



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



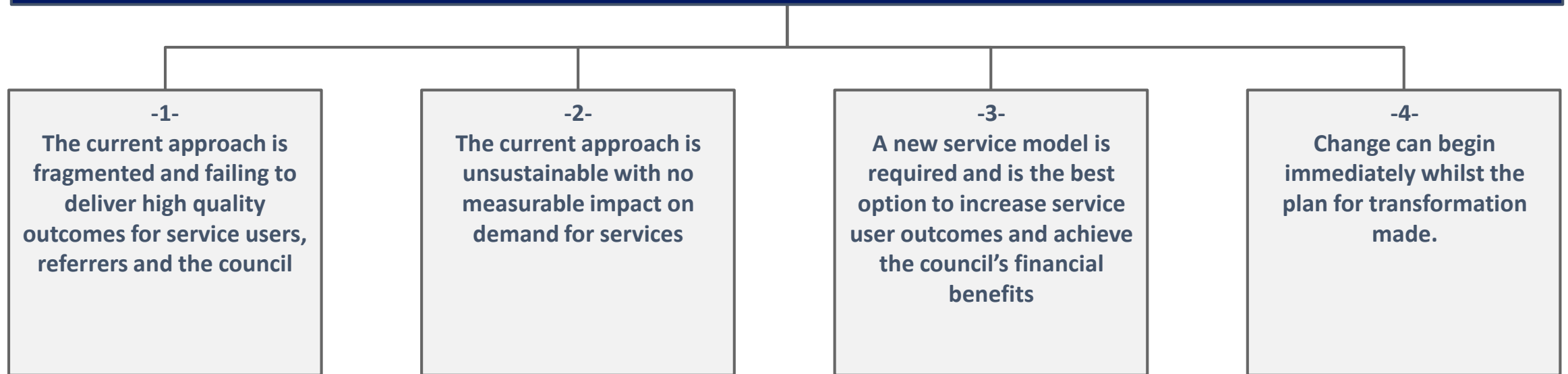
1. Executive Summary

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 use 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.

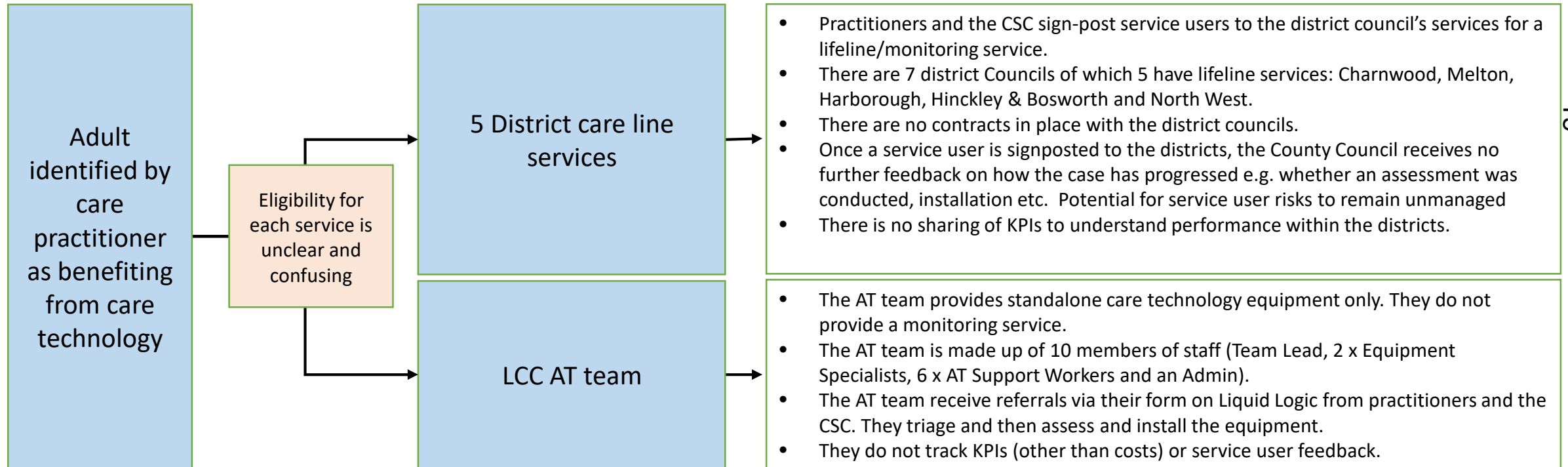
The main conclusion from the review is that there is a compelling case for the transformation of the approach to care technology in LCC

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.















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						SERVICE TRANSFORMATION & DEVELOPMENT					
Referral	Triage	Assessment & Install	Monitoring	Repair	Collection	Benefits mgmt.	Change & engagement	Innovation	Governance	Service development	Service mgmt.
											
<p>A mixed and sometimes confusing model.</p> <p>Adults can either be:</p> <ul style="list-style-type: none"> • Referred to the LCC AT service • Signposted to a district service <p>Eligibility for either route is not clear</p>	<p>LCC's AT team process referrals sent to them.</p> <p>If LCC AT team identify referral needed a monitored solution it is signposted to the district services</p> <p>There is no information available about what happens in the district services</p>	<p>LCC AT team conduct assessments about the type of standalone AT equipment that is required. They then install.</p> <p>There is no information available about what happens in the district services</p>	<p>No monitoring service is provided by the LCC At service</p> <p>District service provide a monitoring service as part of their offer. No information is shared with the County council on the service.</p>	<p>Faults are reported through the CSC to the Equipment specialists in the AT team. Repairs are managed reactively.</p> <p>There is no information available about what happens in the district services</p>	<p>Only a small number of devices are collected and recycled by the LCC AT team</p>	<p>There is no assessment of the financial impact of the service</p> <p>There is no information available about what happens in the district services</p>	<p>This does not exist in the current approach.</p> <p>Training is run by the LCC AT team but this appears to be infrequent.</p>	<p>Appears to be very little innovation.</p>	<p>There appears to be little governance in LCC in this area</p>	<p>There appears to be little service development when it comes to Care tech.</p> <p>Some evidence of care tech being discussed at Group Supervision meetings but not embedded in the pathway</p>	<p>Whilst the LCC AT team is managed there is no end to end management of the entire approach in LCC</p>
✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✓

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.

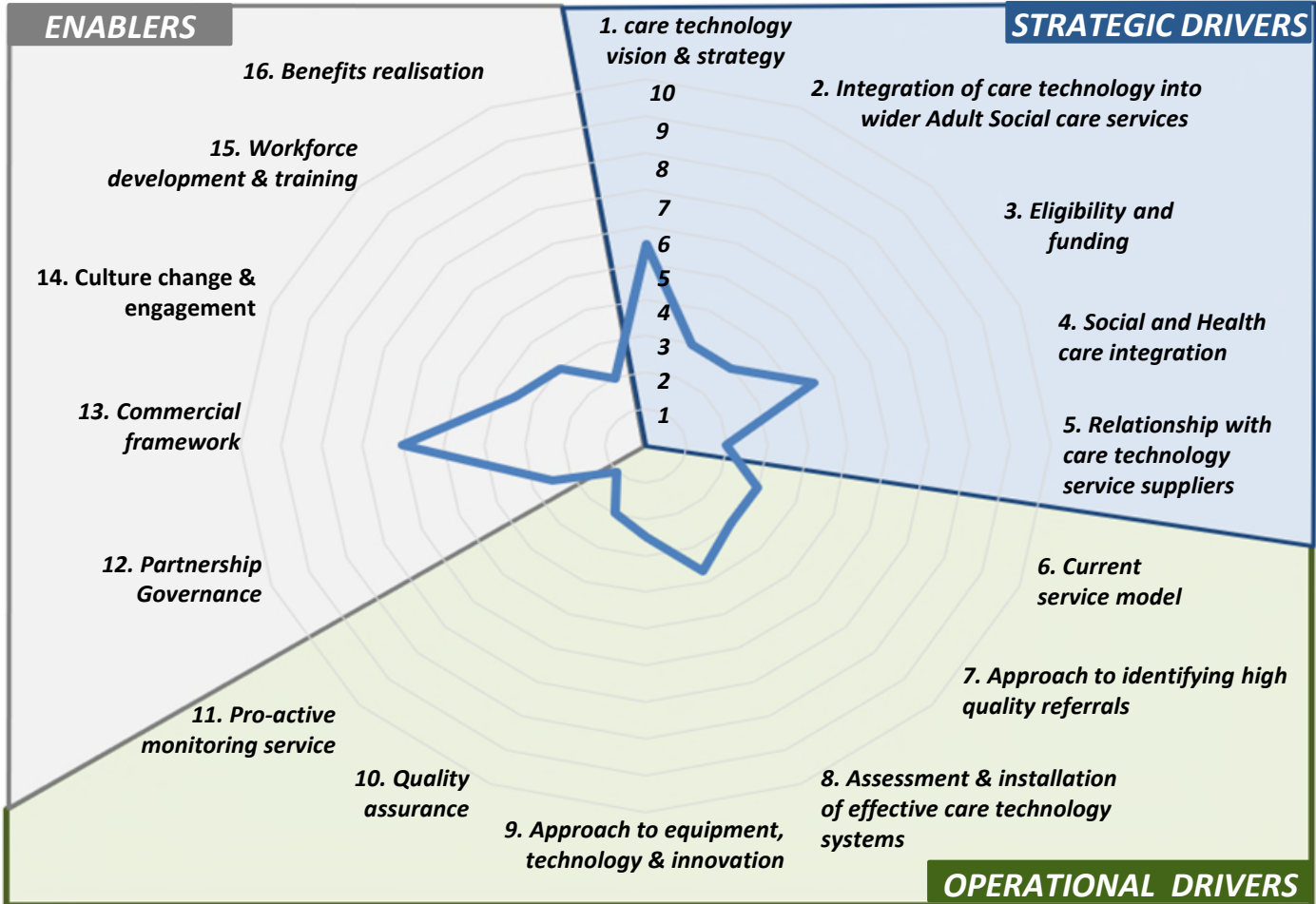
Care technology is **not embedded** in the care management pathways, practitioner understanding, and adoption is very low.

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.



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**.

See appendix one for the detailed diagnostic assessment

— Current service

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.

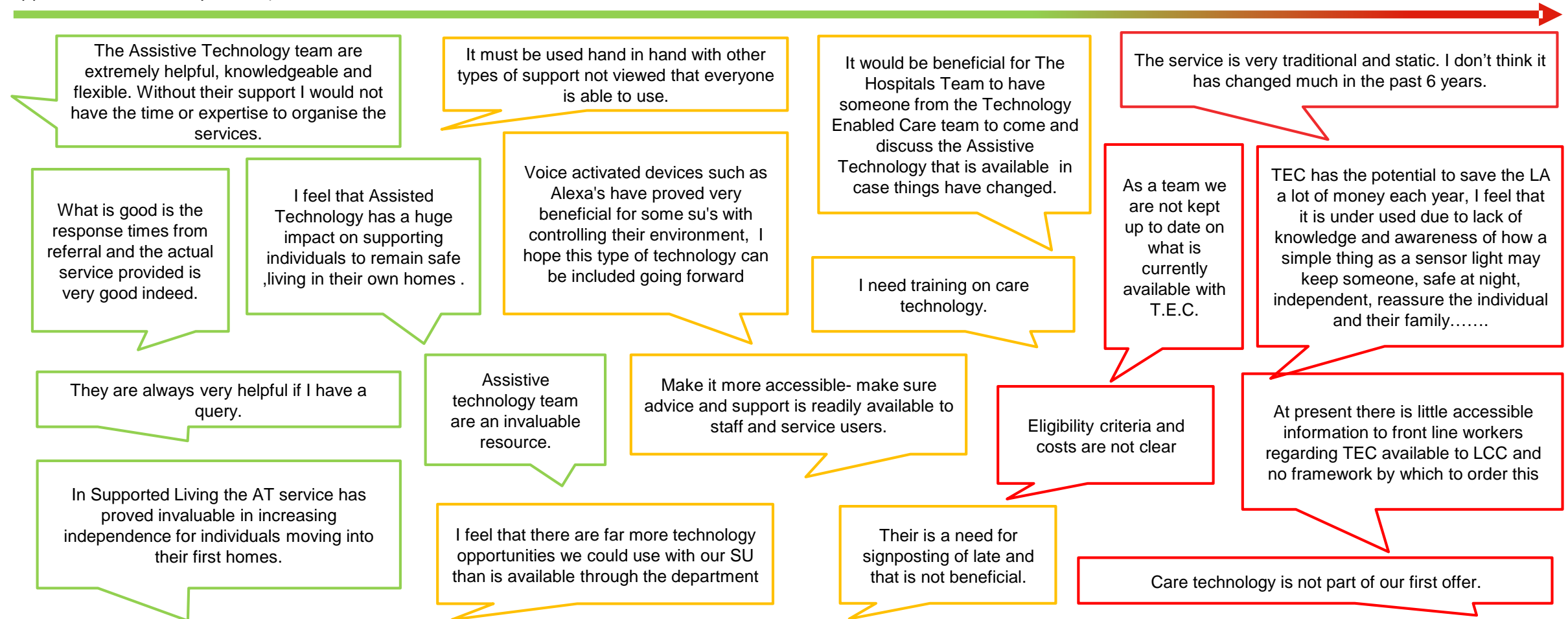
There are a nine features that the Council should consider including in its future care technology service model.

Feature of new approach

1. Monitoring service	<ul style="list-style-type: none">• Full monitoring service is provided ensuring that the full range of care technology solutions is available to service users
2. Non-chargeable	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Develop strong strategic collaborative relationships across the system to identify opportunities for care technology development and drive adoption.
9. Culture change	<ul style="list-style-type: none">• Drive and release culture change that will successfully embed care technology into mainstream.

Care practitioner Voices About Care Tech

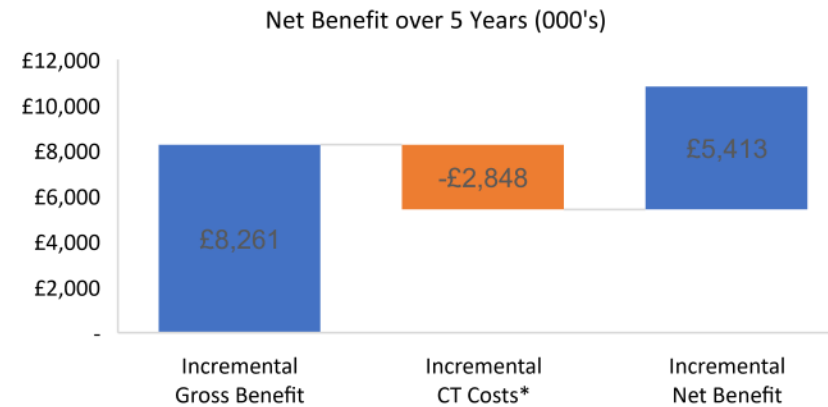
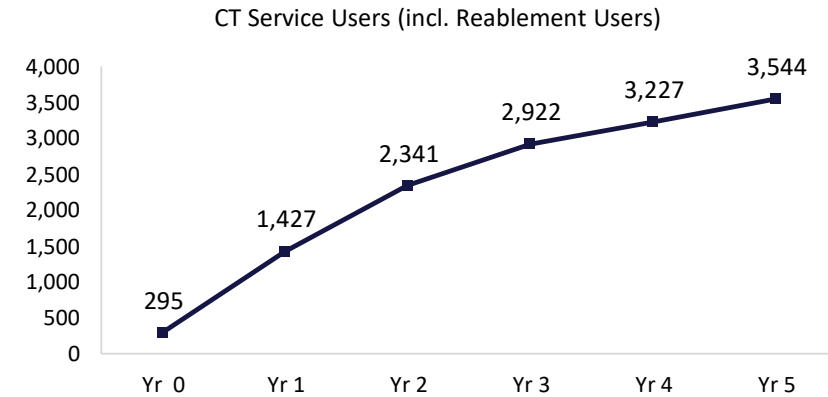
The survey results from 250 care practitioners surveyed below illustrate a balanced view of the feedback. In our analysis, broadly speaking 60% of the comments were negative. (see Appendix for full survey details)



The 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

