style="list-style-type: none"> Increased adoption of digital tools in care delivery Improved efficiency in service provision 	Digital Service Delivery <ul style="list-style-type: none"> Improved communication and coordination in care More personalised and responsive care 	Digital Service Delivery <ul style="list-style-type: none"> A more efficient and effective care system that leverages technology to improve outcomes for individuals
Workforce Technology Enablement <ul style="list-style-type: none"> Training for staff and individuals on using technology Implementing data analysis to map needs and inform service delivery Supporting the development and adoption of AI-powered tools for market shaping Piloting digital self-assessment tools in specific areas before wider rollout Developing and implementing digital workforce development and market shaping tools Training the existing adult social care workforce on new technologies, Integrating new technology training into induction programs for new starters 	Workforce Technology Enablement <ul style="list-style-type: none"> Enhanced data-driven decision making Growth in the availability of personalized care options Successful pilots of digital self-assessment tools Development and implementation of digital workforce development tools Increased knowledge and skills in using new technologies among the workforce 	Workforce Technology Enablement <ul style="list-style-type: none"> Increased access to information and support A more diverse and responsive care market Improved workforce capacity and skills, Increased efficiency and effectiveness in care delivery 	Workforce Technology Enablement <ul style="list-style-type: none"> Optimising resource allocation Promote a more sustainable care market
Promoting Digital Innovation <ul style="list-style-type: none"> Funding for digital self-assessment and innovation projects Using learnings from ARF-funded projects to inform the establishment of an internal Technology Enabled Care (TEC) service 	Promoting Digital Innovation <ul style="list-style-type: none"> A wider reach of TEC solutions through an internal TEC service 	Promoting Digital Innovation <ul style="list-style-type: none"> Wider adoption of TEC solutions across different care settings 	Promoting Digital Innovation <ul style="list-style-type: none"> A digitally enabled care system that empowers individuals, supports the workforce, and enhances the overall quality and accessibility of care

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THANK YOU.