ADULTS AND HEALTH SELECT COMMITTEE

Wednesday, 5 October 2022

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. The "Enabling You with Technology" transformation programme was initiated to deliver a technology enabled care offer for people with eligible social care needs and potentially 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 [TEC] 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. Technology can enhance the care and support provided by carers and others, it can help to right-size the care package required by providing valuable insights and, in some cases replaces or reduces the need for personal care, increasing the person's independence.

2. This report provides an update on the transformation programme further to the report presented to the Select Committee on 21st October 2021.

Telecare in Surrey

3. District and Borough Councils either provide or commission 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. The alarms are linked to a monitoring centre which operates 24/7 all year round. Though the provision of such services is at the discretion of local councils, they are well established and around 16,000 people benefit from these services in Surrey. Telecare services provide an income stream for Councils, this is often used to invest in other discretionary services, such as meals at home and day centres and other community-based activities. Private providers also offer alarm and monitoring systems for purchase, though there is

no data available on the extent to which private providers have a presence in Surrey, it is unlikely to be significant.

4. There are different monitoring arrangements in place in Surrey; Mole Valley District Council provide installation and monitoring services covering Mole Valley, Reigate and Banstead, Tandridge and Spelthorne and monitoring for Epsom and Ewell. Runnymede provide an installation and monitoring service covering Runnymede and Surrey Heath. Woking, Elmbridge, Waverley and Guildford Councils arrange installations locally but outsource their monitoring to external agencies. Well established telecare services provide a good foundation for the development of any enhanced Technology Enabled Care offer as the basic telecare technology not only enables connection to a monitoring centre to raise alerts but also supports two-way communication between the individuals and the monitoring centre in the event of an alert being raised. The "Enabling You with Technology" Transformation programme sought to build on the existing arrangements as well as explore new opportunities to use technology to support individuals with their eligible needs in Learning Disability & Autism [LD&A] and Mental Health [MH] Services.

Enabling You with Technology Transformation programme

5. Members of the Adults and Health Select Committee may recall from the previous report that 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 to identify the best approach to developing a wider technology enabled are offer. Their overarching recommendation was to incrementally enhance the Surrey-wide offer through partnership with organisations across the county, primarily working with the District and Borough Councils.

6. In January 2021, we began working with Mole Valley District Council for the first pilot phase of our transformation programme and focussed on using technology at the point of an individual's discharge from hospital into the Adults Social Care reablement service. We worked with the reablement service operating locally in Mole Valley and it quickly became apparent that the technology we were trialling could be beneficial to people supported by the Locality Team in Mole Valley too. The "new" technology was the use of Cascade 3d an IoT (Internet of Things) data and analytics platform connected to sensors, smart plugs and other devices. The core sensors monitor air temperature and movement. The smart plugs monitor the use of electrical equipment and, for example, can evidence whether someone is using their kettle or microwave. Other devices, such as bed and chair sensors can also be used to help monitor falls.

7. The monitoring is discreet; there are no cameras or audio and generally people need to be able consent to monitoring. However, in some circumstances, a best interest's decision will have been made, where we believe an individual would be kept safe by using sensors rather than other approaches to support independence. For example, long periods of one-to-one supervision can feel intrusive for an individual, causing anxiety but discreet monitoring can keep people safe, without the person being restricted.

8. In September 2021, phase 2 saw the expansion of the pilot to Reigate and Banstead and Tandridge, thereafter, we have continued to roll out the use of the technology to Adult Social Care teams in Guildford, Epsom and Ewell, and Spelthorne. We have had very positive discussions with the remaining District and Borough Council's about how we can use this technology alongside the existing telecare services without compromising responses to alerts from their monitoring centres. These conversations will continue in September with the intention of confirming the further roll out plan.

9. One of the benefits of working with Mole Valley District Council in the way that we approached the project, was to establish a joint programme team; adopting a trusted assessor model, with the installation of equipment being at the discretion of their installer; undertaking joint-visits where necessary. This led to very close working arrangements and the sharing of knowledge for the benefit of people supported by Adult Social Care. The approach of "designing by doing" also meant that we were learning what works well as a team, removing some of the barriers to joint-working. This approach was so successful that the team was nominated for and won the Innovation and Improvement Award at the Surrey Downs Health and Care Partnership inaugural "Better Together" awards in July this year.

10. In general, we have used the technology for short term monitoring to provide information to support the assessment process and right-size the individual's care and support. This can mean that the care and support is reduced or increased according to the evidence. For example, we were recently able to show that care at night was not needed for an individual. This resulted in a significant cost saving, as well as, meaning the person was no longer under unnecessary 24-hour supervision in their own home. From April to July 2022 case studies, we estimate that the full year effect of savings/cost avoidance achieved is in the region of £257k.

11. Some of the real-life anonymised cases are attached at Appendix A to illustrate the difference the technology can make to an individual. In the story of Danica, we were alerted to the fact that the care agency was not visiting Danica in accordance with the planned care. This led to a follow up investigation with the care agency. It was not the intention to use the technology in this way but it does show the broad scope of application of this type of technology. [Following this incident, Commissioning colleagues have been alerted to the issue to consider how electronic monitoring data from providers can be accessed more routinely.]

12. In Rita's story, there was conflict between Rita's wishes to remain in her own home and those of her family. This is not unusual and the person's wishes may be over-ridden where there is concern that the person cannot managed at home even with support. The data from sensors and other devices provides independent information to facilitate decision making in a way that is particularly supportive of the person receiving care at home.

13. There have been more than 150 installations since we started the pilot. We can reuse the equipment as no data is stored on individual devices but in the next phase, we will be evaluating the benefits of long-term monitoring. We currently have 16 people who have had the sensors for more than 6 months and evidence of the long-term benefits, will help to inform the self-funder option which has not yet been established. We had anticipated long-term monitoring being the norm but from an Adult Social Care perspective, we have gained more insight from short term monitoring to inform decision making, influencing ongoing care and support arrangements. While the sensors and the data platform has been hugely beneficial, there are other technologies that could provide the same or similar data without the need for the same installation costs. We plan to trial other technology in the coming months so that we are using the right technology, at the right time, to good effect.

14. We are on target to roll out the use of sensors and monitoring via the data platform to all areas by the end of this year. The roll out of a self-funder model has been delayed but we are exploring with our District and Borough colleagues, how we might achieve such a model on the back of the existing telecare services. It is likely that a self-funder model will include a variety of packages of support; from the basic telecare system that currently exists, to additional sensors and monitoring, plus an option of the wellbeing and responder service, subject to successful expansion of that service. We do need to ensure the self-funder model is sustainable. There is no evidence at this stage that the equipment is unreliable, however, we have instances of people moving sensors, or switching off sockets and these instances require investigation. The batteries in devices need periodic replacement too, so the maintenance and support arrangements need to be clearly understood before we roll out a self-funder model.

15. It is a challenge to consider the place that technology could have in supporting an individual with their care and support needs (there is often a crisis or some other change in the persons circumstances that has precipitated the involvement of Adult Social Care) and we continue to strive to place the technology conversation at the front of discussions with the person and their carer or family. Close working with District and Borough colleagues could help us embed this approach, particularly if we can achieve a consistent offer and one that is widely understood. There is no single model of excellence working elsewhere, though through Mole Valley District Council and their links with the TSA (Telecare Services Association), we are exploring good practice and how we can learn from other initiatives.

Wellbeing and response service

16. In March 2022, we began phase 3 of the project with the trial of a wellbeing and response service. The response service is run by our partner Mole Valley District Council. The service operates from 6am to 10pm daily and is funded by

Transformation funding from Surrey County Council as well as resources from Mole Valley District Council.

17. The responder service is currently available to telecare users in Mole Valley, Reigate and Banstead, Epsom and Ewell and Tandridge. Around 4,500 people are covered by the responder service. From March to August 2022, there were 336 incidents, of which 170 were non-injured falls and the responder was able to assist the person and 28 incidents were accidental use. On other occasions a response was provide by a family member, carer, or care agency etc. Of the total, only 77 cases required an ambulance and, in 29 cases though an ambulance was called, the ambulance was subsequently stood down.

18. The impact of the responder service appears hugely positive for not only the person receiving support but also the ambulance service in terms of reduced call outs and is also likely to have had a positive impact on reducing the number of conveyances to hospital. Long-lies are a contributory factor to hospital admissions (i.e. where a person has fallen and spends a long period of time on the floor). The average response time for the responder service from time of call to attendance was 23 minutes, this is very likely to have avoided many long-lies that would routinely result in a conveyance to hospital.

19. In partnership with Mole Valley, we have worked closely with SEC Amb to ensure that the operating model is effective. However, the current service is limited in its reach, and is only funded until March 2023. An evaluation of the service to date will be undertaking in October 2022 and discussions are underway with Health to explore the funding options for a county wide service and the approach that might be taken, as well as the potential linkages between a responder service and the Urgent Community Response model that aims to keep people out of hospital. The future of the responder service will also inform the self-funder opportunity referenced in paragraph 9 above.

Technology to support Learning Disability and Autism and Mental Health

20. We have continued to explore the use of technology with our Learning Disability and Autism service and our Mental Health practitioners, for those individuals with eligible care and support needs under the Care Act. There have been a few cases of using Cascade3d and sensors to support people with adult social care needs in both LD&A and MH services but the issue of consent to monitoring can be more challenging. The case for monitoring the individual, must be in the best interests of the individual and not a carer or family member and needs to be focussed on keeping the person safe rather than providing reassurance to the carer. This type of monitoring is distinct from clinical monitoring such as the TIHM system (Technology Integrated Health Management) provided by SABP. There is a place for both systems as they are addressing different concerns. However, we will be exploring the opportunities

for more joined up working in this space going forward, acknowledging that the needs we are supporting under the Care Act, will be different to the treatment approach that might be needed in the first instance.

21. We have had some limited success with an initial pilot of HandiCalendar app with a small group of people supported by our LD&A service and are intending to trial this with people supported by our Adult Social Care Mental Health service. We are also eager to trail "Just Roaming" an application for use in supported living environments, (similar to the sensors and monitoring system we are using with individuals) where there are multiple occupants. This is dependent on identifying a suitable location, provider and individuals who might benefit from monitoring to increase their independence and reduce unnecessary supervision, particularly at night.

Conclusions:

22. The 'Enabling You with Technology' Transformation Programme has evidenced the benefits of using emerging technologies to support people in their own homes to be independent. The strong partnership approach with Mole Valley District Council has been key to the success of the pilots to date. This was recognised by the recent Innovation and Improvement Award at the Surrey Downs Health and Care Partnership inaugural Better Together awards. From joint visits between Adult Social Care and Mole Valley colleagues to the Trusted Assessor model, (whereby Mole Valley installers prescribe the TEC solution based on the outcomes the person is trying to achieve), we have a solid basis for embedding technology as a means of supporting people to remain in independent. This approach will be taken forward with other District and Borough Councils.

23. The wellbeing and responder service indicates the need for a different approach that enables people to have an appropriate and timely response to an incident, particularly a non-injured fall that is not ambulance led but given the financial climate, the service needs to be not only efficient but also cost effective. Further work is needed to explore the options for extending this model.

Recommendations:

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

Next steps:

25. To roll out the use of sensors and monitoring to other areas to ensure consistency for people supported by Adult Social Care.

26. To evaluate the wellbeing and responder service and explore funding options to extend the service beyond March 2023 and look at expansion across the county.

27. To undertake further work with the LD&A and MH teams and SABP to explore the use of technology.

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Sources/background papers

Pioneering "Enabling You With Technology" pilot project wins award for innovation | Surrey News (surreycc.gov.uk)

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