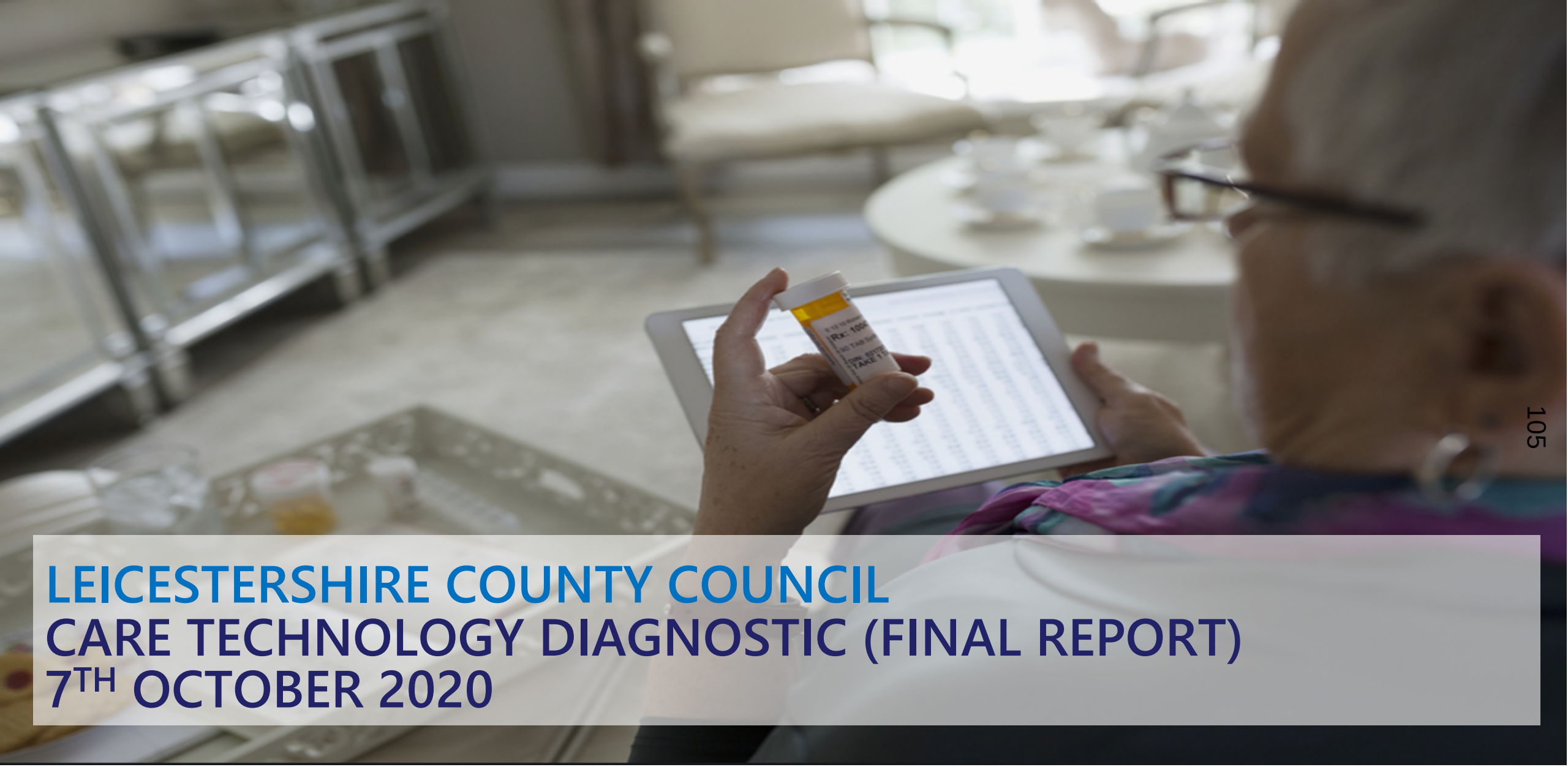


LEICESTERSHIRE COUNTY COUNCIL
CARE TECHNOLOGY DIAGNOSTIC (FINAL REPORT)
7TH OCTOBER 2020

1. Executive Summary

Introduction

- Leicestershire County Council (LCC) has been clear from the outset that the way in which care technology (CT) is currently being delivered is not currently achieving the Council's objectives or ambition for the use of technology.
- Existing services appear to be delivering an average service level and whilst it is believed reasonable outcomes are being achieved for some service users, there is no systematic approach to measuring them.
- There is a belief in LCC that much more can be done and there is an appetite to explore these options.
- In exploring future options the Council is keen to take into account the following considerations:
    - If there is an opportunity to transform a key service area so that it can deliver results and be future proof.
    - If there is a strong financial case for transforming LCC's care technology approach. LCC recognises that delivering a broader and more comprehensive care technology offer in LCC will benefit its residents whilst also supporting achievement of LCC's financial objectives.
    - If there is a clear opportunity to user care technology development as a platform to support and enhance LCC's wider transformation programme and there is consensus that significant scope exists to deliver better outcomes for more service users and the local social care economy by creating a more coherent, effective and sustainable service.
- You have commissioned Hampshire County Council to work with PA Consulting to provide specialist support to help you to:
    - Develop a high-level specification for a future transformed approach to care technology.
    - Develop the financial case for a transformed approach to care technology.

The main conclusion from the review is that there is a compelling case for the transformation of the approach to care technology in LCC

Care technology transformation will support LCC's new strength-based approach, its new target operating model and provide a better service to service users and deliver a significant financial contribution to the council.

-1-
The current approach is fragmented and failing to deliver high quality outcomes for service users, referrers and the council

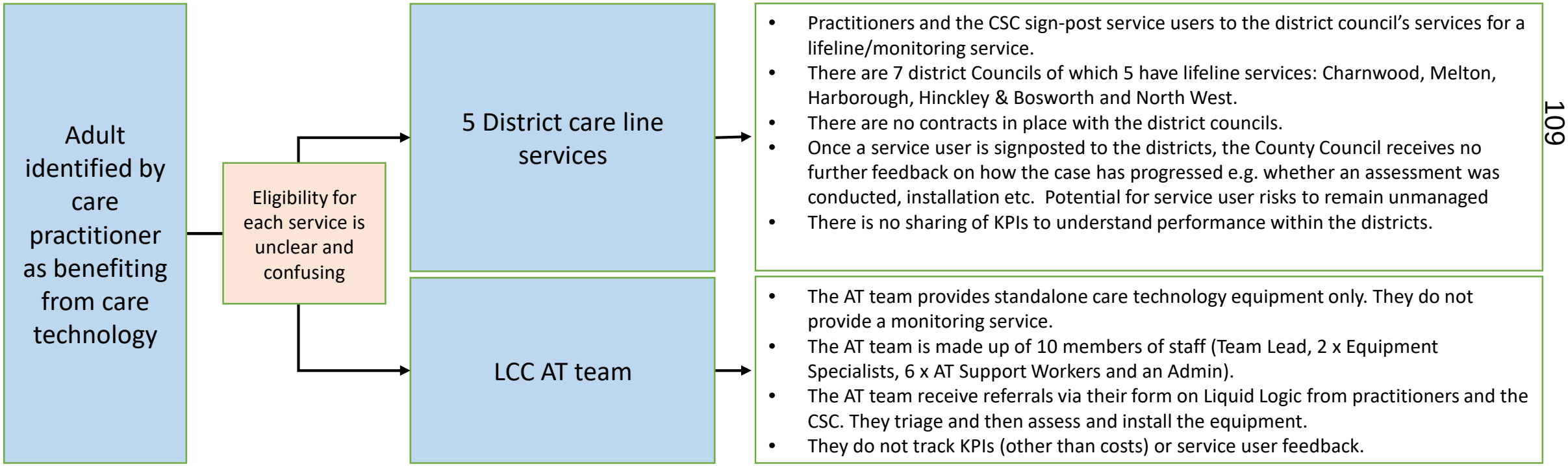
-2-
The current approach is unsustainable with no measurable impact on demand for services

-3-
A new service model is required and is the best option to increase service user outcomes and achieve the council's financial benefits

-4-
Change can begin immediately whilst the plan for transformation made.

The current approach to care technology in LCC is fragmented

- The current approach to care technology is fragmented and confusing to practitioners, referrers and service users.
- The current approach has two main elements. The five 'private pay' services delivered / commissioned by the districts and a small and an in-house AT service that provides limited unmonitored equipment.
- The district council 'private pay' services operate differently and cost different amounts
- There is no clear eligibility criteria for each of the services.
- Feedback from practitioners is that this leads to an inequitable service. Service users can have a different experience depending on their route of referral. Practitioners have a desire for a better understanding of the care technology available, how to refer, the costs and eligibility criteria.



There are significant gaps in the current approach to care technology maps when compared to a full-service model

SERVICE DELIVERY

Referral

A mixed and sometimes confusing model.

Adults can either be:
- Referred to the LCC AT service
- Signposted to a district service

Eligibility for either route is not clear

✓

Triage

LCC's AT team process referrals sent to them.

If LCC AT team identify referral needed a monitored solution it is signposted to the district services

There is no information available about what happens in the district services

✓

Assessment & Install

LCC AT team conduct assessments about the type of standalone AT equipment that is required. They then install.

There is no information available about what happens in the district services

✓

Monitoring

No monitoring service is provided by the LCC At service

District service provide a monitoring service as part of their offer. No information is shared with the County council on the service.

✗

Repair

Faults are reported through the CSC to the Equipment specialists in the AT team. Repairs are managed reactively.

There is no information available about what happens in the district services

✓

Collection

Only a small number of devices are collected and recycled by the LCC AT team

✓

SERVICE TRANSFORMATION & DEVELOPMENT

Benefits mgmt.

There is no assessment of the financial impact of the service

There is no information available about what happens in the district services

✓

Change & engagement

This does not exist in the current approach.

Training is run by the LCC AT team but this appears to be infrequent.

✓

Innovation

Appears to be very little innovation.

✓

Governance

There appears to be little governance in LCC in this area

✗

Service development

There appears to be little service development when it comes to Care tech.

Some evidence of care tech being discussed at Group Supervision meetings but not embedded in the pathway

✗

Service mgmt.

Whilst the LCC AT team is managed there is no end to end management of the entire approach in LCC

✓

Key:

✓ Part of current approach

✓ Partially part of current approach

✗ Not part of current approach

The current approach is fragmented and failing to deliver high quality outcomes for service users, referrers and the council

A robust evidenced based assessment of the **financial impact of care technology** needed to support continued investment in care technology does not exist.

Wider system benefits and service user outcomes are also not fully understood.

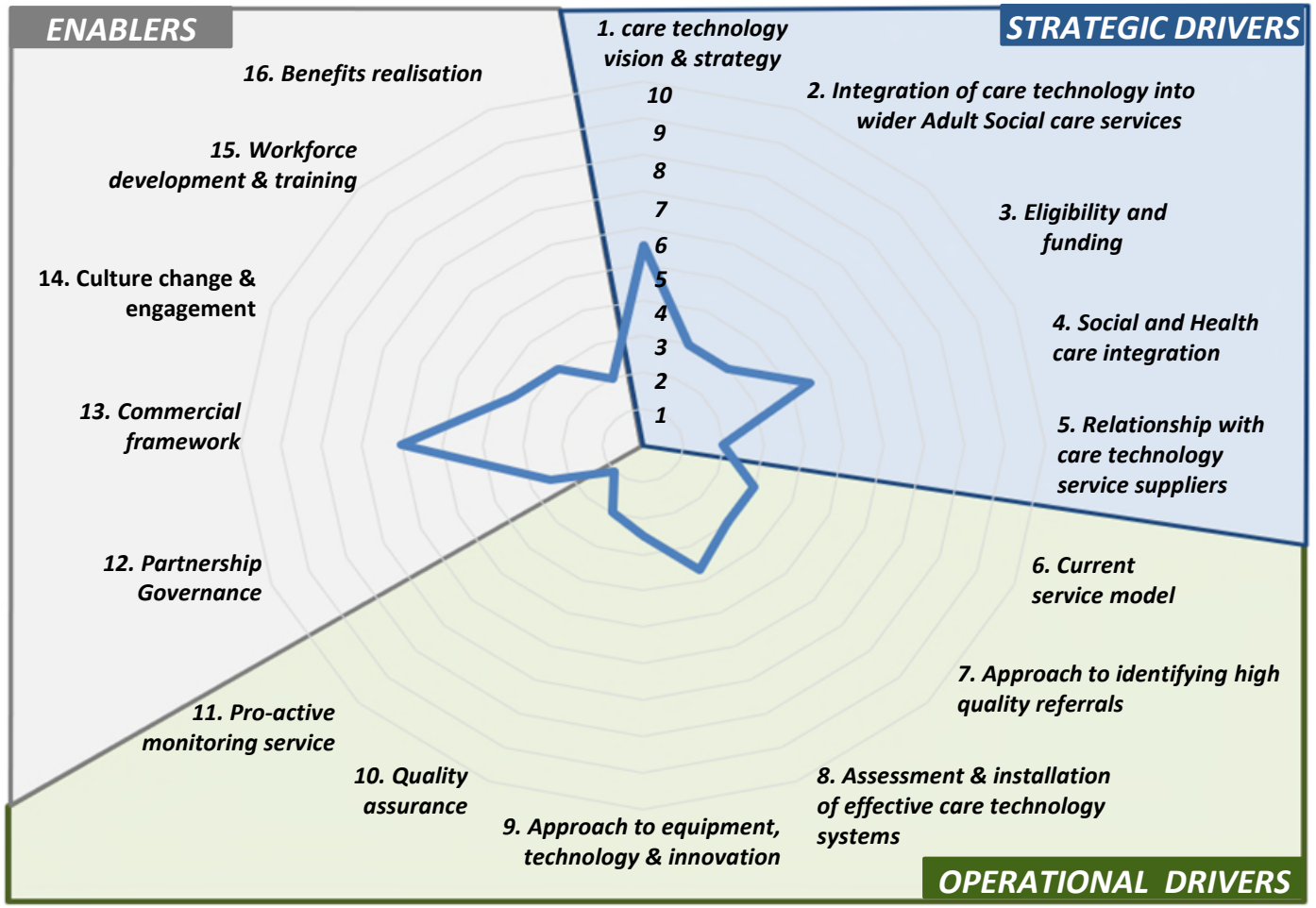
Care technology **is not embedded** in the care management pathways, practitioner understanding, and adoption is very low.

Currently, there is a **no formal training in place** for care technology but a desire from practitioners to engage with training across the organisation.

There is an **opportunity to align a programme of culture change** and engagement to the Newton TOM work.

The current **care technology model is fragmented and confusing for practitioners.** This creates an inequitable service for service users.

Care technology is **not part of the first offer** of Adult Social Care.



See appendix one for the detailed diagnostic assessment

A strategy (2020) exists for Adult Social Care that incorporates objectives for care technology.

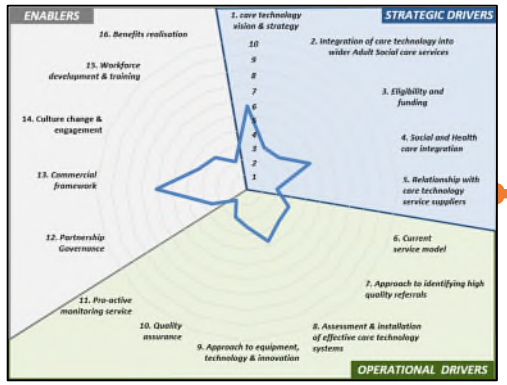
There is really positive support at the highest level (DAS and DMT) to engage with the care technology service and identify opportunities to transform the offer.

The fragmented nature of the service e.g. district service, AT team etc, is confusing for practitioners when it comes to eligibility and funding.

There is no owner of the end to end process for care technology at LCC. Care technology is not prioritised and improvements not identified.

Feedback mechanisms to ensure quality and safety of the service **are limited**.

Commitment and investment is required in seven key areas to deliver the service model that will maximise the value of care technology across Leicestershire



See appendix one for the detailed diagnostic assessment

1. Develop a clear **vision, strategy and business case** for care technology in Leicestershire. This should make explicit: the desired role of care technology across the health and care economy; service model design principles; benefits and; the commitment to the required investment.

2. Develop **clear commissioning intentions** that set the direction for growth and achievement of desired outcomes.

3. Establish care technology as **part of the first offer for Adult Social Care**, in doing so, creating an equitable service designed around service user outcomes.

4. Develop a **program of cultural change and engagement** that drives high quality referrals, better understanding of care technology amongst practitioners and better outcomes for service users.

5. Embed a **quality assurance framework into the service model** for care technology. This will ensure operational reporting feeds into continuous improvement, that service user feedback and equipment reviews are captured and acted upon.

6. Robustly **measure the financial and non financial benefits** of care technology, using the benefits realisation approach, processes and systems put in place by the new service model.

7. Assign **accountability for the management of the end to end care technology service** to drive mainstreaming, integration, service development and improvement across value chain.

There are a nine features that the Council should consider including in its future care technology service model.

Feature of new approach	
1. Monitoring service	• Full monitoring service is provided ensuring that the full range of care technology solutions is available to service users
2. Non-chargeable	• Non chargeable service for service users eligible for adult social care where there is a benefit delivered by the care technology service (reduce, avoid or delay). Unless palliative, safeguarding, end of life. • Where there is no benefit the service users are referred to a private pay service
3. Outcomes and benefits focused not equipment led	• Referrers refer based on outcomes they want to achieve for their service users and the risks they are mitigating • Referrers are not required to refer for equipment (but can do if they want to) • Choices about the personalised care technology solution required to achieve outcomes and mitigate risks are made by care technology technical professionals
4. Equipment agnostic	• Focus of the service is on achieving the best outcome for the service user using the most appropriate care technology device wherever it is and whomever has developed it. • Not locked into a manufacturers / solution providers development roadmap
5. The service is intuitive for referrers to access	• New referral pathway including an outcomes focused referral form is embedded into the care management system • Care practitioners are involved in the co-design / co-production of the transformed service • Referrers are informed when the installation was completed and what devices were installed
6. Accurately measure the financial and non- financial benefit	• The financial benefit delivered through care technology is accurately measured and supporting decisions on further investment and development of the service • The non-financial benefits of care technology are tracked and measured to ensure better outcomes for service users are being achieved
7. Strategic partner to DMT	• Service is visibly seen as the 'home of care technology' and a trusted advisor of care technology for Adult Social care and beyond (children's, health etc..).
8. Collaborative relationships	• Develop strong strategic collaborative relationships across the system to identify opportunities for care technology development and drive adoption.
9. Culture change	• Drive and release culture change that will successfully embed care technology into mainstream.

Care practitioner Voices About Care Tech

The survey results from 250 care practitioners surveyed below illustrate a balanced view of the feedback. In our analysis, broadly speaking 60% of the comments were negative. (see Appendix for full survey details)

The Assistive Technology team are extremely helpful, knowledgeable and flexible. Without their support I would not have the time or expertise to organise the services.

It must be used hand in hand with other types of support not viewed that everyone is able to use.

It would be beneficial for The Hospitals Team to have someone from the Technology Enabled Care team to come and discuss the Assistive Technology that is available in case things have changed.

The service is very traditional and static. I don't think it has changed much in the past 6 years.

What is good is the response times from referral and the actual service provided is very good indeed.

I feel that Assisted Technology has a huge impact on supporting individuals to remain safe ,living in their own homes .

Voice activated devices such as Alexa's have proved very beneficial for some su's with controlling their environment, I hope this type of technology can be included going forward

I need training on care technology.

As a team we are not kept up to date on what is currently available with T.E.C.

TEC has the potential to save the LA a lot of money each year, I feel that it is under used due to lack of knowledge and awareness of how a simple thing as a sensor light may keep someone, safe at night, independent, reassure the individual and their family…….

They are always very helpful if I have a query.

Assistive technology team are an invaluable resource.

Make it more accessible- make sure advice and support is readily available to staff and service users.

Eligibility criteria and costs are not clear

At present there is little accessible information to front line workers regarding TEC available to LCC and no framework by which to order this

In Supported Living the AT service has proved invaluable in increasing independence for individuals moving into their first homes.

I feel that there are far more technology opportunities we could use with our SU than is available through the department

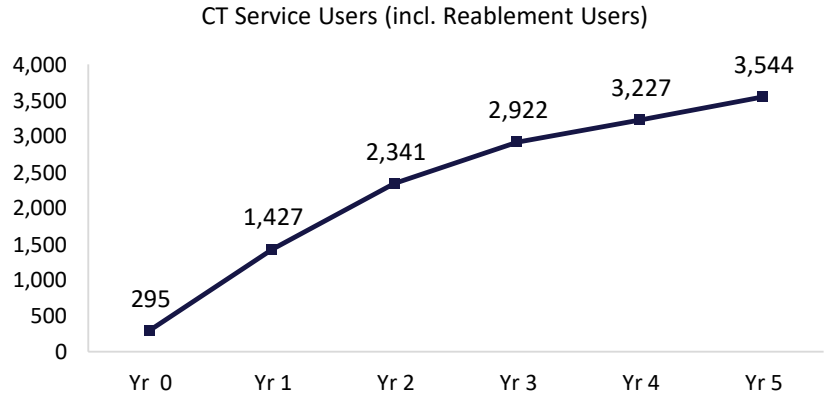
Their is a need for signposting of late and that is not beneficial.

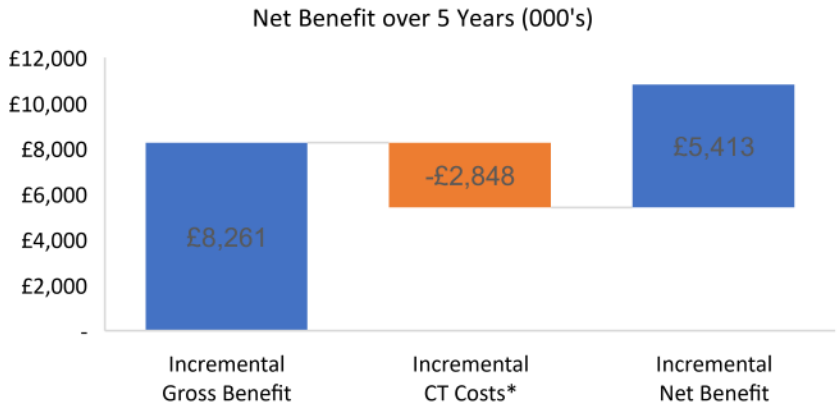
Care technology is not part of our first offer.

The potential financial benefit of a transformed approach to care technology presents significant benefits to LCC.

The high level financial benefit analysis carried out in diagnostic indicates that the potential financial benefit of a transformed approach to care technology presents significant benefits to LCC.

The transformed care technology service, based on a conservative set of assumption, will support **3.5K users** at the end of year 5 (including supporting 295 reablement users annually) and generates a **cumulative incremental net benefit of £5.4m, a ROI of 90%,** over 5 years.





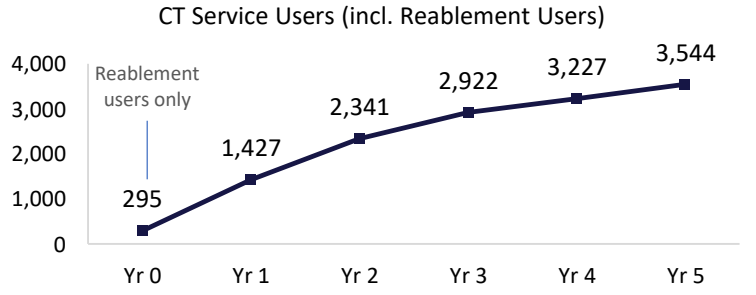
** Shows the incremental CT costs to the baseline CT cost*

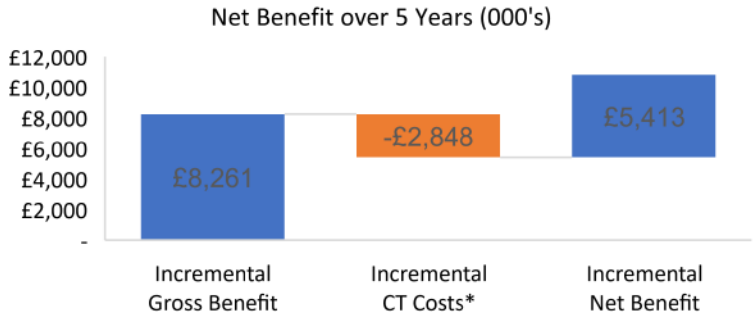
Option 1: Summary – CT users and cost / benefits over 5 years

- The potential net financial benefit of a transformed approach to care technology in LCC is significant. The likely scenario under option 1, based upon a set of conservative assumptions, suggests the incremental net benefit will be £5.4m a ROI of 90%, based on conservative growth of the service to 3,544 (including 295 reablement users).
- Even under the scenarios modelled the net financial benefit will be £2.5m over 5 years a ROI of 15%. In each modelled scenario there is a positive net financial benefit in each year.
- Note that the service user numbers shown below do not include users using the CT services provided by the districts

1

Likely - CT supports 3.5K users at the end of year 5, and generates a cumulative net benefit of £5.4m.





** Shows the incremental CT costs to the baseline CT cost*

The following additional scenarios were also considered to measure the impact of a slower growth in the CT service, or the service not achieving the benefits at the scale predicted in Option 3

2

Reduced Growth - CT supports 2.7K users at the end of year 5, and generates a cumulative net benefit of £4m

(25% reduction in installs vs the likely scenario)

3

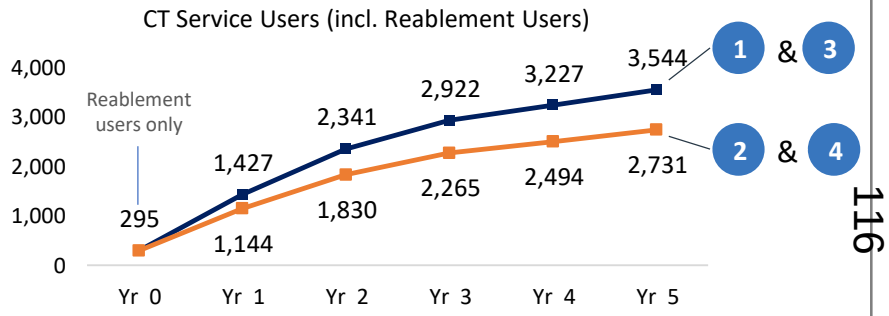
Reduced Benefit - CT supports 3.5K users at the end of year 5, and generates a cumulative net benefit of £3.3m

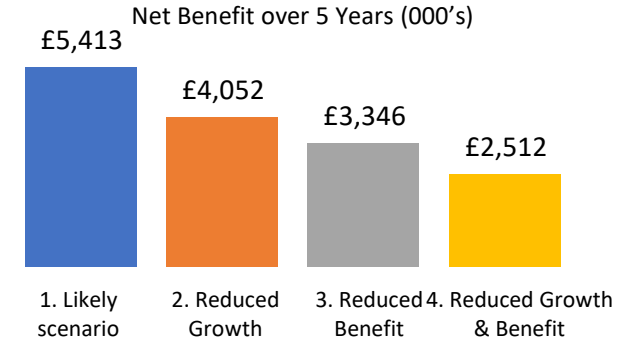
(same number of installs as the likely scenario, but 25% less CT users generate benefits)

4

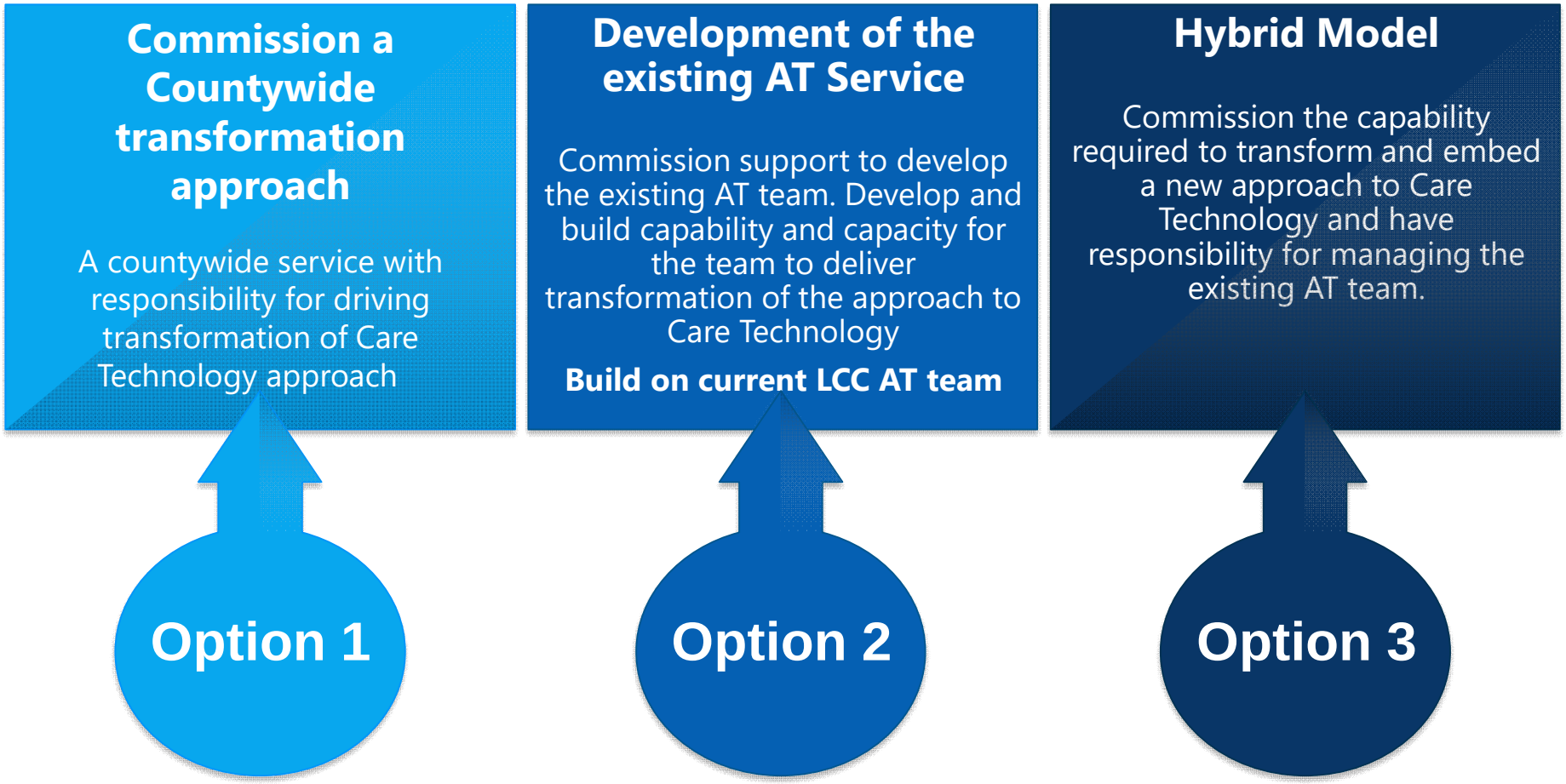
Reduced Growth <u>AND</u> Reduced Benefit - CT supports 2.7K users at the end of year 5, and generates a cumulative net benefit of £2.5m

(25% reduction in installs vs the likely scenario and 25% less CT users generate benefits)

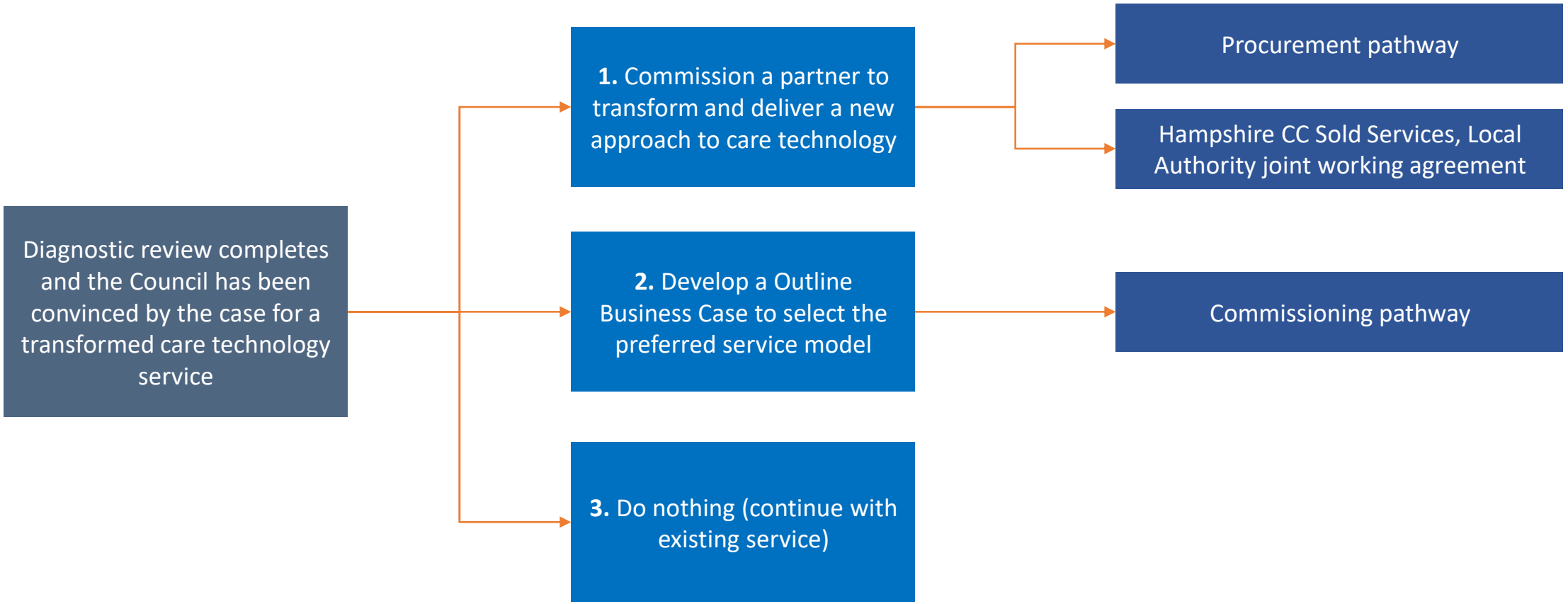




There are a number of options for how this service could be delivered in the future



The Council has a number of options for progressing the transformation of its approach to care technology



In looking at procurement options LCC should consider the opportunity to create a service that has the option and headroom to create collaborative working relationships with local authorities in the region.

We have identified a number of potential short term opportunities that could be implemented within the next 6 months

Considering the longer term options available in the previous slide, there are some opportunities in the shorter term that LCC could explore and potentially benefit from within the next 6 months. LCC could also use the shorter term to do some preparation and mobilisation activities to support a longer term selected option for their care technology offer.

Theme	Opportunity description
Vision & Strategy	Develop a vision statement for your future care tech offer. Define your objectives for your care tech service. Outline the design principles for your approach. What is in scope/out of scope e.g. children's services, working with partners.
Integration in ASC	Prepare for a future capability. Preparation and mobilisation activities for LCC's longer term option. E.g. gain full understanding of the numbers, engage with the districts and health partners.
Vision & Strategy	Develop a pathfinder- test and learn before formally commission something. Run a pathfinder for 12-18 months and test a county wide approach and understand the benefits. At the end of the trial, LCC can decide whether to proceed with commissioning a longer term option.
Service Model	Design future service model- future service design. **Workshop to design clear design principles for future service model.**
Service Model	Commission someone to look at Learning Disabilities and Supported Living. A program to engage with providers and conduct assessments and put care technology in place.
Quality Assurance	Remove charging policy that is currently in place for sim cards deployed by the AT team.
Quality Assurance	Develop process to collect service user satisfaction information on assessment and installation process. Feedback to referees.
Referrals	Resolve the double referral form for faults from the CSC.
Approach to Equipment	Develop a system for recording and recycling equipment to support stock controls. Cost-efficient and better record keeping.
Partnership & Governance	Enhance the governance around care technology at LCC. Appoint an owner of the end to end process of care technology. Set up a governance framework. Develop formal relationship management plan with suppliers and partners.

Ease of implementation

Today vs. Tomorrow

	Current service user Experience
1. Monitoring service	• A monitoring service is currently not provided by LCC.
2. Non-chargeable	• Service users are charged for some equipment e.g. GPS trackers
3. Outcomes focused	• Assessments are not outcomes focused but consider what tech is available that could meet a specific need
4. Equipment	• Equipment is provided dependent on care needs and availability.
5. Referral	• There is confusion about which service to refer to.

	Future service user Experience
1. Monitoring service	• A 24/7 monitoring service in place at LCC.
2. Non-chargeable	• A no-charging policy as the benefits far out way the costs.
3. Outcomes focused	• An assessment that is outcomes focused and seeks to mitigate risks.
4. Equipment agnostic	• Equipment agnostic and focused on meeting the needs of the service user.
5. Referral	• Referral pathways and eligibility are made clear to all.

	Current Practitioner Experience
1. Monitoring service	• Practitioners are confused about who to refer people to for a monitoring service e.g. Districts or private providers?
2. Non-chargeable	• Practitioners are unsure of charging policy.
3. Outcomes focused	• Practitioners defer to the AT team for assessments as they do not understand what care tech equipment is available.
4. Equipment agnostic	• Practitioners may be aware of some kit and therefore promote what they know.
5. Referral	• Referral pathways are not clear and neither is eligibility criteria.

	Future Practitioner Experience
1. Monitoring service	• Connected to a 24/7 monitoring service that flags updates.
2. Non-chargeable	• Awareness of a no-charging policy for those eligible.
3. Outcomes focused	• A system that is outcomes focused and there care technology is sought to meet those needs.
4. Equipment agnostic	• Equipment agnostic when it comes to completing assessments and installing kit.
5. Referral	• Referral pathways and eligibility are made clear to all.

A new approach has the potential to deliver life changing outcomes (2/4)

Example case studies from existing Argenti services

Providing support, reassurance and increasing wellbeing

The situation

- Mrs Adams receives bed based care due to reduced mobility. she lives alone and has 4 carer visits a day.
- Argenti supplied a falls detector, pendant and a linked smoke detector to complement her existing care package.
- Our internal processes, which highlight unusual or excessive use of care technology, identified Mrs Adams was making an increased volume of calls. Mrs Adams was reported to be increasingly anxious during the calls.
- On average, there were 7 to 10 alerts a day.

The solution

- A joint home visit was arranged between the care technology service and her carers, and identified her bed faced her room window, her TV was at the foot of the bed and she had a bedside table with large button telephone.
- It was discovered the reason Mrs Adams was accessing the lifeline regularly was because she had no way of knowing what the time was, as the clock was on a wall behind her.
- She had developed cataracts in both eyes, which had significantly reduced her vision. She was also unable to read the clock when it was placed at the foot of her bed.

The outcome

- It was agreed with Mrs Adams that we would **install a large digital clock that was clear and could provide voice reminders during the day**, informing her of carer visits.
- Mrs Adams **anxiety reduced significantly and she felt more reassured**. This also increased her sense of wellbeing and she was able to regain some of her independence. The monitoring centre **alerts reduced to an average of 0 to 2 a day**.

A new approach has the potential to deliver life changing outcomes (3/4)

Example case studies from existing Argenti services

Enabling people to manage a long term condition and return to work

The situation

- Mr Bennett has long term epilepsy and a full-time job as a frontline NHS worker.
- He has recently started having frequent blackouts and seizures. He has expressed anxiety around accessing the community and commuting to work.
- Mr Bennett was worried that if he had an accident, his ability to stay in employment would be significantly affected. This would have a subsequent impact on his independence and wellbeing.
- Managing the condition was very important to Mr Bennett and was proving challenging.

The solution

- The service visited Mr Bennett at home and discussed various options that were available to support him on a day-to-day basis.
- Argenti recommended a small personal alarm with a built-in GPS tracker that Mr Adams can clip to his belt. This could be activated if he needed help in an emergency at home, in the community or on his way to work.

The Outcome

- Since receiving care technology, Mr Bennett reported an increased sense of safety at home and when travelling to work.
- The care technology supported Mr Bennett to return to work and regain his independence.
- The solution also avoided domiciliary care of 3 to 7 hours per week to support him at home.
- The social worker estimated this would support Mr Bennett for at least 9 months.