From:	Richard Smith, Interim Corporate Director of Adult Social Care and Health
To:	Clair Bell, Cabinet Member for Adult Social Care and Public Health
Decision No:	20/00042
Subject:	ASCH Integrated Digital Assistive Technology Solution
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	County Council
Electoral Division:	All

Summary: This report seeks approval for the purchase and implementation of a new integrated digital assistive technology solution in response to the current COVID-19 (Coronavirus) pandemic.

The technology is in the form of a tablet-type device, which can be installed remotely and enables video-calling to an individual's pre-identified support network. The technology enables virtual care to be delivered, through remote consultations and check-ins using the video capability.

This will urgently seek to minimise the impact of COVID-19 on the provision of Social Care in Kent, supporting staff in Kent County Council (KCC) Adult Social Care and Health (ASCH) and service users to use the technology to deliver / receive a virtual care service. This will minimise face to face contact, limiting hands on care to essential tasks; it will also significantly improve the productivity of the care workforce allowing more to be achieved with fewer staff.

Recommendation(s): The Cabinet Member for Adult Social Care and Public Health is asked to:
a) **AWARD** the contract for the Integrated Digital Assistive Technology Solution to Alcove ; and
b) **DELEGAT**E authority to the Corporate Director of Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision

1. Introduction

1.1 This report case seeks approval for the purchase and implementation of a new integrated digital assistive technology solution in response to the current COVID-19 (Coronavirus) pandemic.

1.2 The technology is in the form of a tablet-type device, which can be installed remotely and enables video-calling to an individual's pre-identified support network. The technology enables virtual care to be delivered, through remote consultations and check-ins using the video capability.

1.3 This will urgently seek to minimise the impact of COVID-19 on the provision of Social Care in Kent, supporting staff in Kent County Council (KCC) Adult Social Care and Health (ASCH) and service users to use the technology to deliver / receive a virtual care service. This will minimise face to face contact, limiting hands on care to essential tasks; it will also significantly improve the productivity of the care workforce allowing more to be achieved with fewer staff.

1.4 This supports the urgent need to increase KCC's digital capability in response to meeting the needs of vulnerable adults during the current pandemic. The introduction of a video phone, delivered ready to go straight out of the box enables KCC to continue to monitor care needs, keeping clients safe, as well as enabling them to utilise online activities such as ordering food, medicines as well as enabling video calls with their families, friends and carers.

1.5 The application of this technology extends beyond KCC's response to this current crisis and will form part of KCC recommissioning intentions for the replacement of telecare. The data captured during this time will inform the recommissioning business case, especially with regards to financial and savings benefits, client care call replacement and the outcomes for clients.

1.6 KCC was at the start of a review of its long term digital assistive technology offer in anticipation of contracts ending in 2021 and the national digital switchover programme. However, whilst this rapid deployment will inform this longer-term work, it is a clear and urgent response to COVID-19.

1.7 The objective of this project is:
To implement a new integrated digital assistive technology solution within KCC ASCH with 2,000 units rolled out by June 2020 to enable delivery of a virtual care service to support vulnerable individuals in response to the COVID-19 crisis, promoting independence and minimising impact on Kent Social Care delivery.

2. Strategic Statement and Policy Framework

2.1 This project supports KCC's strategic outcomes by supporting older and vulnerable residents to be safe and have choices to live independently.

2.2 Making improvements to the way services are delivered in response to the COVID-19 crisis will help to realise the objectives within the Your Life, Your Wellbeing strategy 2016 – 2021. The strategy seeks to promote the independence of individuals whilst also committing to 'make use of digital technology and innovation in the delivery of care and support and help services address challenges.'

2.3 The project is to be delivered at pace in order to support the response to the current COVID-19 virus. It is acknowledged that the available workforce may diminish, and thus alternative solutions need to be readily available in order to support priority groups to enable staff to deliver on the Local Authority strategic responsibilities. There are both public health protection benefits and continuity of service benefits to vulnerable older people resulting from the proposed roll out of this service and technology.

3. The Report

3.1 Business Needs

COVID-19, also known as Coronavirus, is a new virus that causes an illness affecting the lungs and airways and can be fatal. The virus is spreading rapidly worldwide, with its spread and subsequent impact being unprecedented.

The World Health Organisation declared a pandemic on 11 March 2020 and measures have been in place across the World to limit the spread of COVID-19, including - in the UK - social distancing and self-isolation.

Those that are particularly vulnerable to COVID-19 are the elderly and those with pre-existing health conditions. Kent has over 35,000[1] older and vulnerable adults who are supported by KCC's Adult Social Care workers. Most of those vulnerable adults supported by KCC ASCH fall into the COVID-19 high-risk category, being over 70 years of age and / or having underlying health concerns.

The current guidance regarding the pandemic estimates that potentially up to 20% of the UK's workforce could be absent from work at any one time due to COVID-19. Additionally, staff may be self-isolating or caring for dependents who are unwell or

[1] According to the Kent Local Account (April 2018 - March 2019) of the 1.55 million people living in Kent 35,385 people in Kent are supported by Adult Social Care with 20,719 people over the age of 65

self-isolating[2]. This will have a significant impact on KCC's ability to provide face to face social care support for those vulnerable individuals.

KCC ASCH is therefore faced with the following challenges whilst trying to reduce the risk of harm to individuals if left without care or supervision:

- Operating a social care service with significantly reduced staffing numbers due to staff sickness or staff caring responsibilities. Some staff will be able to continue working, but due to self-isolation will be unable to provide hands on care in the traditional way.
- Providing a social care service to those residents who may be suffering from, or carriers of, COVID-19, where hands-on care brings risk of cross-contamination.
- Providing a social care service to vulnerable older people who are self-isolating or shielded and for whom close contact must be minimised.

The early introduction of integrated digital assistive technology will reduce the potential spread of the disease whilst providing a range of supportive solutions and links to services to maintain independence and mitigate the negative impact of social isolation of service users and their carers.

The use of assistive technology can support long term independence and maximises opportunities for self-determined support. In turn, this can reduce demand on key services across both the local authority and provider network. Thus, there are economic efficiencies for both the local authority and KCC's key partners. During the COVID-19 pandemic, visits will be achievable via the technology and feedback from this can be utilised to inform future practice changes, balancing the need for the human relationship at particular points of the service user need against time and service efficiency.

3.2 Benefits

A key benefit associated with the introduction of an integrated digital assistive technology solution that enables virtual care is improved outcomes for service users through increased independence. Specific outcomes include: increased capability to undertake daily living tasks independently, increased security / safety, increased confidence, increased well-being.

There are also financial benefits; providing care remotely increases a person's independence, enabling a potential reduction in care provision and reduction in cost

[2] From Friday 20 March 2020, schools in England will only be allowing vulnerable children and children of key workers (which includes Social Workers) to attend. This is dependent on enough school staff being available to teach those children still attending.

to KCC. The reduction in care is achieved through a reduce, prevent, delay approach and enables a blended technology and human approach.

Other benefits associated with the purchase and implementation of a system for providing virtual care include:

- ASCH ability to continue to meet wider need whilst maintaining statutory duty
- Increased care staff productivity - through remote check-in, reducing travel time and unnecessary visits; fewer staff can provide more care
- Reduced risk of cross contamination - remote care delivery limits hands on care to essential tasks
- Reduced social isolation - individuals are able to maintain contact with friends, family, and services through the technology while they are self-isolating
- Essential supplies maintained or vulnerable individuals - technology can respond to needs and arrange deliveries.

There may be additional benefits through using the technology to connect vulnerable people to NHS services / support and to their local community offer / volunteers.

The data and intelligence gained through new technology will seek to provide clear evidence of benefit and impact to support longer term commissioning plans.

3.3 Risk

The most notable risks associated with the project, along with mitigating actions, include:

Risk	Mitigation
• The appropriate governance may not be in place due to the speed of delivery required	• Clearly define and agree roles and responsibilities • Set up robust project management controls and governance and manage expectations clearly from the outset • Define membership and role of Project Steering Group at the earliest stage
• The equipment may not be rolled out in time to mitigate the impact of the COVID-19	• Urgent redeployment of resource within KCC, including Project Management support, to urgently plan and deliver implementation • Ensure robust project management approach including robust planning, with all stakeholders signing up to the plan • Scenario plan impact of activities taking longer than expected • Communicate any delays in project timescales to relevant stakeholders as per stakeholder management plan and governance routes

• The cohort of individuals to receive the service is not identified quickly enough	• Secure early engagement from performance and operational staff and practice colleagues to help to define the most suitable cohort as quickly as possible
• The hardware required may not be available from the supplier due to high market demand in response to the COVID crisis	• Allocate project resource urgently and urgently follow decision making processes, identifying fast track solutions where possible
• There is resistance to the new technology from providers	• Develop and deliver robust comms and engagement plan and engage appropriate stakeholders early on • Work with commissioning to identify providers who are digitally enabled and in the really stages ask providers to volunteer to be early adopters • Maintain current contractual terms / payments for the duration of the COVID-19 response; only seek to renegotiate and embed this new model of care delivery after the crisis has abated. • Identify benefits to care providers of operating in this way – now and for the longer term (e.g. more efficient operations, greater staff productivity, ability to expand capacity without impacting costs, ability to sustain services with lower staffing numbers during COVID-19)
• Vulnerable individuals receiving the provision may resist change / new technology	• Planned project management approach, with full and thorough comms planning, provision of training and on-going support. Tried and tested model for onboarding vulnerable older adults with new technology; a range of collateral, products, materials already exists along with experienced staff team at supplier used to working with the target cohorts – includes social worker expertise. • Easy to use technology designed with older adults and vulnerable service users, successfully in use in other local authority areas with these cohorts; track record of successful delivery and very positive user feedback from other deployments.
• Key project personnel responsible for the implementation will be absent due to COVID-19	• More than one project resource assigned to the project and thorough, up to date and fully visible project documentation being in place at all times. • Project managed virtually

Table 1 - Risk and Mitigation Table

There is also a live risk register maintained by the project team.

3.4 Options

To keep the older and vulnerable people in Kent safe within their own homes during the COVID-19 outbreak, the following options have been considered:

- **Option 1 – Continue as-is**
- **Option 2 – Utilise a non-technological solution**
- **Option 3 - Utilise all existing technology available (telecare analogue kit)**
- **Option 4 – Purchase an integrated digital assistive technology solution**
- **Option 5 – Purchase an integrated digital assistive technology solution that can be installed remotely**

Option	Advantages	Disadvantages
Option 1: Continue as-is	• No initial outlay cost to purchase new equipment. • No changes required to existing way of working.	• Does not mitigate against COVID-19 risks and impact; does not enable delivery of a virtual care delivery model. • A reduced workforce will increase the risk of not responding to emergencies or attending appointments. • Increases the risk of cross contamination - puts the heath of both the carer and the resident any risk. • Increased risk of harm as higher numbers of service users left without care if workforce is impacted as expected.
Option 2: Utilise a non-technological solution e.g. volunteering	• No initial outlay cost to purchase new equipment. • Swift implementation. • Not reliant on technology.	• Does not mitigate against COVID-19 risks and impact; relies on staffing at a time when staffing numbers are reducing. • Does not enable delivery of a virtual care delivery model. • Increases the risk of cross contamination - puts the heath of both the carer and the resident any risk.
Option 3: Utilising all existing technology available (telecare analogue kit)	• Analogue equipment is readily available to use – minimal outlay. • Sends calls to a switchboard number, which is already established and built into current business processes. • Minimal co-ordination required to roll out all existing equipment.	• Does not mitigate against COVID-19 risks and impact; does not enable delivery of a virtual care delivery model. • Does not enable two-way video communication - visibility of individual being cared for is key • Cannot be used to connect people for real-time, remote monitoring. • Care workers cannot work remotely and maintain the required level of service. • Does not deliver wider services needed to maintain independent living during the COVID-19 outbreak – emergency response only • Does not draw on informal care networks to provide support when paid resources are stretched • Resilience of telecare monitoring centres is not assured if impact of COVID-19 escalates and staff shortages occur
Option 4: Purchase an integrated digital assistive technology solution	• Enables delivery of a virtual care delivery model. Supports remote consultations and video check-ins. • Can react in real-time. • Connects carers and the cared-for using data to monitor behaviour	• Does not mitigate against COVID-19 risks and impact; requires on site installation, bringing risk of cross-contamination. • Investment required. • New hardware required.

Option	Advantages	Disadvantages
	and prevent potentially life changing events. • Increased productivity through remote check-in, reducing travel time and unnecessary visits. • Enables two-way video communication - visibility of individual being cared for is key. • Connects peoples for real-time, remote monitoring. • Care workers can work remotely and maintain the required level of service. • Maintains social contact for vulnerable people. • Can deliver wider services needed to maintain independent living during the COVID-19 outbreak such as delivery of essential supplies.	• Supporting infrastructure partner required (Rethink Partners for Alcove) – partnership working adds complexity to design and roll out. • Change to existing ways of working during troubling time – high-level of co-ordination required.
Option 5: Purchase an integrated digital assistive technology solution that can be installed remotely; *Alcove are currently the only market provider with this remote installation capability*	• Can be rolled out swiftly and with no face to face contact required to install – units can be installed and configured remotely. (Tablet- like devices would be issued to clients via the post with an easy step by step guide to follow, with the option to speak to an advisor from the provider when assistance is required.) • Enables delivery of a virtual care delivery model. Supports remote consultations and video check-ins. Technology allows for monitoring of usage; if non-response then telephone calls can be made using analogue technology as a back-up to provide support to use the video hardware. Full protocols for delivering virtual care effectively are in development; training videos for care workers exist focusing on how to use the technology and how to deliver a good quality experience. • Can react in real-time. • Connects carers and the cared-for using data to monitor behaviour and prevent potentially life changing events. • Increases productivity through remote check-in, reducing travel time and unnecessary visits. • Enables two-way video communication - visibility of individual being cared for is key. • Connects peoples for real-time, remote monitoring. • Care workers can work remotely and maintain the required level of service.	• Investment required. • New hardware required. • Supporting infrastructure partner required (Rethink Partners for Alcove) – partnership working adds complexity to design and roll out. • Change to existing ways of working during troubling time – high-level of co-ordination required.

Option	Advantages	Disadvantages
	• Maintains social contact for vulnerable people. • Can deliver wider services needed to maintain independent living during the COVID-19 outbreak such as delivery of essential supplies. • Devices and licenses are transferable and are fully recyclable for use by KCC. • This will be implemented with providers who are on the existing framework and have demonstrated their ability to work with digital technology to deliver care calls and are willing to test the new approach.	

Table 2 - Options Appraisal Table

Based on the high-level SWOT analysis, the preferred solution would be *Option 5 – Purchase an integrated digital assistive technology solution that can be installed remotely. Alcove are currently the only market provider with this remote installation capability.* This solution offers the greatest potential benefits when weighed against the possible disadvantages. The technology is in the form of a tablet-type device, which can be installed remotely and enables video-calling to an individual's pre-identified support network. The technology enables virtual care to be delivered, through remote consultations and check-ins using the video capability. This option will be explored further during the procurement phase.

Should option 5 be chosen it is proposed roll out will take approximately 12 weeks once the purchase order has been made and devices are setup for use. This can be fast tracked, and a detailed project plan will be developed to identify accurate estimated timescale (see section 6.3 below for the proposed high-level project plan).

3.5 Procurement

In order to achieve the objectives of this project, the integrated digital assistive technology system and associated products will need to be sourced from the market. In order to achieve this in the timescales provided, the Digital Marketplace G-Cloud 11 framework will be used to procure the products required.

Prior to carrying out the required searches from the G-Cloud 11 framework, a set of requirements will be created which will then result in the long-list of suppliers being formed. Based on the set of requirements, a set of specific criteria will be used to assess the supplier's ability to deliver against the set of requirements and critical success factors in more detail. Those that meet the criteria set will then be put through to a short-list where they will be approached for demonstrations (if required) and a formal quotation.

When a suitable supplier is found via the G-Cloud 11 framework, the standard framework contract will be utilised. This means that the contract can be put in place for 1 or 2 years with an option of extending this for a further 12 to 24 months without the need for undergoing the above process again. The initial proposal is for the contract to run for a duration of 12 months. Given the pace required to secure an effective response, an effective and de-risked procurement approach is being balanced with the need to move quickly.

Note: with this specific project, following a market search Alcove is the only provider to offer the required solution offering remote installation. Alcove partner with Rethink Partners, therefore the project would be known as the Kent County Council, Alcove and Rethink Partners Alliance (KARA). Please see Appendix 2 for the KARA presentation and Appendix 3 for the KARA briefing provided by Rethink Partners. This approach has been signed off by Vincent Godfrey, Strategic Commissioner, KCC.

3.6 Potential Savings / Benefits

The delivery of adequate social care capacity will be a core priority to support the NHS to maintain capacity for the most unwell during the pandemic. This technology will assist in freeing capacity in the KCC social care workforce, whilst maintaining support in a new way to existing service users. The use of this technology supports Care Act 2014 compliance in driving person centred practice where service users can be self-determining.

Financial benefits can be realised by targeting a range of client groups for whom care technology can reduce existing care package costs. Video based care and associated financial benefits could be targeted at the following:

- Initially, Older Persons and those with Learning Disabilities with current care packages of less than 10 hours
- Those leaving hospital, with reablement reviews carried out with video calls rather than physical visits
- Older Persons and those with Learning Disabilities with larger existing or future domiciliary care packages.

Benefits tracking across the contract monthly could include:

- Direct cost of care package savings from shifting to video visits
- Process efficiency – using video Carephone for assessments rather than face to face visits
- Long term cost avoidance savings

Other benefits will be more difficult to measure but could be investigated are as follows:

- Third Party Savings - NHS costs (including Ambulance call outs from local responders and getting beds freed up) & Avoidance (predictive algorithms helping keep people from re-entering hospital).
- Will allow informal carers to continue working – particularly if employed in key services.
- Creating Capacity in NHS services by leaving hospital sooner.

Full benefits realisation planning and associated performance measures will be developed in full and agreed as part of project initiation following approval to proceed.

It is anticipated that for a number of users, 100% of their care will switch to a virtual delivery model for the duration of the crisis. Longer term arrangements beyond the pandemic period will be reviewed in light of need, data and user experience. Further modelling on impact and take-up is underway and is intrinsically linked to cohort selection i.e. low need / high need; new starts / existing users.

4. Financial Implications

4.1 As this project has been created in response to COVID-19 and to accelerate the use of digital technology to support vulnerable individuals across ASCH, the budget for this project is yet to be formally defined by DMT. The funding source will be defined in due course.

4.2 In preparation for this project, the investment required as supplied by Alcove and Rethink Partners is up to £1,477,980.00. This is detailed in the below table.

Product Initial Costings[3]

Description – *based on 12mth SIM*	**Quantity**	**Unit Price**	**Amount**
Video Carephones with stand	2,000	£299.99	£599,980.00
Licenses for Video Carephones	2,000	£60.00	£120,000.00
SIM cards for 12mths	2,000	£180.00	£360,000.00
Licenses for Concierge Service for 12 months for 30% of devices	600	£240.00	£144,000.00
Installation and Training for larger schemes (assumed 6% of units delivered)	120	£500.00	£60,000.00
Monthly Rethink Culture Change / Delivery Support for Roll Out of each Phase	12	£8,000.00	£96,000.00
Monthly Project Management and intensive Support for each Phase	12	£6,500.00	£78,000.00
Rethink Comms for Roll Out each Phase	1	£20,000	£20,000
Total			**£ 1,477,980.00**

Table 3: Product investment

The cost of the internal project management time to implement this project is as follows:

Item	**Per Month**	**Duration of project (months)**	**Working Days (per Month)**	**Total Cost**
Project Manager	**£5,375.00**	**3**	**20**	**£8,795.45**
Project Support	**£2,276.00**	**3**	**20**	**£3,724.36**
Total				**£12,519.82**

Table 4: Project Management cost

5. Legal Implications

5.1 The delivery of adequate social care capacity will be a core priority to support the NHS to maintain capacity for the most unwell during the pandemic. This technology will assist in freeing capacity in our workforce, whilst maintaining support in a new way to our existing service users. The use of this technology supports Care Act 2014 compliance in driving person centred practice where our service users can be self-determining.

[3] All devices and SIM cards are transferable

6. Equality Implications

6.1 Criteria of clients and providers who should be targeted at the outset of this project has yet to be defined, therefore it is not possible to accurately assess the impact on protected characteristics at this time. Once this has been confirmed an Equalities Impact Assessment (EqIA) will be conducted.

6.2 The implementation of the project during the current COVID-19 pandemic will result in clients receiving tablet-like devices enabling them to receive care and support virtually reducing their risk of becoming infected whilst the authority continuing to deliver on their responsibilities in line with legislation (Care Act 2014). In the current circumstances, it is expected that this project will have a mostly positive impact.

7. Data Protection Impact Assessment Implications

7.1 A data impact assessment (DPIA) is currently being created to support this project.

8. Conclusions

In conclusion, this proposed initiative provides support to vulnerable clients of Kent during this international pandemic. The purchasing of the tablet-like devices means that clients will be able to communicate with carers, friends and family much more easily when they need support the most. It also protects staff from visiting clients putting themselves or others at risk.

9. Recommendation(s)

9.1 Recommendation(s): The Cabinet Member for Adult Social Care and Public Health is asked to:
Recommendation(s): The Cabinet Member for Adult Social Care and Public Health
a) **AWARD** the contract for the Integrated Digital Assistive Technology Solution to Alcove ; and
b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision.

11. Contact details

Lead Officer
Clare Maynard
Head of Commissioning Portfolio
03000 416449
Clare.maynard@kent.gov.uk

Relevant Director
Richard Smith
Interim Corporate Director of Adult Social Care and Health
03000 416638
Richard.smith3@kent.gov.uk