

SURREY COUNTY COUNCIL**CABINET**

DATE:	28 JANUARY 2025
REPORT OF CABINET MEMBER:	SINEAD MOONEY, CABINET MEMBER FOR ADULT SOCIAL CARE
LEAD OFFICER:	CLAIRE EDGAR, EXECUTIVE DIRECTOR AWHP
SUBJECT:	TECHNOLOGY ENABLED CARE AND HOMES (TECH)
ORGANISATION STRATEGY PRIORITY AREA:	NO ONE LEFT BEHIND / GROWING A SUSTAINABLE ECONOMY SO EVERYONE CAN BENEFIT / TACKLING HEALTH INEQUALITY / ENABLING A GREENER FUTURE / EMPOWERED AND THRIVING COMMUNITIES / HIGH PERFORMING COUNCIL

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Purpose of the Report:

The use of technology and data insights is critical to the future of both health and social care. This Technology Enable Care and Homes (TECH) report builds upon previous Surrey initiatives in this area.

With increasing financial pressure on health and social care and the need for more equitable access to personalised care and support, a reliable, scalable and more diverse offer of TECH is essential.

Our current technology offer must develop alongside both our 'front door' work in adult social care and our new approach to delivering good social care.

TECH must, and will, play a significant role in achieving our corporate transformation ambitions, reaching our efficiency targets and modernising service delivery. Therefore, TECH will be taken forward through a multi-disciplinary approach ensuring work is well planned, well led and well resourced.

This programme of work helps Surrey County Council meet all key priority areas:

- Enabling residents to achieve the outcomes they want through personalised and independent solutions to health and care needs. This will ensure no-one is left behind.
- Supporting our economy by working with local suppliers and services to maximise opportunities for business growth, employability and service sustainability within Surrey.
- Tackling health inequality driven by demographic challenges that can cause inequitable access to services and support based on where people live, and where services are provided from.

- Reducing the need for staff, carers and families to travel to deliver low-level care and support tasks, thereby reducing travel and associated environmental impacts.
- Empowering greater connectivity and social movement by ensuring people can remain at home and access and contribute to their own communities for longer.
- Embracing the power of technology and data insights will ensure we can identify areas of high performance and maximise these for our residents, the Council and our partners.

This report seeks Cabinet approval for the future delivery of the TECH strategic approach and long-term delivery plans.

Recommendations:

It is recommended that Cabinet:

1. Note progress made to date to review current pilot technologies
2. Note benchmarking and profiling of our service, including our need to improve outcomes tracking and benefits realisation approaches
3. Agree our strategic ambition for developing technology enabled care and homes (TECH)
4. Approve our commissioning and procurement approach
5. Approve our priority areas and phasing of technology roll out to support staff with culture growth and technology adoption
6. Agree financial investment required for first 2 years of delivery
7. Agree intention to return to Cabinet in 2026 to set out 5 to 10-year strategic delivery plan and strategy

Reason for Recommendations:

Whilst benefits have already been achieved through our current TECH offer in Surrey, there is considerable opportunity for greater growth and benefits realisation. This paper sets out a more ambitious delivery model with clear commissioning and procurement approaches that maximise opportunity and reduce risk to the Council.

Our recent review of the current offer has highlighted some key focus areas. We must improve our internal processes and enable easier identification of TECH solutions. We must also improve our systems and outcomes tracking if we are to be able to demonstrate TECH benefits more quickly and clearly.

Our strategic ambition is to embed TECH as a core part of social care delivery. By demonstrating outcomes more clearly, we will be better placed to identify future investment from partners to grow our offer and align with other TECH, AI and digital programmes. We will also develop a strong self-funder and front door offer for residents.

With no new funding we must target our core delivery of TECH to the areas of highest need and greatest impact. Prioritisation will therefore be based upon corporate transformation, demand management and high-cost areas.

Prioritisation is also key to ensuring staff can be supported to embed the culture growth required to see TECH succeed. Members shared that they felt TECH would fail if it was to be used everywhere, with all staff from the start. A recent review demonstrated staff knowledge and confidence was generally low across the organisation and varied considerably from team to team across Surrey. Positively, the majority of staff spoken to so far seem excited about TECH and want to engage so we must use this interest to progress.

The Contract Management Advisory Service (CMAS) were asked to support the TECH team to assess the options for the provision of TECH in Surrey. Commissioning, operations, IT&D, finance and the TECH team were involved in the process. Three options, detailed later in this paper, were explored with one preferred and recommended to help further our ambition.

Given the above we intend to outsource a core commissioned service for a minimum of two years. This will allow us to gather more robust data and evidence to develop a better offer for TECH with greater evidence of staff learning and engagement. The recommendation for a longer-term strategy is based upon national comparators and benefits realisation timeframes.

Executive Summary:

Progress made to date

1. Surrey has adopted the use of technology across Adult Social Care since 2021. Positive outcomes have been achieved for residents utilising this technology and there are many good case studies demonstrating the personal, and financial, benefits achieved. Please see Appendix One for case studies and Appendix Two for the financial impact and care outcomes achieved by TECH.
2. We have taken these pilots and in recent months, through working with teams, either consolidated or ended them. In doing so we have improved recording, reporting and reviewing of outcomes of cases. This has been a critical step as much of the outcome reporting has been manually driven to date and wholly subjective.
3. We have reviewed all existing cases to better understand staff use, safety and compliance and to work through process improvements to encourage greater

uptake for future technology use. Staff engagement has been good and we are seeing improvements in referrals and use.

4. Governance has improved with greater representation and involvement for the programme from across directorates and teams.
5. We have been able to consolidate key relationships such as with Mole Valley Borough Council/Mole Valley Life to give us consistency and continuity for those benefitting from TECH now and in the future.
6. Outcomes from the recent Care Quality Commission inspection and Newton Europe Diagnostic work have helped shape a new approach to TECH by defining the scale of benefit to our workforce as well as our residents.
7. For the scope and definition of TECH for the purposes of this paper, please see Appendix Three.

Benchmarking and improved outcomes and benefits tracking

8. The TSA estimates that currently councils in England are spending £170-200 million on TEC services (circa 1% of ASC budgets) and over 5 years this could achieve financial benefits in the region of £0.4-0.6 billion. Currently, SCC does not invest 1% of ASC budgets in TECH. Total SCC TECH spend (including telecare but excluding TECH team resourcing) is circa £1m. This is an approximate estimate due to the flux in spend on pilots. Fuller detail on TECH spend can be found further down in this report.
9. Our pilot approaches are however, broadly in-keeping with aspects of delivery from other local authorities. Models do vary dramatically across the country but will include very similar technologies to those being deployed in Surrey.
10. Our pilots have been split into two main areas:
 - i. Mole Valley Life (MVL), part of Mole Valley Borough Council, tested the adoption of motion sensor technology, installed and monitored and supported through a responder service to act on alerts. Initially a small-scale pilot, this service has now grown to cover much of Surrey.
 - ii. Other pilots have been developed exploring the use of apps and Smart Home technologies, for example within the Transition, Mental Health and Learning Disabilities and Autism teams. This has improved independence and reduced care dependency in some cases.
11. The challenge nationally remains a uniform approach to evidencing avoided costs and savings for often preventative interventions, therefore benchmarking remains unreliable. Our work is not only developing well in this area but is contributing to current national benchmarking best practice.

12. Our next phase of moving from pilot to practice will be to integrate TECH in our day-to-day work. Approaches will be developed with, and by, staff to help embed TECH in core assessment paperwork and referral and review processes, for example. Peer conversations show clearly that TECH has to become part of what a local authority does in the delivery of its core services, both statutory and discretionary, and not be seen as separate.

Strategic Ambition (workforce)

13. Managing culture change predominantly in-house is imperative to the success of the programme. So far technology has sat outside of what we do day to day.

14. We will therefore focus on the following activities as we move into 2025:

- i. Staff engagement and coproduction - workshops with staff regarding outcomes, processes and pathways in their day-to-day work where technology can support.
- ii. Refine and re-work decision-making processes such as Consistent Practice Methods meetings.
- iii. Expand our Champion Network of staff volunteering to become TECH champions within their teams.
- iv. Recruit Technology Advisors to support teams as part of service redesign.
- v. Re design technology referral forms and modify current documentation on record keeping systems to allow technology to be considered and accessed more easily with reporting and reviewing made easier and more accurate.
- vi. Focus on user feedback including creation of a TECH Reference Group with clients and carers testing and feeding back opportunities, views and barriers.
- vii. Working with carers to define and develop how technology can provide carer relief and assist them in remaining in their roles for longer.
- viii. Technology at the front door – how can we support, advise and signpost for independent self-management and installation / use of technology with our partner agencies.
- ix. Redesign and re-launch of SharePoint site – an interactive hub for sharing of real-life impact stories of technology, latest pilots and updates from TECH team.
- x. A final element of our approach will be to train staff in the installation and use of smaller, more intuitive assessment and long-term technologies. These will be, in the main, plug and play technologies such as smart home technology and have their own monitoring and reporting platforms.

Strategic Ambition (Delivery)

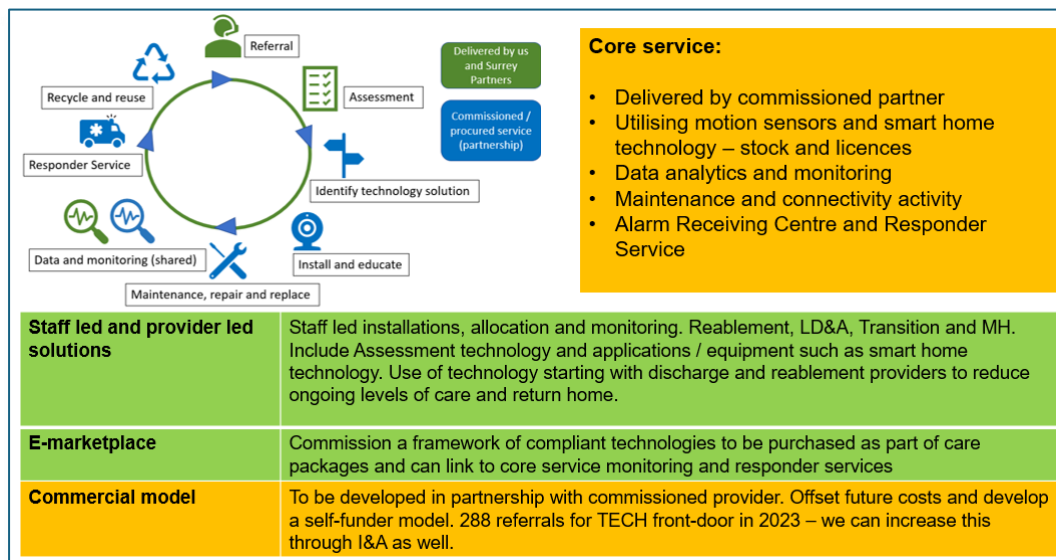
15. In the medium term, we will use the existing contract and extension with Mole Valley Borough Council for the management of the core infrastructure. This will provide a connected platform for installation, monitoring and response. With greater strategic leadership in this area, we will be able to maximise outcomes

from this relationship and service more consistently. This will increase benefits as well as numbers of individuals receiving support.

16. Costs associated with new technologies will be met within locality budgets as part of someone's assessed care package. We will explore how we can move to a truly technology-first approach with technology and associated IAG explored initially in an assessed care package.

17. We will undertake market engagement and develop an e-marketplace for technology that will ensure we can purchase the right equipment from the right providers for the right personal outcomes.

18. We will deliver a twin-track, multi-disciplinary approach to the overarching technology programme. There are opportunities to reduce current care reliance, representing a **saving** in current care costs. We will also deliver **avoided costs** and ongoing cost mitigation.



Options Appraisal

19. There are three main options for the Council at this stage:

- i. **Option One – Do nothing** – stay with the existing provision and extend the pilot period, maximising outcomes as far as possible. No growth potential within this model of delivery.
- ii. **Option Two** – maintain current core service offer with improved management and oversight. Work with Procurement to seek multiple providers to work with us to provide agility and choice when identifying tech solutions. This will provide access to technologies funded within someone's assessed care package. Growth predicated on individual and service-led demand.

- iii. **Option Three** – seek central investment to fund a technology offer where target capacity is driven by available resources in the TECH budget / service. The benefits of this model include purchasing more strategically and economically and consolidating a data analysis platform for all technologies. However, this would require significant demand modelling and confidence of outcomes being met and capacity being maximised.

20. To look further into the detail of three options described above, we considered the options of fully insourcing, fully outsourcing or taking a combination approach to delivery of different elements of the service. These were assessed according to strategic performance, attractiveness and achievability.

21. Summary of key decisions:

- iv. Insourcing Alarm Receiving Centre and Community Responder Service would be impractical.
- v. Insourcing the installation, maintenance (repairing and replacement), recycling and reusing of equipment would not be practical.
- vi. Holding control over technology assessment and identification may avoid unnecessary costs and ensure close alignment with practice. However, there were concerns about developing sufficient in-house knowledge to assess fully for solutions.
- vii. Data and monitoring ranked highest amongst the fully insourced options due to the benefits of monitoring in line with social care outcomes and the need to ensure data collected is integrated with other data sets.

22. Following this comprehensive review, supported by CMAS, and recognising our significant financial challenges, **Option Two is the preferred model** of future delivery. Option Two demonstrates growth and improvement in our current offer.

Commissioning and Procurement Approach

23. In early 2025 we will hold market engagement events aligned with the Procurement Act 2023 to understand the market appetite for delivering either or both the core service and e-marketplace.

24. Whilst we have a core service model for up to 12 months secured, we will be re-commissioning this as a longer-term contract to ensure compliant procurement with improved contract management. This will be more financially efficient and have costed scalability to ensure growth is managed well.

25. This decision to award a contract will be delivered through a compliant procurement process under the Procurement Act 2023. Amongst other elements, we will take into account:
- i. **Commercial proposition** – opportunities for self-funder market and potential charging policy
 - ii. **Ability to deliver locally** – workforce and logistics for installations and responder service
 - iii. **Innovation, consultation and learning and development proposition** – understanding the role of the provider to support SCC with innovating in this sector. We will be seeking a provider who can offer a consultation type role to enable us to learn and grow our offer. This will include supporting staff adoption of technology.
 - iv. **Social Value** – we will be seeking a provider who can offer social value. This could be through offering free technology learning sessions for residents or access to free technology and connectivity for digitally excluded residents as examples.
26. We expect the core service to be delivered by a number of providers given the bespoke nature of the functions required. Soft market intelligence indicates that there is no one provider offering data analysis, installations, alarm receiving and responder elements. Any consortia will be managed by one lead provider for ease of contract management.
27. We will look to commission the new core service, either in 2025 or 2026, on a 2+2+1-year basis with an option to extend further based on adequate reporting of outcomes and efficiencies and Cabinet approval.
28. Outside of the core service, we will work with Procurement to set-up the flexible purchasing of diverse technology solutions. The e-marketplace will be formed through a compliant process under the Procurement Act 2023 and will enable us to be agile when purchasing individual or multiple technologies. Providers will be contracted (with no guarantee of work) based upon compliance, interoperability, data protection and quality assurance standards as examples.
29. National benchmarking shows that some local authorities make technology enabled free to the recipient, with ongoing licence costs and alarm receiving and responder services sometimes chargeable. We will need to explore in more depth the charging models for technology across LAs and, in tandem with Surrey data analysis, use this to set SCC's own position on charging for different elements of the technology offer.
30. SCC, with or without the provider, will explore the development of a self-funder offer and will take legal advice on this matter at the time. This is an area that many councils utilise to generate a return on their investment or offset service

costs. We know that many residents fund their own care which can lead to complications and costs to the council when circumstances change, or their money runs out. A self-funder offer will involve:

- v. Developing a charging approach
- vi. Developing our commercial model for efficiencies and / or income generation
- vii. Supporting identification of new opportunities for technology
- viii. Overcoming challenges in the market – analogue to digital switchovers
- ix. Maximise new trends and market insights – i.e. agility to switch service providers

31. We are also ensuring TECH is a key component in specifications and tender processes for new buildings-based support developed under the Right Homes, Right Support programme. To enhance opportunities for people to live in Supported Independent Living and Extra Care Housing, we require technology-enabled environments to meet evolving need.

32. A key ambition will be to ensure technology is considered within all new commissioning and procurement activity, much like greener futures and social value propositions. We must also learn from our sector who are often already utilising technology in care delivery.

Prioritisation and Phasing

33. Appendix Five provides a list of the specific MTFs and Newton Europe efficiencies that TECH can support. Based on this, we will initially prioritise the following areas and cohorts:

- i. **Front Door** – promotion and education on how lower-level, widely accessible technology can promote self-management and be part of our core offer. Linking with external resident web pages such as the Home Equipment finder to maximise promotion of tech.
- ii. **Reablement** – growth of the service, improved outcomes for residents and a decrease in ongoing long-term support.
- iii. **Older people** - reduction in care home placements through improved opportunities to return or remain at home with or without care and support
- iv. **Mental Health** – opportunities to explore greater self-management of conditions and reduced long-term support following technology use
- v. **LD&A** – reduction in 2:1 and 1:1 support, increased sharing of waking night support and ongoing support to move from residential settings into supported or independent living

- vi. **Hospital discharge** – this will be a key consideration for integration with health, seeking opportunities to embed technology to improve discharge planning

34. In parallel to these service-specific priorities, we will:

- i. Develop improved **information and advice** for staff and residents regarding technology and how it can improve outcomes and wellbeing for residents.
- ii. Develop a **corporate communication strategy** – ensuring, where possible, residents, communities and partners understand the relationship between care and technology.
- iii. Develop an ongoing **business case** for partner investment opportunities based on staff and resident feedback and improved outcomes reporting.
- iv. Given the growth of the technology sector and what we would consider ‘common place’ technologies in homes and people’s lives, we will be launching an information and advice offer to residents. This will have a **‘show us what you’ve got’ focus** to ensure people are informed about the capability of their own technology to enhance and improve their lives.

Financial and Value for Money Implications

Core Budgets

35. Core service costs of £632k p/a will continue to be funded from the Better Care Fund (BCF). This currently covers the infrastructure for the monitoring and alarm receiving centre, as well as the Community Responder Service. It also covers Mole Valley Borough Council (current provider) management costs and the provision of a core stock of motion sensors. [Appendix Eight](#) and [Appendix Nine](#) cover the full breakdown of MVL costs.

36. BCF funding for group licencing to trial AWHP clients with Brain in Hand (BiH) is currently also held by the TECH team. This supports with the identification of individuals that can benefit from support with time management, independent living, independent travel and improved mental health. Currently, BiH group licence costs are due to run for another 18 months (dependent on Procurement Board approval) with 40 licences funded (+ 5 free from the provider) at a cost of £46k (+ VAT). Where social care outcomes are being met by the apps, individuals are then passported onto individual licences funded through locality budgets meaning we can recycle use and support more individuals as appropriate.

37. Following successful pilots, we have transitioned some forms of technology into BAU, for example Just Roaming and HandiCalendar are now being utilised by our teams.

38. While we can cost our core service and plan to incrementally grow our offer through locality budgets, there remain several unknown and hidden costs to fully embed TECH. This is why we must carry 'contingency funding' within the core service model. [Appendix Ten](#) covers the need for contingency budgets.
39. The financial unknowns will be our potential to explore commercial opportunities such as self-funder services and chargeable cost recovery as well as partner investment. This may provide an opportunity for further investment or for offsetting costs charged by the provider and / or suppliers.

Transformation Funding of the TECH Team

40. The total annual cost of the current TECH team (including 4 TEC advisor roles currently going through recruitment controls) is £506k. A full breakdown of roles can be found in [Appendix Eleven](#). Most of the roles are Fixed Term Contracts only, running for 18 months currently. These roles are currently funded out of AWHP's Transformation programme with provision for most roles up to summer 2026. We intend to embed the costs of these roles permanently through achieved efficiencies for the Council, though this will need to be reviewed as part of future years' MTFS budget setting cycles.

Telecare costs

41. Telecare spend in Surrey is circa £225k p.a. currently with £55k paid through the BCF in advance and the rest coming from spot purchasing by teams. A full review of this spend will be undertaken to evaluate the impact of centralising these referrals under the new offer or maintaining this approach alongside.

TECH Growth Via Locality Budgets

42. It is intended that spend will come from locality budgets to grow the implementation of technology in assessed care packages over the next two (2) years.
43. The deployment of TECH through locality budgets will be dependent upon adoption of technology by practitioners. Whilst we will be robust with evaluating the impact of technology for each individual, teams may see a spike in costs with the initial adoption of technology.
44. Recently, Newton Europe diagnostic findings have been built into MTFS assumptions to determine AWHP spend within the 2025-30 period. It is likely that TECH can have a significant impact in the medium to long-term on meeting MTFS targets. [Appendix Five](#) lists the MTFS targets that TECH play an integral part in delivering.

45. Many programmes will play a part in delivery of these ambitions (embedding strengths-based practice, redesigning the front door etc.). However, there is strong evidence that TECH can support with the delivery of these benefits. This detail can be found in [Appendix Two](#) of this paper on the evidence of impact. If we extrapolate this data based on the growth in use of technology, significant cost savings and avoidance could be realised.
46. Having a robust technology framework from which to grow and expand will mean any bespoke one-off funding nationally or locally can be deployed with greater agility. For instance, winter pressures or discharge funds as examples.
47. This paper does not seek to make broad judgements on potential spend or efficiencies due to the complexity of modelling uptake and outcomes on an unknown cohort of individuals. Instead, we aim to have demonstrated that improved access, implementation and monitoring of technology will clearly support teams in achieving outcomes and reporting on impact.
48. Further modelling on the range of potential cost avoidance and cost reduction benefits that will support delivery of existing budgeted MTFs efficiencies will be required. To allow this to be done robustly, it is envisaged that this will take place in the new year. This will include the estimated spend profile for TECH in care packages which will provide a range for potential spend based on the number of residents funded by ASC we think could benefit from TECH.

Scale of the Opportunity – Developing a 5 to 10-Year Strategy

National

49. It is estimated that by 2027 over 50% of UK homes will benefit from Smart Home technology, including alarms and thermostats. The fastest-growing item is smart speakers.
 - a. It is reported that 98% of the UK adult population have a mobile phone. Not all of these will be smart phones, but many will have access to ‘off the high-street’ applications and AI support. Some will also include health monitoring and emergency response functions.
 - b. The ONS census of 2021 reported the following:
 - i. 92% of adults in the UK were recent internet users in 2020, up from 91% in 2019.
 - ii. The proportion of those aged 75 years and over who are recent internet users nearly doubled since 2013, from 29% to 54% in 2020.

- iii. The number of disabled adults who were recent internet users in 2020 reached almost 11 million (81%), up from just over 10 million (78%) in 2019.

Local

- c. Based on current (financial) data for SCC there are significant opportunities for TECH to support Adults Wellbeing and Health Partnerships (AWHP). Four key areas have been explored initially: Care within the Home, Care Homes, Mental Health and Learning Disabilities and Autism services.
 - i. For these cohorts, there has been a 3.2% growth from 9,706 cases in 2019 to 10,014 cases in 2024. This is based on ContrOCC export of payments (30th November 2024).
 - ii. There has been a significant increase in expenditure across these 4 services. There has been an increase of £88.1m, a rise of 27.5% between 2019 to 2024.
 - iii. Furthermore, expenditure per resident over this period has increased by £7,785, which is a rise of 23.6%. Whilst some of this will be due to socio-economic pressures, some will be driven by the intensity of care packages required.
 - iv. Mental Health has seen the largest increase in clients, with the service going from 825 cases in 2019 to 1240 cases in 2024 (an increase of 415 cases).
 - v. When looking at expenditure, Learning Disabilities and Autism is noteworthy due to the increase of £14.3m between 2019 and 2024.
- d. These figures demonstrate growing demand for our services and increasing costs. Technology can improve the current landscape but with better data and evidence we can use this to support longer term planning and demand management.

Consultation

- 50. Since August 2024, the TECH team has been engaging with staff, partners and people who draw on our services to support the development of the service and TECH Strategy.
- 51. Coproduction groups, boards and forums have supported with the identification of opportunities and challenges and helped to define how we can deliver technology-enabled care and health in Surrey. We are at the early stages of a comprehensive and ongoing coproduction and engagement journey and the TECH service and will be looking to expand and grow the input of all stakeholders into the TECH offer.

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52. Over the next 12 months, the intention is to continue to consult and engage as well as to embed BAU structures, such as a TECH Reference Group, where we can test and shape our offer.
 53. It has been clear throughout that there is significant interest in technology and a real understanding of the opportunities that technology can offer to improve service delivery and improve outcomes for Surrey residents.
 54. Our first engagement day held at Woodhatch Place in November saw over 200 staff meet with technology suppliers, hear from people using technology and take part in strategy development sessions.
 55. See [Appendix Seven](#), for a list of the coproduction and engagement undertaken to-date.

Risk Management

56. **Locality budgets** – with investment in technology sitting within locality budgets and forming part of someone’s care package, there will be an initial rise in spend when technology is purchased for each assessed individual. We must track the benefits carefully through demand management, baselining and measuring outcomes. We need to ensure staff are not disincentivised to recommend technology.
57. **Overall cost for technology and timeliness** – paying for technology through locality budgets, one person at a time, will reduce any economies of scale and bulk purchasing discounts. Over time, and given evidence of demand and need, we would seek to work with services and teams to identify strategic partners and commit to numbers of ‘kits, apps or licences’ to maximise efficiencies.
58. **Connectivity & Digital Inclusion-** to ensure everyone in Surrey has equitable access to technology, we will continue to work with partners and providers on the digital inclusion agenda in Surrey. For an overview of the work taking place, please see [Appendix Six](#).
59. **Practice** – there is a risk that staff will not want to use technology or will feel that this is not their place. Technology can be daunting, and we need to consider the significant impact this can have on our workforce if we do not adequately invest in support. There is also a risk that technology could negatively impact our practice. Social care staff could inadvertently offer technology inappropriately or in place of essential care. We will reduce this risk through training, development and online resources. TECH advisers will enable audits and drop-ins to discuss and review suitability and safety on a case-by-case basis.

60. **District and Borough (D&B) Telecare** – with the lines between telecare and technology enabled care services becoming increasingly blurred, a decision could be taken to cease funding telecare through D&Bs. With the Devolution White Paper, this may be timely. It could enable a more holistic, personalised view of client needs and the technology that could support them. It is also likely to reduce duplication of referral, installation and monitoring. Currently, there is limited reporting on telecare spend and a lack of data on the individual products being deployed and what outcomes are being delivered.
61. **Partner investment** – there is a key risk that partner benefits will be realised through technology, yet partners may not seek to invest. We will ensure the right governance is explored to highlight and evidence the need for complementary investment.
62. **Hidden costs** – TECH is an area where it is difficult to accurately quantify hidden costs. We will undertake risk stratification and identification to understand these as far as we can (for example lost kits, batteries, connectivity and installations).
63. **Reputational risk** – we must manage the messaging around technology, including countering concerns that technology is not safe, is only a savings-led programme or that it is a replacement for essential care delivered by a person. Corporate communications, senior leadership endorsement and case studies will be essential here.
64. **Reliability, continuity and accountability** – there is risk that in some instances technology or connectivity may still fail. This could be a loss of service or potentially faulty equipment causing damage. We will undertake full risk assessments and testing to reduce this risk. We will also hold a technology version of the priority services register to help with natural disasters or unforeseen issues to support continuity of care and the safety of residents in receipt of technology provided by the Council. This will take place alongside education for practitioners around technology risk mitigation within their risk assessments.
65. See **Appendix Twelve** for Interdependencies.

Section 151 Officer Commentary:
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66. The Council continues to operate in a very challenging financial environment. Local authorities across the country are experiencing significant budgetary pressures. Surrey County Council has made significant progress in recent years to improve the Council's financial resilience and whilst this has built a stronger financial base from which to deliver our services, the cost of service delivery, increasing demand, financial uncertainty and government policy changes

mean we continue to face challenges to our financial position. This requires an increased focus on financial management to protect service delivery, a continuation of the need to deliver financial efficiencies and reduce spending in order to achieve a balanced budget position each year.

67. In addition to these immediate challenges, the medium-term financial outlook beyond 2024/25 remains uncertain. With no clarity on central government funding in the medium term, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the Council to continue to consider issues of financial sustainability as a priority, in order to ensure the stable provision of services in the medium term.

68. There will need to be ongoing monitoring of the outcomes and benefits from TECH and learning from the insight built in to plans as they progress. The proposals set out above will need to be fully monitored to ensure efficiencies contained within the MTFS are delivered. Services are expected to manage costs within their budget envelopes and any increases will need to be mitigated.

Legal Implications – Monitoring Officer:

69. This report seeks Cabinet approval for looking at alternative approaches to the delivery of statutory obligations. The Council has duties under the Care Act to provide services to meet the assessed needs of residents. This report outlines how the Council's existing use of technology can be enhanced to deliver support which might otherwise require more traditional solutions such as either a residential placement or multiple daily care visits. All changes to support must however, be led by an individual's assessed needs.

70. At this stage the intention is to engage with likely providers and to procure multiple providers from which the Council can purchase technology aids. Going forward the procurement arrangements will promote economies of scale. In procuring the services outlined in this report the Council must comply with the Council's Constitution and any relevant National legislation, alongside the Council's Procurement and Contract Standing Orders and the Public Contracts Regulations 2015 (including any superseding legislation such as the Procurement Act 2023) (where appropriate).

Equalities and Diversity

71. The development of the TECH EIA identified many groups that might be affected by the rollout of technology. The list of groups that the EIA identified TECH might impact, positively and negatively, can be found in [Appendix Thirteen](#).

72. The recommended outcome that emerged from the EIA was Outcome Two 'Adjust the policy/service/function to remove barriers identified by the EIA or better advance equality.' The TECH team are confident that the proposed adjustments and mitigations listed in the EIA will remove any barriers.

73. The recommended outcome was reached because the TECH service would have an overall strongly positive impact on many of the groups identified in this EIA, in particular older people, adults with a disability, LD&A, SMI or long-term health conditions. TECH has the potential to give these cohorts independence and agency over their own care and support. It can have a positive impact on such areas as independent living, employment, mental health and wellbeing, travel, relationships and safety.

74. It was recommended that we adjust the policy and service to ensure nobody is disadvantaged by technology, particularly those who experience digital inclusion and those living in rural areas. Our technology solutions and service will need to be continually reviewed and refined to make sure different cohorts can engage with and use technology successfully. This may mean shaping new products with provider(s), rolling out additional training or providing bespoke solutions and information, advice and guidance.

Other Implications:

Area assessed:	Direct Implications:
Corporate Parenting/Looked After Children	N/A
Safeguarding responsibilities for vulnerable children and adults	Technology will be used to support safeguarding responsibilities. These could include monitoring and safety technologies for all cohorts of individuals and extend to safety at home and within the community.
Environmental sustainability	We will look to recycle and reuse technology where appropriate to do so.
Compliance against net-zero emissions target and future climate compatibility/resilience	Technology will reduce the need for some care to be delivered in person therefore reducing travel and subsequently the carbon footprint for care.
Public Health	Technology will be used to tackle health inequalities. Both in terms of access to services and in the meeting of someone's personal outcomes.

Timescales & Next Steps

January - February 2025

Issue PIN to market and undertake market engagement on proposed approach to e-marketplace

Continued systems improvement work including benefits tracking and LAS changes & recording

Draft strategy to be complete following coproduction and engagement work

January – March 2025

Recruit (decision pending) TECH adviser roles x 4 for 18 months

Manage partner conversations and seek alignment and investment with ICS colleagues and D&B colleagues – prioritising responder services

Workshops with teams – embedding technology and service priorities

Develop team led business processes and KPI's for each priority service

March 2025

Commence commissioning activities in preparation for e-marketplace

Review first quarter outcomes and KPIs for existing services and pilots

Explore commercial model based upon first quarter findings

June – July 2025

Corporate communications and online web development complete (potentially including self-funder offer) – communication plan in place for staff and residents

July – August

Core service specification development

Procurement options and timelines

September – December 2025

Return to Cabinet with successes and recommendations for long-term TECH model including self-funder and charging model

Activity to begin on core service re-commissioning

January 2026 - April 2026

Review spot purchasing approach to look at efficiencies in commissioning and procurement of 'high-use' technology from locality budgets / BCF

Report Author:

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Consulted:

Please see Appendix Five for a full list of stakeholder co-production & engagement undertaken by the TECH Team.

Appendices:

Appendix 1: Case studies

Appendix Two: Evidence of Impact- SCC Pilots and D&B Telecare Services

Appendix Three: What is TECH?

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Appendix Twelve: List of Groups Impacted on by TECH from the EIA

Appendix Thirteen: Interdependencies

Sources/background papers:

- [TSA - State of the Sector Report 2024](#)
- [IT and internet industry - Office for National Statistics](#)
- TECH Enabled Care SCC Discovery Report 2020- Public Digital - [Enabling you with technology - Surrey CC discovery final report.pdf](#)
- MTFS (relevant detail in **Appendix Five**)
- Newton Europe Diagnostic (relevant detail in **Appendix Five**)

Appendices

Appendix 1: Case Studies

Learning Disabilities & Autism

Robert is a 25-year-old man with learning disabilities and autism. He enjoys routine, communicates through Makaton and had been living in a residential setting for 7 years under constant supervision from staff. Robert would regularly freeze in one place, often for hours on end. The home unexpectedly served notice stating they could no longer meet his needs. Our LD&A social work team decided to explore supported living alongside our Just Roaming pilot. Working with the provider, technology was used to reduce dependency on care staff and allow Robert to live more independently and with greater privacy during the night. Robert now lives in a self-contained flat, can leave his home with confidence and undertakes new activities within his community. Just Roaming monitoring ensures staff are on hand should Robert become 'stuck' therefore providing proportionate care and support. By reducing care, especially at night, this has dramatically improved Robert's life.

Cost reduction & annual saving of £64,715.05

Older Adults – Hospital Discharge

Rita was receiving 3 calls a day before going into hospital. The hospital initially advised that Rita required a residential placement on discharge. Support from the Technology Enabled Care Team meant Rita could go home with 4 calls a day alongside smart plug and motion sensors. Rita's family do not live close by, and they had concerns about her being home alone with a high risk of falls. The data showed this wasn't the case, relieving the family's anxiety as well as increasing Rita's confidence to decide on how she would be cared for and supported. Rita's support has since been reduced to an appropriate level of care.

Cost avoidance & annual saving of £18,246

Older Adults – Cognitive decline

Risha's home is her sanctuary, it is very important to her as are her 4 cats. Rishna is in her mid 70's and has been diagnosed with Alzheimer's disease. Rishna's family live at a distance, and it was clear to them that she was having difficulty with her memory and the house was becoming uninhabitable due to the level of hoarding by her ex-husband. Rishna was not managing her personal care and was putting her safety at risk by not consistently locking her front door and leaving it open.

Locality Duty team assessed and recommended 4 calls a day along with technology in the form of motion sensors, smart plugs and a video doorbell.

Rishna's carers were actively involved and used the dashboard to review the data from the motion sensors and monitor her in between care calls. Through tactful use of data, they could call and prompt Rishna to eat and drink in and close the front door between care calls.

The use of technology provided evidence that Rishna was sleeping well with improved nutrition, increased mobility and no evidence of nighttime needs. It also provided evidence that she would access the fridge at least four times a day, use a kettle at least twice, and use the microwave at least three times per day.

As a result, Rishna was able to live a fulfilling and independent life in her own home with just **one daily care call**.

Annual cost avoidance of £15,768.48.

Mental Health – Brain in Hand App

Carlie is a 40-year-old woman who self-referred to a Locality Mental Health Team. She has a diagnosis of Autism and reported struggling with day-to-day activities following a car crashing into her house which triggered severe Post Traumatic Stress Disorder. Carlie made many calls to Crisis Line to seek help and was referred to the Home Treatment Team (HTT) and Enabling independence service in SCC. Carlie had great difficulty building a rapport with both teams. She needed a lot of reassurance and was expressing suicidal thoughts when she spoke to her keyworker.

A referral was then made to Brain in Hand (BiH) and within two weeks of the App licence being activated her keyworker reported an almost complete cessation of phone calls to the team. Carlie reported that using BiH “put her in charge” and that, of all the support that was offered, Brain in Hand was the most effective for her. She stated that she felt it wasn’t patronising and helped her to calm down “in the moment.” Carlie used the BiH diary and found that this was the most helpful part, as in fight or flight situations it gave her the opportunity to reflect on previous episodes and look at what helped her. She didn’t have to rely on her memory. Carlie found the accessibility of Brain in Hand another highlight with someone on hand whenever she needed it. The fact that she had a support plan in place with BiH lessened the need for her to repeat her history on the times she did need to speak to someone.

For a video example of the use of **Brain in Hand** with a client in the Transition team click on this link: [Helpful technology - Preparing for adulthood - Surrey County Council](#)

Further case examples can be found here: [Technology enabled care: Surrey Connected Care - Surrey County Council](#)

Appendix Two: Evidence of Impact- SCC Pilots and D&B Telecare Services

- Our initial TECH pilots have demonstrated that we can have an impact across many services. We have been able to demonstrate cost savings, better care outcomes for residents, carers and families and the ability to assist with meeting growing demand.
- For this section we have differentiated between telecare services provided by District and Borough Councils (D&Bs) and our own technology pilots. SCC staff and our front door services will often refer to local telecare providers and pay for these services.

Scale

- The cost of our various pilots and the number of people supported within these pilots can all be seen below:

Technology and description	Costs	Funding	No. of licences / people supported
Just Roaming Motion sensors within properties with staff on site distributing support when required thus allowing greater level of independence and shared 1:1 support	£21,000 (1 year pilot)	Transformation Funding	6 people supported
Handicalender A calendar which allows personalised pictures, photosymbols and breaking down tasks to tick off	£3,600	ASC/BCF	30 licences / 31 people supported
Brain in Hand An app which allows for personalised routines, prompts, coaching support, monitoring of mood levels and solutions for situations e.g. breathing techniques.	£81,840	BCF	MH- 30 licences /44 supported TR - 30 licences /70 supported
Mole Valley Life (MVL) extended 2024 Provide an alarm receiving centre responding to motion sensors & smart devices within the home. Assists with right sizing support and proactive monitoring	£516,000	BCF	156 licences –696 total number of rereferral in the last 3 years 1512- responder service users (July 2023-June 2024)
Autonome – Transition and LD&A: And app to aid neurodivergent and LD individuals to develop skills for independent living and employment. Videos with step by step direction to complete daily living tasks	£75,607 (1 year pilot starting 2024)	ASC	50 licences (new service)
Smart Homes (Pilot ended March 24) Smart plugs, light bulbs, Ring doorbells, Acti check watches and GPS trackers with geo fencing to encourage safer independent living	£80,800	NHS funding stream	20 people supported
D&B Community care alarms & Telecare and various spot purchase	£166,856	ASC/BCF	625 people supported
TECH Team 2 year fixed term staff	£1.1m (over 2 years)	Transformation funding	10 staff members

- Telecare had 598 unique clients in 2024, the breakdown of teams accessing the offer can be found in the table below. In 2023, over 12 months, Zendesk recorded 288 referrals were made for telecare through our information and advice service. This number is surprisingly low given how many people, and carers, could benefit from simple technology solutions such as pendants, alarms and other widely available technologies.

Team	Number of Clients	Percentage of Total
Older People	257	43%
Physical Disabilities	231	39%
Learning Disabilities	77	13%
Mental Health	31	5%
Carers	2	<1%
Total	598	

Savings & Avoidance in our Pilots

- Although our pilots only provide a modest data sample our recently improved motion sensor cost savings tracker is demonstrating more clearly the impact of our offer.
- Total cost savings and avoidance for the motion sensor offer alone from April 2024 to September 2024 inclusive (6 months) was £352k. Motion sensors are currently making an average annual cost avoidance on a case-by-case basis of £13k.
- The Responder Service reduces hospital admissions and ambulatory conveyance to A&E. It is currently also funded through the Mole Valley Life motion sensor contract. Between July 2023 to June 2024, calculating on 5% of falls resulting in a hospital stay with an average length of stay of 10 days, the Community Wellbeing Responder Services gives a ROI of £2.11 for every £1 spent. That equates to a cost avoidance of £426k. Proportionate funding with health will be explored in the new year.
- TECH is also supporting the rightsizing and avoidance of more costly care packages:
 - The motion sensor feedback form indicates that residential care would have been the anticipated level support in 12% of responses with Nursing care anticipated for a further 2% without it. A potential 14% avoidance in terms of escalation to residential or nursing care across a wider sample size would have a significant impact on meeting MTFS targets (Appendix Four lists the MTFS targets that TECH can help meet).
 - When looking at the listed impacts that motion sensors delivered as part of the same form, responses indicate that the provision “prevented/delayed admission into a care/nursing home” on 77 occasions average saving?
 - Motion sensors prevented the need for nighttime support in 52 cases.
 - Temporary or short-term admission into care/nursing homes was prevented in 14 cases.

Care outcomes

- While financial-based savings are a significant factor for further investment and growth in the TECH programme, there are also other clear benefits to residents, carers and families when technology is used as part of someone’s care package. Qualitative data collected from the cost savings tracker and motion sensors feedback forms shows:
 - 46 replies indicated people felt technology benefited their lives as opposed to just 9 cases that said there was no benefit.
 - 63% of responses have indicated that the carer or family has benefitted from TECH (189 replies for yes compared to 111 for no)
 - 91% of cases from the motion sensors tracker answered the question indicating that TECH was at least able to partially meet the needs of individuals (63% of responses said yes with 28% saying partially).

Appendix Three: What is TECH?

- For the purposes of this report, Technology Enabled Care and Homes (TECH) encompasses equipment, installation, monitoring, alarm receiving and responder services. It will be intrinsically linked to digital, AI and corporate transformation programmes including financial savings targets and long-term cost avoidance.
- Technology for Surrey County Council will be focused on supporting outcomes for residents across all care pathways, inclusive of community and hospital discharge arrangements. The model will complement medical technology models.
- SCC will focus on devices such as (but not limited to) motion sensors, wearable technologies, falls monitoring devices, apps, digital calendars and planners, visual guidance systems and home-enabled technologies such as voice activated devices and equipment. Personalised solutions will achieve results in four main areas:



- It is important to note that TECH does not simply refer to equipment. It is the availability of technology, the adoption by the individual, the reliability, the use of the data insights and the action taken to address these which is often lost when technology is discussed.

Appendix Four: TECH and Social Care

- The Adult Social Care Practice Framework states that Councils must take a strength-based approach to social care. Through our pilots and existing national work, we know personal outcomes can be enhanced by appropriate technology and data insight.
- The Care Act 2014 places a 'statutory duty on councils for prevention, information and advice'. Whilst the Act does not explicitly describe LAs paying for these services, many authorities make technology 'free' to the user recognising it meets this duty.
- TECH enables people to have greater choice and control to self-direct their care but also supports the Council in meeting increasing levels of demand and financial pressures. Technology is also proven to help manage individuals who present with comorbidity and more complex needs.
- The scale of culture growth required to become a technology-enabled, high performing council cannot be underestimated. Staff adoption is critical to the successful implementation of technology. Whilst staff should not need to become 'experts', they will need to understand how to make appropriate referrals and, in some instances, understand how to install, monitor and review as part of someone's package of care.
- Through clear prioritisation we will, with our identified partner(s) lead incremental growth with appropriate publicly available information, advice and guidance. Technology must be a core part of staff induction and be embedded in practice, assessments, recording and reporting.
- We have arrived at seven (7) main social care outcomes to be achieved by our offer:
 - **Prevent, reduce and delay** the need for care or health intervention – including a clear offer for self-funders and a focus on escalating needs e.g. delaying care home entry.
 - **Assess** during crisis to ensure level of care is appropriate and not 'over-prescribed'.
 - Provide **confidence** to residents, their families and carers and social care staff that individuals can manage their own needs and outcomes through technology.
 - **Ongoing review** so that care and support is proportionate as needs change.
 - TECH becomes a core part of someone's **assessed care package**, or self-directed support through direct payments and personal budgets, reducing the need for 'hands-on' regulated care that could be better used elsewhere and for people with higher needs.
 - Improve **access to care placements** by managing risk in formal care settings and within someone's home, creating environments that maximise outcomes for residents and staff.
 - **Reducing cost** to the sector by reducing commissioned hours of support, formal placements and enabling the sector to better support increasing complexity of need.

Feedback from staff, partners and residents will also shape our approach:

Reliability and ease of access – Encompassing both staff being able to identify technology that will support residents and the deployment of that technology at speed. This will mean fundamental changes to practice, systems and recording.

Acceptance and culture – Staff want support from managers to promote technologies, sometimes on occasions where this improves outcomes beyond a ‘basic’ package of care. Staff also want to ensure residents, families and carers are receptive to technology.

Systems and integration – Staff want reassurance that health and social care, and their respective systems, will work together to promote technology and meet needs whilst respecting data privacy and safety.

Clarity of roles and responsibilities - It's important that people assessing and recommending technology truly understand how it can meet social care needs. Training, guidance and information need to be available to support adoption of technology. Where necessary, staff need to feel confident in installing and utilising technology themselves

Bespoke solutions –Technology must be aligned to someone's personal outcomes and situation. We will be, as far as possible, technology agnostic and not simply fit people to available technology. Technology will also not be suitable for everyone.

Continuity and reviews – We must not assume that once technology has been identified and implemented our work is done. There needs to be a clear support offer to ensure people can continue to use their technology and to check if it remains relevant and appropriate as needs change. Clarity over social care staff roles will be essential.

Appendix Five: MTFS & Newton Europe Diagnostic Assumptions

Older people:

- 27% of new residential (£908 average cost) packages receiving home care (£544 average cost) instead.
- 20% of new spot home care packages receiving 7.1 hours less. £3.6 of savings delivered during MTFS period.

Mental Health:

- 32% of new spot residential (£1,648 average cost) packages receiving home care (£361 average cost) instead.
- 24% of new spot supported living (£577 average cost) packages receiving home care (£343 average cost) instead.

LD&A

- 7% of new spot supported living (£1,019 average cost) packages receiving home care (£679 average cost) instead.
- Strategic shift from residential to supported living to create efficiencies of £1.5m during MTFS period.
- £8.4m savings included over the MTFS period for setting-based reviews, including residential and supported living.

Reablement

- Increase the effectiveness of all reablement services by 63% (from 4.3 to 7 average hours of support reduced). Could realise savings of £9.6m during MTFS period.

Appendix Six: Work on Digital Inclusion

- Digital infrastructure coverage is being improved across Surrey and the deployment of digital infrastructure is the responsibility of several organisations and providers. More than 80% of full fibre in Surrey will be installed through commercial rollout plans and a list of all Surrey locations and the fibre suppliers working in that area are listed in this link: [Digital infrastructure coverage in Surrey - Surrey County Council](#). In Surrey, the District & Borough Councils are supporting the switchover from analogue to digital and liaising with providers.
- The Government's Project Gigabit Programme is addressing homes and businesses that won't be connected by commercial suppliers. Gigabit Coverage is increasing all the time in Surrey mainly by Openreach and VMO2. The Government's ambitions are 85% gigabit capable coverage by 2025 (Surrey are almost there) and 99% by 2030. The urban areas are likely to have higher coverage now because they are more commercially viable, so the suppliers have connected them first.
- It is important to note that we do not need gigabit for the deployment of technology in homes, just 10Mbps is needed to deliver TECH option. Only 0.28% of Surrey do not have access to the level of internet that we would need to be able to put in TECH options using *fixed* internet (i.e. via some kind of cable that comes into your home), and the vast majority of those we could cover with 4G or 5G modems. As such, we really do not have a coverage issue that is limiting our ability to deploy TECH.
- The Government is also investing in the [Shared Rural Network](#) which is a £1 billion government deal with the four main Mobile Network Operators that will include both private and public investment in a network of new and existing phone masts closing 'not-spots' and levelling up connectivity across every corner of the UK. The Programme will deliver 95 percent 4G coverage to UK landmass by the end of 2025.
- The Economy & Growth Directorate in Surrey County Council are supporting work on digital infrastructure coverage in Surrey. The Technology Enabled Care & Homes (TECH) Team is also working closely with our technology partners to boost connectivity within homes by supplying boosters, modems and connectors. Using TECH programme insights and working with IT&D and Economy & Growth, we will continue to look at how we can boost access and speed up connectivity.
- It should be noted that Surrey County Council has TECH advocates appointed to support SCC staff with knowledge and training. Furthermore, Surrey County Council funds Surrey Coalition to run the TECH Angels service: [Tech Angels - Surrey Coalition of Disabled People](#). The TECH Angels provide devices, digital literacy training and confidence-boosting support to people in Surrey who are most at risk of digital exclusion.

Appendix Seven: List of Stakeholder Co-Production & Engagement

- **Select Committee Adults and Health Budget Deep Dive session:** TECH budget deep dive taken on 18th September.
- **TECH Engagement Day** hosted on the 12th of November. Staff, partners and providers were invited to Woodhatch to be part of strategy engagement sessions, Q&A panels and show and tell stalls. Some carers and clients were also invited to be part of the Q&A panels and share their experience of using technology in Surrey.
- **Autism Reference Group** attended on the 19th of September. This was an opportunity to engage with adults with autism in Surrey. We asked attendees about the technology they were currently using in their lives and how it was supporting them. We talked about the areas of their lives they thought technology could be most beneficial for and the opportunities and challenges for technology to support them in those aspects of their lives.
- **Autism Partnership Board** on 17th October. Engaged with AWHP senior managers as well as partners, providers and some adults with autism on the development of the TECH Service and Strategy. Discussion was focused on opportunities and challenges for growing the deployment of TECH in Surrey, where we should focus attention for autistic adults and how we could overcome barriers to deploying TECH successfully.
- **Learning Disability Partnership Board** attended 5th December. This is a mixed forum of AWHP senior managers, partners, providers, adults with LD and Member and HWB Chair Bernadette Muir. Similarly to the Autism Partnership Board, the conversation was focused on opportunities and challenges for growing the deployment of TECH in Surrey, where we should focus attention for adults with learning disabilities in Surrey and how we could overcome any barriers to deploying TECH successfully.
- **Directorate Equalities Group (DEG)** was attended on the 19th of November. The DEG is supporting with the review and sign-off of the TECH EIA. On the 19th, we explored how TECH could align with SCC's work on inclusion and equality and considered challenges and opportunities for different groups in Surrey and how technology can support these groups.
- At a regional and national level, we continue to engage with organisations and networks such as **SE ADASS, TSA and LGA**. We have also worked closely Hampshire County Council to understand their technology journey and current model. As part of the national and regional networks, we are exploring our strengths and gaps and identifying areas of good practice across the country. A LGA self-assessment was completed for AWHP digital and technological capability in early December.
- **OT Conference** – Senior Operations Manager in the TECH team presented on the 17th of September “Technology and OT – The New Era” showcasing the direction of travel and opportunities for technology and receiving feedback from OTs across health and social care for areas of focus and challenge.

Appendix Eight: Mole Valley Life Contract Cost Breakdown

- Circa £516,000 p/a – although prices are variable given replacement technology costs, batteries and over 50% of residents referred requiring internet access (modems / routers)

Service	Cost
Referral and installation	£85,000
Proactive and Urgent Alert Monitoring	£45,000
Management and Staffing	£45,000
Equipment and Licences	£64,000
*Community Wellbeing Responder Service	£202,000
Routers, Modems and Variable costs	Approx. - £25,000
Contingency funding – replacement kits, batteries, maintenance	£50,000

Appendix Nine: Motion Sensor Growth Projection

Growth projection illustration – Motion sensors*		
Service / equipment	Cost per unit (one)	Per 100 people
Motion sensor equipment	£600 (High value multiple sensors)	£60,000
Licences	£29 p/m (rising to £40p/m from 2025) £348 p/a (£480 from 2025)	£34,800 (£48,000)
Monitoring	£15 p/m £180 p/a	£18,000
Maintenance Visits	£45	

Appendix Ten: Contingency Budget Rationale

- Kit replacement due to loss, failure, damage or long-term use
- Connectivity – there may be instances where costs for sim cards or broadband access may need to be met for people to utilise technology solutions
- Staffing costs- we may see the need for more operational dedicated staff to manage a larger service. Currently there are 4 costed TECH adviser roles.
- Systems and data costs will be incurred if we need to make changes to improve referrals, use, monitoring and reporting.
- The more technology we have the greater the potential for growth in logistics such as numbers of installations.
- Ongoing committed costs – long-term licences for technologies will require funding alongside new business growth and simple costs such as battery replacements will increase with service growth.
- We do not currently know what commercial opportunities there may be for the council and the technology partner(s) to improve or reduce the budgets proposed. We will also develop a self-funder and client charging model which must be balanced with

affordability for all parties to prevent this becoming a barrier to improving outcomes for both the Council and our residents.

Appendix Eleven: TECH Team Roles and Spend

Job Title	Grade	FY Cost
Senior Commissioning Manager	PS13	£88,994
Senior Manager (operations)	PS13	£88,994
Senior Practice Lead - Practice Improvement	PS11SC	£65,599
Project Officer	PS9	£50,698
Technology Enabled Care (TEC) Advisor	PS9	£50,698
TEC Advisor - East	PS7	£40,271
TEC Advisor - West	PS7	£40,271
TEC Advisor - MH / Reablement	PS7	£40,271
TEC Advisor - LD&A & Transitions	PS7	£40,271
Total		£506,067

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Appendix Twelve: List of Groups Impacted on by TECH from the EIA

- Age including younger and older people
- Disability
- Gender reassignment
- Race including ethnic or national origins, colour or nationality
- Sexual orientation
- Members/Ex members of armed forces and relevant family members
- Adult and young carers
- Those experiencing digital exclusion
- Those experiencing domestic abuse
- Those living in rural/urban areas
- Those experiencing socioeconomic disadvantage
- Adults with learning disabilities and/or autism
- People with drug or alcohol use issues
- People on probation
- Adults with long term health conditions, disabilities (including SMI) and/or sensory impairment(s)
- Older People in care homes
- Gypsy, Roma and Traveller communities

Appendix Thirteen: Interdependencies

- We will need support from our Principle Social Worker and policy teams to ensure our technology offer is commensurate with our statutory duties.
- We will work with the Multi-Disciplinary Team work led by the corporate Design & Transformation Team.
- We will work closely with colleagues and partners on the digital inclusion and connectivity agenda. See [Appendix Six](#) for examples of work taking place to address digital exclusion.
- We will need support from business systems and digital teams to ensure LAS recording and reporting enables technology to be captured and reported on.
- Business intelligence and contracts, commissioning and support service will need to assist with tracking information, capturing KPIs and collating information via Tableau. This will support business case development and outcomes reporting.
- We are working with Finance to look at costing and tracking technology outcomes.
- With technology use and potential charging, we will be seeking ongoing support from legal to ensure compliance and risk mitigation.
- IT&D colleagues and IT business partner will need to support with compliance assurance and technology suitability. This will include assurance of connectivity, reliability and digital inclusion.
- I&A, web and corporate communication colleagues will also be key to developing a clear vision for technology that is communicated successfully to both staff and residents.