ADULTS AND HEALTH SELECT COMMITTEE

20 OCTOBER 2021

SURREY
COUNTY COUNCIL

ENABLING YOU WITH TECHNOLOGY TRANSFORMATION PROGRAMME

Purpose of report: To update the Adults and Health Select Committee on the Enabling You with Technology (Technology Enabled Care) Transformation Programme.

Introduction

1. Technology enabled care is a broad term that can include telecare, telehealth telemedicine, etc. and is the use of technology to assist people with activities of daily living, such as personal alarms, monitors, sensors, smart plugs, pulse oximeters, self-care apps, falls devices, etc.

2. The purpose of the "Enabling You with Technology" transformation programme is to design and deliver a technology enabled care offer for people with eligible social care needs and for self-funders to purchase, with the aim of supporting people to live independently in their own homes for as long as possible. Technology enabled care can enhance the care and support provided by carers and others, right-size the care package required and, in some cases, replace or reduce the need for personal care, thereby increasing independence.

3. The programme is in the early design phase, testing technology and approaches prior to rolling out a service county-wide. Therefore, it is not yet fully operational in any one locality, but the aim is to achieve a county-wide service by 2023/24.

Current technology enabled care landscape in Surrey

4. District and Borough Councils provide telecare services in Surrey; these are the traditional community alarms and pendant devices to enable people living at home to raise an alert when a person falls or needs urgent assistance. These are well established services and around 16,000 people benefit from the traditional telecare service. This generates an estimated gross income of £3.4 million for the District and Borough Councils, with any net income generally invested in other discretionary services to support people at home. The District and Borough Councils have a varied approach to telecare and to developing a wider technology enabled care offer; some are innovative and keen to trial different technologies, others are more traditional in the service they offer. There are different monitoring arrangements in place, with some monitoring taking place

locally and other monitoring services outsourced to providers outside of Surrey. There are also different pricing structures. A consistent Surrey-wide technology enabled care offer may be challenging to achieve as it is important that any new service does not disrupt existing services for Surrey residents.

5. Adult Social Care currently pays for the equipment, installation and monitoring of around 500 people who are assessed as having eligible needs under the Care Act, where it has been determined they would benefit from a community alarm or pendant alarm. In addition, a further 1,300 people have their monitoring costs disregarded from their available income when determining the amount of any contribution they should make to their Adult Social Care support. This means that Adult Social Care is supporting around 1,800 residents with their current telecare service. Though this is traditional in both the delivery and the outcomes achieved, it provides essential reassurance to people receiving the service.

Background to the Enabling You with Technology programme

6. Adult Social Care had been investigating models of technology enabled care used elsewhere for some time and determined that there was no single model or design of a technology enabled care service that was both prevalent and highly effective. Given the current landscape in Surrey with the District and Borough Councils being the main providers, in August 2020, we commissioned Public Digital Ltd, a digital transformation company to undertake a discovery phase focussed on research with a range of users: people in or recently discharged from Adult Social Care's reablement service, friends and family of people who had recent experience of Adult Social Care, reablement staff, care technology installers, and third sector providers. We also appointed an expert from the TSA, the technology enabled care Services Association (the trade body responsible for monitoring standards), to provide some consultancy advice during the discovery phase. The purpose of the discovery phase was to help Adult Social Care determine how we might develop a technology enabled care service that would focus on the needs of users and deliver transformational change based on evidence.

7. In the final report from Public Digital Ltd, they recommended nine key activities to improve the current use of technology enabled care. However, their overarching recommendation was to incrementally enhance the Surrey-wide offer through partnership with organisations across the county, including District and Borough Councils. They further recommended that Adult Social Care focus on the nine activities by working with a small number of partners to begin with to trial technology and processes, expanding over time. The key activities were:

- Change Staffing Approach: embedding care technology more in staff roles, training and processes
- Trial an accident response service: a service that can go out to help people in crisis
- Set-up a kit dispensary service: take-home kit at the point of need for quick discharge in hospitals
- Set-up a Community of Practice: to create the network and help the sum of the parts work better together

- Develop data dashboards: to understand what is happening
- Undertake simple monitoring and reporting: technology in the home to know how a person is doing
- Share simple information about service users: wider access to the 'softer' information about individuals
- Digital by Default processes: digitising internal processes to remove paper and duplication
- Provide a digital service that provides simple, clear information about what helps: fixing the confused and outdated web estate with some well-designed content and digital services

The overarching recommendation from Public Digital Ltd and the nine activities shaped the first phase of a pilot working with Mole Valley District Council.

Design Phase 1

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8. Mole Valley District Council (MVDC) were chosen as our first District and Borough Council partner because they had been trialling new technology for some time and they were keen to do more to improve the technology enabled care on offer. They have their own Alarm Receiving Centre (ARC) in Leatherhead and they are experienced in monitoring residents both within and outside of Surrey, with around 15,000 current connections to their ARC. In addition to Mole Valley residents, they provide installation and monitoring services to residents in Reigate and Banstead Borough Council and Tandridge District Council. They also provide a monitoring service to Epsom and Ewell Borough Council and are TSA accredited.

9. The first design phase of the Enabling You with Technology programme was focussed on "design by doing", working in an agile way with MVDC to test out technology, share learning, working through challenges and opportunities together. The significant "new" technology was Cascade3d, an IoT (Internet of Things) data and analytics platform connected to sensors, smart plugs and other devices. The sensors monitor air temperature and movement. Monitoring is discreet; there are no cameras, though people do need to be able to consent to the service and we would not use the system without the necessary consents in place. The key point to note here, is that it is the data and analytics platform that has the potential to transform the way care and support is delivered by using the data to determine care needs, spot deterioration and need for intervention and provide reassurance that all is well.

10. Adult Social Care, through Surrey County Council Transformation programme funding, purchased 40 kits which we now own and can recycle. We also paid for the licences and monitoring for six months and Cascade3d provided a further six months licences free of charge. The future pricing model is under discussion and costs are commercially sensitive at this time. However, we will be able to provide

further details of the costs when we launch the self-funder model with MVDC early in the new year.

11. The first phase was very successful in terms of partnership working with MVDC. We focussed on the frailty pathway working with Adult Social Care's reablement service and with people recently discharged from hospital. Joint visits were undertaken by Adult Social Care staff and a Trusted Advisor from MVDC to assess the technology needed on an individual basis. This approach was key to learning the benefits of the technology. We offered technology to a wide range of people in order to understand how impactful the sensors and the data could be in supporting people in their own homes. Additionally, Adult Social Care and MVDC worked together with Cascade3d to design the dashboard that provides the alerts and monitoring data to respond appropriately.

12. The first phase started in January 2021 and we quickly expanded the use of the technology into the Adult Social Care locality team in Mole Valley, as Adult Social Care staff could see the benefits of using the technology to support people at home. During the first six months, we had 53 people using the technology (by recycling the kit), though some people have retained the technology for ongoing monitoring and support purposes as a preventative aid. The system can be used short term to help right-size the care and support a person needs and to provide reassurance to the person. The dashboard can also be made available to family carers and can help carers undertake their caring role whilst also achieving greater independence.

13. As stated previously, the benefits of this type of technology and the approach is the analysis of the data that is captured over time and how this can be used to support people in a proactive and preventative way. An example of this is where we were alerted through the data to the possibility that a person had a UTI (urinary tract infection) by noticing an increased frequency of visits to the bathroom outside the normal routine of the person. The concern was raised with the community nurse, who confirmed the UTI and was able to secure antibiotics for the individual and probably avoided a return to hospital for that person. In another case, an individual was discharged from hospital with a substantial 24-hour home care package recommended by clinicians, as the ward observed frequent visits to the toilet at night and he was deemed to be at risk of falls. Cascade3d was installed and his lifeline alarm was upgraded to a falls detector. The data from Cascade3d showed that he was very mobile during the day and had hourly visits to the bathroom at night. The frequent night-time visits to the bathroom were investigated and no medical issues found. Using the evidence from Cascade3d, we were able to safely reduce the support to two visits per day.

14. Not everyone will be comfortable with the idea of using technology or having sensors in their home and an important part of introducing technology to people is supporting people to understand how it works. In one case, on discharge from hospital a woman was discharged into a nursing home but wanted to return to her own home. Her son was advised that a discharge home would be unsafe without

24-hour support in place. The son initially moved in with his mother to provide support, but this arrangement was not sustainable, so remote monitoring sensors were installed. However, the son struggled with the technology. Surrey Coalition's Tech to Community Connect project was enlisted to help him view the dashboard and interpret information to provide assurance that his mother was safe. Giving access to the dashboard to family members enables family members/carers to be the first point of contact to provide support if they wish to do so. The feedback from family members and carers has been hugely positive, evidencing that the data provides significant reassurance to people and reduces anxiety.

15. Working with Surrey County Council's Communications Team, we have produced two short videos to share with people who have any concerns about the project and the technology we are using. These videos are available on the Council's website.

Design Phases 2 and 3

16. Design Phase 2 started in September and the focus in Phase 2 is to test the technology and the monitoring platform on a larger scale. We are rolling out the technology into the Reigate and Banstead and Tandridge areas, as both areas are covered by Mole Valley District Council. In Phase 2 we will be concentrating our efforts in supporting hospital discharges, specifically the discharge to assess pathway, whereby people are discharged from hospital before assessments are completed, so that people are assessed for ongoing support needs in their usual environment.

17. It is essential, in this phase, that we also understand the impact on the Adult Social Care workforce and MVDC of potentially monitoring a larger number of people at any one time. Further work is underway with MVDC and Cascade3d to refine the alerts, so that we are responding in appropriate circumstances and not overly involving ourselves in peoples' lives.

18. Phase 3 is in the early planning stage as we work towards trialling a mobile wellbeing and response service early in 2022 and a self-funder option. The initial proposal is to operate the mobile response service for 16 hours from 6am through to 10pm, 365 days per annum. Evidence from the Mole Valley ARC shows that most alerts are received during this period, suggesting that this would be the optimum time to trial a service. The trial is planned to run for a year to determine the benefits from the model and how we scale the service to a county-wide approach as well as understand the demand for the service from self-funders. The response service will be run by MVDC with wellbeing elements provided by working at pace with the relevant District and Borough Councils as well as our social care teams and other providers, connecting people to their community to support people to remain at home, looking to address issues such as social isolation, digital inclusion, etc. MVDC are in discussions with SECAmb about providing the training for the responders and further discussions are taking

place with SECAmb on the opportunity to work together, as we believe there will be system-wide benefits to operating a response service.

19. The model for a self-funder option would enable people to purchase the service to include the cost of the technology, the monitoring and response to alerts, and a subscription to the mobile response service. We know that some people move into residential care early due to feeling unsafe and socially isolated. If we can support people with an alternative option so that they can remain in their own homes for longer, the benefits for people are significant, including substantially reducing the costs to people who might self-fund their own care. Part of developing the self-funder model will also include looking at how residents could access this service online, the information they would need and will, in time, address the issues such as the outdated web estate.

20. Phase 3 will also involve the piloting of more technology enabled care solutions with our Learning Disability and Autism service and our Mental Health service. Working directly with our Learning Disability and Autism Service and with Surrey Choices, the project team have had some success with an initial pilot of HandiCalendar. This tool enables people to manage their activities of daily living independently but also enables carers and care workers to support individuals to achieve their goals. We are looking to expand the pilot now that day-time activities have resumed.

21. Adult Social Care's Transitions Team are piloting the use of Brain in the Hand, an app to assist people with activities such as travel training, managing anxiety, problem solving and decision making, and we are looking at a further pilot of a solution called AutonoMe to support the Preparation for Adulthood Transformation programme together with colleagues in Children's services.

22. Additionally, we have identified two new solutions we would like to pilot and are in discussions with the suppliers as to how we might design both pilots. The first of these solutions enables monitoring of individuals in a supported living environment and addresses the challenges of monitoring several people in a single property. The second solution is not currently deployed in an Adult Social Care service in the UK, but it could provide remote support for people open to Adult Social Care's Mental Health service. The app helps the individual monitor their mental health and wellbeing and provides tools to assist people with anxiety and other issues. The discussions for both pilots are in the early stages but more information can be provided when the commercial details are resolved. Trialling new technology in these services is different to the larger scale pilot with MVDC as our practitioners need to work directly with individuals.

23. An important part of piloting new technology is understanding the impact of using technology on the Adult Social Care workforce and whether we will need dedicated roles or some other model to enable technology to be a core feature of the service in the future. The next six months will help us assess the impact on our workforce and build this into any service remodelling that may take place.

24. An Equalities Impact Assessment (EIA) is underway, though communication and language barriers are addressed through our usual pathways, engaging with interpreters and advocates and partner organisations such as Sight for Surrey. The EIA will also specifically address how we can ensure that people who may be digitally excluded can be supported to use technology, and Surrey Coalition's Tech to Community Connect could be very beneficial in supporting this need.

Conclusions

25. In summary, the first phase of the frailty pilot proved the viability of technology enabled care, demonstrating benefits in the following areas:

- Supporting the assessment process and the rightsizing of care by providing evidence of improvement. This has resulted in an increase in care and support where a person has deteriorated but also proactive reductions in care when the data evidences a change in need
- Monitoring a person at risk of decline and allowing proactive interventions
- Providing reassurance to family members and carers in real time via the dashboard
- Providing reassurance to the person that they are being supported remotely in addition to face-to-face support they may receive
- Speeding up hospital discharge processes by adding an extra layer of assurance to all
- Keeping people in their own homes and delaying or avoiding the need for residential and nursing care, which can also have an impact on the cost of care for both Adult Social Care and the person

This phase of the pilot has enabled the identification of specific cohorts of people for whom technology enabled care is most beneficial, and these cohorts will be the main focus of the second phase as we move to test the benefits at scale.

Recommendations

The report is to be noted by all members of the Select Committee.

Next steps

- To progress Phase 2 of the transformation programme with the expansion of the pilots to Reigate and Banstead and Tandridge.

- To finalise plans for Phase 3 – the pilot of a mobile wellbeing and response service and development of a self-funder option.

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