From:	Clair Bell, Cabinet Member for Adult Social Care and Public Health
	Richard Smith, Corporate Director Adult Social Care and Health
To:	Adult Social Care Cabinet Committee – 17 November 2022
Subject:	**Technology Enabled Care Service**
Decision Number:	22/00096
Classification:	Unrestricted
Past Pathway of report:	None
Future Pathway of report:	Cabinet Member decision
Electoral Division:	All

Summary: The report provides an overview of the objectives and proposal for the implementation of the Technology Enabled Care Service. It is proposed the tender process for the service begins in December 2022, with the countywide Technology Enabled Care Service to be in place from September 2023. Through the vision and direction of travel set by the Adult Social Care Strategy Making a Difference Every Day, Kent can take this opportunity to be ambitious and innovative in order to lead the way in transforming social care through the use of care technology and data-led practice.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix A) to:
a) **PROCURE** a Countywide Technology Enabled Care Service; and
b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, as required, to facilitate procurement activity.

1. Introduction

1.1 The Technology Enabled Care Service is a key area of the Making a Difference Every Day Strategy and forms part of the innovation pillar. This will deliver against the Framing Kent's Future Strategy in implementing new models of care and support and improve the effectiveness and efficiency by making full use of new technology and innovations. The Social Care Reform White Paper published in December 2021 highlights a policy to drive greater adoption of technology through additional funding.

1.2   Technology Enabled Care is a term to describe a range of personalised IT and digital solutions that can be used to support outcomes for people who draw on care and support and carers. Innovative technology solutions and data are allowing people to remain independent for longer, identify risk, prevent incidents and ensure quick and appropriate responses to avoidable events such as falls.

1.3   The Technology Enabled Care market is moving quickly, and the offer will be designed to adapt in line with new innovations and tailored to people's individual needs and preferences.

Technology Enabled Care outcomes for people – what does it mean for Peter?

- I live at home with my wife and use Direct Payments to access the support I need to maintain my independence.
- Using technology is a big factor in managing my independence – even things that can seem small to other people make a really big difference, like being able to open the curtains and front door.
- I use a communication aid and have set up a smart home which is linked to my communication aid and enables me to manage my environment. All these things support both me and my wife, who cares for me but is also living with disabilities.
- Technology also enables me to engage in a range of forums and act as an advocate for others.
- Technology is also supporting my wife through giving her peace of mind and assurance that I can manage my home environment and get in touch via my communication aid and phone – this means she can go out and be reassured that technology is providing the right support.

Case study 1 – How Peter uses Technology Enabled Care

1.4   Technology Enabled Care can:
- Contribute towards the long-term sustainability of social care through transforming and enhancing the way care and support is delivered
- Improve outcomes for people and carers
- Delay and reduce the demand for community-based care, residential and nursing care
- Help increase capacity in social care and the wider system
- Deliver cost avoidance savings
- Improve care pathways with partners (Health, District Councils, Children's) and achieve system benefits such as reduce hospital admissions and improve hospital discharge

2.   Background

2.1   A diagnostic assessment of Adult Social Care was undertaken in late 2020 to provide a clear view of the Directorate's current state and future aspiration against three Pillars (Practice, Innovation and Meaningful Measures). The diagnostic established a direction of travel, with supporting narrative, and created an actionable plan which is now being delivered by Making a Difference Every Day.

2.2 The diagnostic defined the future state as: "Assistive technology, used to its full extent, acts as a powerful enabler for people which can go further than merely delaying care by a year or two, and can optimally be used to help people thrive rather than merely viewing benefits as cost avoidance."

2.3 There are currently three technology-based contracts in Adult Social Care:

- Telecare: Originally awarded in 2015, the contract is provided by Careium and supports approximately 4741 people. Annual contract value: £621,900.

- KARA video carephone: Rapidly implemented and rolled out in April 2020 as a response to the COVID-19 pandemic. The service is provided by Alcove and supports approximately 1400 people. Annual contract value: £592,000.

- As part of the Technology Enabled Care Service development, a one-year build and test contract was commissioned with NRS from March 2022 to test key principles of Technology Enabled Care. Contract value: £587,761.

2.4 The development of the Technology Enabled Care Service will enable Adult Social Care to bring together the existing services under one contractual arrangement and go further in its offer, embracing more innovative and person-centred technologies, ensuring that care technology and data-led practice is embedded across care pathways. Another key change that will affect how technology interacts with social care is the national transition from analogue telecommunication networks to digital technology.

2.5 A specific benefit of Technology Enabled Care is the data and opportunity to move towards data-led practice. This powerful shift will enable practitioners, people and their carers to make improved data-led decisions and with rich data identify and prevent problems before they escalate which will have a system wide benefit.

Data-led practice – embedding data in Adult Social Care

Mr Y is an older gentleman who lives at home and was referred to the Technology Enabled Care Service build and test as Mr Y's carers were concerned that he seemed dazed and tired during the day, and were concerned that he could be experiencing disrupted sleep and moving around at night.

Mr Y's social worker contacted the Technology Facilitators, who assessed his needs and put an Anthropos monitoring system in place in his home. The system enabled the Technology Facilitators to establish Mr Y's normal routine around his home, including his night-time activity.

After a month of having the Anthropos system in place, there was enough data to show that Mr Y actually had a fairly regular routine which didn't tend to include abnormal night-time activity. The Technology Facilitators shared this information with his social worker and were able to avoid an unnecessary increase in his care and support package.

Over the longer term the continued use of the data will inform ongoing care and support planning.

2.6 The full range of benefits is outlined in the Business Case (attached as Appendix 1), and it is proposed that a benefits realisation plan and mechanisms to report on benefits will be developed in partnership with the provider appointed to deliver the Technology Enabled Care Service.

2.7 The proposed Technology Enabled Care Service is the result of extensive co-production with other local authorities, the care technology market and engagement with people who draw on care and support. This engagement has built consensus that we are taking forward the right strategy to deliver our Making a Difference Every Day ambitions and achieve a social care model that has technology firmly embedded within it.

2.8 Learning from other councils has identified key elements that need to be in place to have a successful Technology Enabled Care model:

Strength- Based Practice	**The right technology and service**	**Culture Change**
• Person centred practice and data-based evidence will lead to improved services • Embed technology into social work practice so that it is a core part of care and support planning and not an add-on	• A good digital care technology offer that is person centred • A dynamic and innovative technology service that evolves over time to include emerging technologies • A good quality service that supports all aspects of technology deployment	• Technology take-up is most effective when change management is a key component within the service • This will ensure that outcome and financial benefits are realised as embedded within practice

2.9 In order to achieve a successful Technology Enabled Care model the following will be required from the procured service:

- **Scope**: County-wide Technology Enabled Care Service which is outcome focused and device agnostic with a focus on embedding innovation and culture change through the development of practice and a data-led approach.

- **Service Solution**: A Technology Enabled Care Partner that delivers core requirements: assessment and referrals, products, installation, monitoring, data dashboards and culture, change management.

- **Delivery**: The Technology Enabled Care Partner will work closely with the council to co-design, implement and embed the service in adult social care and develop opportunities with partners such as Health and District Councils to utilise Technology Enabled Care. As part of the contract the Technology Enabled Care Partner will also explore commercial opportunities, including the development and promotion of Technology Enabled Care to the public and self-funders (people who are not eligible for social care) this is also known as private pay offer and income through this route can be shared with the council.

- **Implementation**: A phased go-live enables the mobilisation of existing people with Telecare, KARA and Build and Test services for a full service go-live from September 2023

2.10 It is proposed to start procurement in December 2022 with the contract award to the successful provider in June 2023.

3. Financial Implications

3.1 Financial modelling has been undertaken based on extensive market consultation and engagement with local authorities who have implemented Technology Enabled Care services.

3.2 The table below provides information about the financial model:

Activity level: Technology Enabled Care Service will grow over the life of the contract so that 50% of people entering Adult Social Care will receive some form of Technology Enabled Care as part of their care and support package by Year 5 of the contract.		
Contract Value	**Cost avoidance opportunity**	**Contract Length**
£27,585,392 (7 years)	£35,919,626	5 +2 year
The opportunity will be advertised at the value representing the optimum usage when all parts of the health and social care system utilise the contract.		
Assumptions		
• Cost avoidance is modelled on using digital to meet care and support needs alongside other models of care delivery. The model does not account for other cost avoidance opportunities such as delaying residential and nursing care; a full benefits plan will be co-designed with the provider. • The financial model assumes a certain proportion of people will transfer from existing technology services into the new contract and explored a number of different scenarios based on different service growth over the proposed life of the contract. • The entire cost is revenue cost, as under the proposed model the council will lease technology devices from the provider rather than purchasing devices which potentially have a short lifecycle.		

3.3   The table below sets out the additional funding required for each year of the contract and what funding is already available.

	23/24 £000's	24/25 £000's	25/26 £000's	26/27 £000's	27/28 £000's	28/29 £000's	29/30 £000's
Anticipated annual cost	**1,853.6**	**2,904.1**	**3,674.9**	**4,333.8**	**4,776.3**	**4,998.9**	**5,043.8**
Current funding	989.3	1213.9	1213.9	1213.9	1213.9	1213.9	1213.9
Funding required (Yr 1)	864.3	864.3	864.3	864.3	864.3	864.3	864.3
Funding required (Yr 2)		825.9	825.9	825.9	825.9	825.9	825.9
Funding required (Yr 3)			770.7	770.7	770.7	770.7	770.7
Funding required (Yr 4)				659.0	659.0	659.0	659.0
Funding required (Yr 5)					442.4	442.4	442.4
Funding required (Yr 6)						222.7	222.7
Funding required (Yr 7)							44.9
Total Funding	**1,853.6**	**2,904.1**	**3,674.9**	**4,333.8**	**4,776.3**	**4,998.9**	**5,043.8**

For year 2023/2024 the funding available is lower compared to following years as this takes into account telecare contract extension costs up to August 2023 and direct award for KARA up to August 2023

3.4   Each year the service grows with increased number of people being supported with Technology Enabled Care, therefore each year will require additional funding. From 2023/2024 the additional funding of £864,300 will be from demography monies.

3.5   From 2024/2025 onwards the Social Care Reform presents opportunities with at least £150 million of additional funding being made available over the next three years to drive greater adoption of technology. The review of Disabled Facilities Grant (DFG) and the proposed changes puts more focus on technologies. The DFG Fund is delivered by local places through the Better Care Fund, which means local areas should be taking advantage of these opportunities to work together. Exploration conversations will take place on how to better utilise the funding to deliver the best outcomes for our communities. There is also consideration to using some of the DFG element that Kent County Council already receives to cover the cost of providing equipment to people supported by Adult Social Care.

3.6   In addition to funding identified in 3.5, funding has been made available to the Integrated Care Board (ICB) to help manage falls prevention through technology. This is a priority within the Social Care Reform White Paper as falls

cost the NHS over £2 billion a year and the use of technology could reduce falls by 20% or more and avoid admissions to hospital.

3.7 The procurement costs for this activity are outlined in the table below. These are internal costs relating to the Commissioning Officers who are supporting the project and providing expertise on procurement to ensure the council is acting within the regulations.

	Role	FTE	Duration	Cost
Procurement	Procurement expertise	30%	5 months	£9,828
Commissioning	Support with KARA, Telecare contracts and design of the Technology Enabled Care service	50%	12 months	£29,394
Total				**£39,222**

4. Legal implications

4.1 Legal implications have been identified in relation to data processing and data management across a range of technological devices and systems. Legal advice has been obtained to develop the Data Protection Impact Assessment (DPIA) and ensure the service will be compliant with the Data Protection Act 2018.

5. Equalities implications

5.1 A full Equality Impact Assessment (EQIA) has been carried out (attached as Appendix 2). Given that the Technology Enabled Care Service is proposed to be a countywide service available to all people supported by Adult Social Care, the EQIA did not identify any potential adverse effects of the proposal.

5.2 However, the EQIA recommends that in promoting the Technology Enabled Care Service and the benefits of receiving technology as part of a care and support package, consideration must be given to the development of accessible communications which are targeted at hard-to-reach communities to ensure equitable awareness of and access to the service.

6. Data Protection Implications

6.1 A full Data Protection Impact Assessment (DPIA) has been developed following the completion of the initial screening, the DPIA is included in the Business Case attached as Appendix 1. The DPIA has been informed by engagement with KCC's Data Protection Office and the Adult Social Care Information Governance Lead. However, some of the mechanisms on how the data will be processed will not be known until the preferred provider is selected.

6.2 The preferred provider will also be required to undertake DPIAs to manage any devices and systems delivered under sub-contracting arrangements. The DPIA

will be updated once a provider is appointed to reflect their specific processing arrangements.

7. Other corporate implications

7.1 The development of the proposed Technology Enabled Care Service has been a cross-directorate exercise informed by a range of specialisms, including IT, the Digital Kent Programme strategic commissioning, finance and the Strategic Reset Programme to explore cross-working opportunities.

7.2 Additionally, the focus on embedding data-led practice in Adult Social Care may have opportunities for Public Health associated with managing health and prevention at population-level. As Technology Enabled Care becomes more widespread and rich data is available regarding health and wellbeing, there may be opportunities to use these insights to support more targeted planning for services and interventions according to local need. This will also link to the council's Data Strategy being developed by the Strategic Reset Programme.

8. Conclusions

8.1 In summary, Technology Enabled Care will contribute towards the long-term sustainability of Social Care through transforming and enhancing the way care and support is delivered. There is significant evidence available from the care technology market and other Local Authorities who have implemented similar models which demonstrate the benefits of embedding technology and data-led practice.

9. Recommendations

9.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix A) to:
a) **PROCURE** a Countywide Technology Enabled Care Service; and
b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, as required, to facilitate procurement activity.

10. Background Documents

None

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