Technology Enabled Care and Support (TECS) Strategy

Report of the Head of Adult Commissioning and Health and the Head of Children's Social Care

> *Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.*

Recommendation*:* that the Cabinet approve the Technology Enabled Care and Support (TECS) Strategy

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1.0   Introduction

1.1   People are increasingly using technology to support them in everyday life. In a recent LGA survey over three quarters of respondents said they would be happy to trial it, and 88% said they would welcome its use to give them more independence.

1.2   Technology Enabled Care and Support (TECS) can enable people of all ages and needs to maximise their independence.

1.3   TECS refers to "**the technologies that help people to manage and control their health and well-being and sustain independence**" and can include:

Telehealth	Devices that can remotely monitor conditions (e.g. blood pressure) in people's homes to anticipate problems early and build self-care competencies.
Telecare	Technologies in people's home and communities to minimise risk and provide urgent notification of difficulties e.g. an alert when someone falls.
Telemedicine/ teleconsultations	Remote peer-to-peer support between professionals and/or consultations between people and professionals
Telecoaching	Technology to coach and support people by building knowledge, skills and confidence to change or manage behaviours e.g. advice to someone with Autism in a social situation.
Self-care apps	Apps that raise awareness and help people self-manage e.g. reminders of medical appointments, as well as those which help them remain independent in their home environment and when out and about

1.4   We have developed a multi-agency TECS strategy, alongside NEW Devon and South Devon and Torbay CCGs, Devon Partnership Trust, Torbay Council and NHS providers, to set out how we will achieve our shared vision: that TECS will enable people to use their strengths, assets and networks to maximise their independence, staying safe and well in their own homes, as well as remaining connected within their communities.

1.5   Case Study

> Example of TECS in action from **South and West Devon Community Enabling Team.** *(Details have been changed to protect identities).*
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> Sonia is a woman in her 80's, with early onset dementia. Sonia was in denial regarding her memory issues and insisted that she could still go out alone to take her dog Billy walking across the fields near her home.
> Sonia's family were concerned about her safety should she become disorientated, as Sonia was unable to understand how to use a normal mobile phone to call for help. Jo from the Community Enabling Team introduced Sonia to a simple to use mobile phone. (Have a look at one by clicking here).
>
> Jo explains: "*The phone is so easy to use because instead of numbers there are pictures of your contacts. The company will set this up for an individual. There are varying levels of contracts available to suit individuals*".
>
> Even with her dementia, Sonia managed to use the phone. This gave her family peace of mind and Sonia could continue to take her dog out on her own, knowing that she could call her family if she needed to.

1.6   The TECS Strategy is an enabler for the **Promoting Independence Policy** – (Impact Assessment published[1])

1.7   We already have a contract to provide TECS as part of our integrated equipment service; the Devon Independent Living Integrated Service (DILIS) which launched in June 2017. (Impact Assessment published [2])

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[1]
https://devoncc.sharepoint.com/sites/PublicDocs/Corporate/Impact/Published%20Impact%20Assessments%202017%20to%202018/Adult%20Social%20Care%20Promoting%20Independence%20Policies%20-%20Impact%20Assessment.pdf?slrid=01044b9e-30d8-5000-1fe9-47b3cd776e8a
[2] https://drive.google.com/file/d/0B5uL2sCifa47ejFQY0tmaElSdFZvMm13Sm5TWlFlYTJwaEU4/edit

2.   Proposal: A TECS strategy

2.1   We have developed a TECS strategy for Devon, with the primary delivery vehicle being the DILIS (Devon Independent Living Integrated Service) contract, covering adults and children's health and social care.

2.2   The TECS strategy supports the Promoting Independence Policy and associated programmes of work.

2.3   Promoting independence and prevention are duties for local authorities in legislation relating to adult social care, children's services and public health functions including in the Care Act 2014. Local authorities and their partners, including NHS bodies, are required to co-operate in fulfilling these duties.

2.4   We know that losing independence is one of people's greatest fears: a survey of attitudes to ageing in the UK found that the two greatest concerns were ill health and losing independence and/or becoming dependent on others. Our engagement with people in Devon has confirmed that most wish to remain as independent as possible for as long as possible.

2.5   We also know that when solutions to care and health needs are readily available for individuals to purchase without statutory support, and people are confident in them, they are the preferred solutions.

2.6   DCC currently provides fewer TECS packages than other comparable local authorities.

2.7   Our needs assessment identified scope for increasing the use of TECS to promote independence and help address pressures on the health and care system.

2.8   We have a community equipment contract in place ("DILIS") which includes the provision of TECS.

2.9   A copy of the strategy is included in the supporting papers and a video giving an overview of TECS and the aims of the strategy is available at https://youtu.be/Mvfi647hFbI.

3.0   Options / Alternatives

3.1   The principles under which TECS should be considered are the same as those for any equipment or service, and are covered by principles within the Care Act and the Promoting Independence policy. A separate TECS policy is therefore not required.

3.2   Examples of how the TECS Strategy can support the four key aspects of the Promoting Independence policy are outlined below:

1. Personal strengths and preferences	We will focus on people's strengths and the things that matter to them, encouraging them to draw on their own resources to build resilience and achieve their desired outcomes.	TECS can enable people maximise independence through prompting, remote monitoring and coaching, all of which build on the person's strengths. For example, kit that reminds someone how to make a cup of tea or a sensor which raises an alert if someone hasn't got out of bed.
2. Relationships	We will support people to maintain and develop rewarding social and family relationships.	TECS that enable a person to remain safely at home and accessing their community allows for them to keep and build on relationships that are important to them. There are also TECS which can connect people to family and friends and apps which enable family and friends to keep in touch over the support of a cared for person; for example, the Jointly app offered to Devon carers.
3. Community links	We will enable people to make connections with other people, groups and universal services in their communities.	TECS can enable people to safely access their communities and universal services. For example, a GPS tracker which enables a person with dementia to access their local community with the security that an alarm will be raised if they wander further or an app that supports someone with autism to use public transport.
4. Supportive communities	We will work with partners to develop communities and community groups, and encourage them to make the most of their ability to support people.	The TECS strategy acknowledges that both our current Providers and the voluntary and community sector have an important role to play in promoting and using TECS to promote people's independence.

3.3 The development of the TECS strategy included a review of national guidance and benchmarking, reviews of local pilots, previous technology reviews and audits.

3.4 The TECS strategy was considered necessary for the following reasons:
- Previous attempts at increasing the use of TECS have not been as successful as planned, with no strategy to support the work
- Staff feedback was that more information, advice and support was needed

- Review of national guidance and benchmarking data suggests a clear strategic direction and an implementation that supports a cultural change is needed.

4.0   Technical Data

4.1   A needs assessment was completed in March 2017 which looked at current TECS activity:

   4.1.1   DCC spends more on long term services and less on short term interventions than comparable Local Authorities, and fewer people benefit from them than elsewhere[3].

   4.1.2   17% of all service users have TECS[4] as part of their support. (By comparison, East Sussex report that 27% of adult social care packages include a TECS component and they aim to increase this to 35%).

   4.1.3   37% of TECS service users are recorded as having dementia[5]. We know that in Devon people with dementia stay in care homes longer than in other LAs: it is likely that we could be supporting them at home for longer with the right care and support.

   4.1.4   8% of service users with LD have TECS, which represents just under 10% of all TECS users.

   4.1.5   The majority of those with TECS are over 65.

   4.1.6   80% of service users with night sitting do not have TECS

5.0   Consultation and Engagement

5.1   Consultation on the DILIS contract, including planned changes to TECS, are outlined in the DILIS Impact Assessment.

5.2   The strategy has been developed by the multi-agency TECS Strategy delivery group, with representation and engagement from all partners.

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[3] Provisional 2016-17 performance shows that short term services to maximise independence are effective (86.8%), but coverage is weak (1.8%) against the 2015-16 England comparator (82.7% and 2.9%). 94.9% of people who received a short term service in 2016-17 had no or lower on-going support.

[4] This is based on 2016/17 SALT return for long term support (LTS001b) Adults only

[5] The current PSR doesn't specify dementia but other areas do – we have therefore looked to see if a client has any one of the following 3 markers to identify them: Main Health Condition = Mental Health: Dementia; Primary Client Group = Dementia; My Assessment Q9.1.1 "Other Health Conditions Please indicate other health conditions impacting on social care needs : Mental Health: Dementia" = Y

5.3   Consultation on the TECS strategy includes staff engagement and surveys, process review workshops and a "Smart House" event which demonstrated the use of TECS to promote independence. Members were invited to the event, and the strategy has been developed with ongoing engagement with the Digital Delivery Board.

5.4   Independent providers have been engaged through the Provider Engagement Network

5.5   Engagement with service users includes a dedicated session at the smart house event; the Living Options engagement contract and feedback from TECS pilots.

6.0   Financial Considerations

6.1   Funding for TECS is through the DILIS contract, funded by the Better Care Fund. It includes DCC Adult and Children's services, and the NHS partners that fall within its footprint.

6.2   We see TECS as an enabler for other work streams, but we are developing a system to record outcomes and savings to demonstrate how TECS can improve quality of life through maximising independence, reducing the cost of packages of care and delaying the need for more long-term care.

6.3   An example of how TECS can provide financial savings:

Liam lives in supported housing with a small number of other residents and has been diagnosed with epilepsy. He is in his early twenties and enjoys activities during the day and interacting with staff and residents alike. Liam is able to communicate well, however his seizures were starting to increase during the night when he was not able to call for help. He was therefore unable to alert staff that he had had a seizure and access any help he needed.

An epilepsy sensor was installed that picks up the distinct body movements which indicate a seizure. If a seizure is detected, an alert is raised on a pager and vibrating pillow pad for sleeping night staff, and also to the Monitoring Centre in the unlikely event of carers being unable to respond. Liam was also provided with a discreet fall detector so if he should have a seizure during the day and fall to the floor, the alarm would be similarly raised.

Having the equipment in place made Liam feel confident in "getting the help needed" in response to an emergency situation and Liam can continue to live independently as normal. The sensor also enabled Liam to be monitored by sleeping rather than waking staff at night, saving £60.30 each night, which equates to a saving of £21,949.20 per year across the people sharing that night time support
https://www.adass.org.uk/section-c-programme-examples/#Learning

7.0   Sustainability Considerations

7.1   Providers will be asked to deliver more TECS to maximise people's independence – this may represent a change to previous operating models with a period of enablement, supported by TECS, rather than a long-term period for delivering care.   This change is already in practice in some services, for example the Supporting Independence[6] contract.

8.0   Carbon Impact Considerations

8.1   The increased use of TECS may reduce the travel time of staff providing care as conditions and checks will be able to be monitored remotely.   Some telehealth and tele-coaching TECS can connect service users and professionals remotely with no need for travel.

8.2   The TECS strategy is likely to increase the use of equipment used to support people's care and support needs.   Where this equipment is directly commissioned by Devon County Council through the DILIS contract there is a policy for collecting and recycling equipment where appropriate.

9.0   Equality Considerations

9.1   We are not changing the principles under which TECS should be considered for all people: these are already covered by principles within the Care Act and the DCC Promoting Independence policy.

9.2   Devon County Council will continue to carry out our duties in ensuring everyone receives the adult social care support they are eligible for in line with the requirements of the Care Act. This includes offering financial assessments so that people with assets below the nationally prescribed threshold do not need to pay for their care.

9.3   We will continue to provide these services to all people in Devon and to monitor their impact on people with different characteristics of race, gender, identity, age and culture through performance frameworks, service monitoring and engagement processes.

8.4   The overall equality impact of the change outlined within this programme will be positive as it is an improvement programme aimed at maximising independence and promoting progression for all.

8.5   In cases where TECS is the most effective and person-centred way of meeting eligible needs, where a person may previously have had their needs met via a face to face service, potential issues around social isolation need to be acknowledged and addressed. To mitigate these impacts, we will:

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[6]https://devoncc.sharepoint.com/sites/PublicDocs/Corporate/Impact/Published%20Impact%20Assessments%202017%20to%202018/Supporting%20Independence%20(Unregulated%20Support)%20phase%202%20impact%20assessment.pdf?slrid=2e474e9e-7091-5000-10fe-2fd5aa4b06c2)

- ensure that service users, families and carers and staff have all the necessary information to make informed decisions about the type of TECS available, supported by our DILIS Provider if it is a commissioned service, and via a public website (supported by case study videos) and a self-assessment tool.
- review our current pathways for prescribing TECS to ensure we have systems in place for robust assurance and evaluation where TECS are put in place.
- All workers are expected to carry out a holistic assessment which would account for the risks they have assessed when prescribing TECS.

9.0   Legal Considerations

9.1   There are no specific legal considerations.

10.0   Risk Management Considerations

10.1   This strategy is being assessed via an impact assessment and all necessary safeguards or action will be taken to safeguard the Council's position.

10.2   Governance to support the development of the strategy, and the ongoing contract management of the DILIS contract, includes representatives from adults and childrens care and health commissioning and provision. This includes a decision-making board and sub-groups including a strategy delivery group.

10.3   The primary aim of the strategy delivery group is to manage the work plan, including monitoring progress against the strategy implementation. Aspects of the work programme activity will also be monitored by the PFA Board, the SEND board, the Disabilities Board and the Short-Term Services project, as the TECS strategy is an enabler for all these work programmes.

10.4   In addition to the areas listed above we will monitor the impact on people with different characteristics of race, gender, identity, age and culture through DCCs adult social care performance framework, service monitoring and engagement processes.

11.0   Public Health Impact

11.1   TECS, particularly telehealth and self-care apps, can play an important role in helping people manage health conditions and access support when needed.

12.0 <u>Summary</u>

12.1 TECS is an enabler for people to recover or maintain their independence - in support of the wider Promoting Independence policy and development of our short- term services offer.

12.2 Technology alone can't deliver a transformation in care, but when embedded in a wider package of care, and new ways of working, the combined innovation can have a powerful impact.[7]

12.3 Evidence demonstrates that for us to be able to increase the use of TECS to maximise people's independence in a way that is clinically and financially sustainable, we need clear strategic direction with the endorsement of all partners.

Tim Golby
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Electoral Divisions: All

Cabinet Member for Adult Social Care and Health Services: Councillor Andrew Leadbetter
Cabinet Member for Children's Services and Schools: Councillor James McInnes

Chief Officer for Adult Care and Health: Jennie Stephens
Chief for Children's Services: Jo Olsson

<u>LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS</u>

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<u>BACKGROUND PAPER   DATE   FILE REFERENCE</u>

Technology Enabled Care and Support Strategy

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[7] TECS Resource for Commissioners 2015