

Technology Enabled Care

Outline Business Case

Project Manager: Elizabeth Blockley

Senior Project Manager: Georgina Walton

Project SRO: Helen Gillivan – Senior Accountable Officer, Making a difference every day

Portfolio: ASC

Version No: v13.0

Purpose:

The purpose of the Business Case is to provide justification for undertaking a project or programme. It evaluates the benefit, cost and risk of alternative options and provides a rationale for the preferred solution.

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Owner's Name
V0.1	August 2022	Draft Outline Business Case	Lizzie Blockley, Project Manager
V0.2	12 August	GW comments	
V0.3	17 August	GW comments under section 5	GW
V0.4	18 August	Updates to Strategic Case, Management Case and Appendices	LB
V0.5	25 August	Updates to Options Appraisal and Financial Case	LB
V0.6	1 September	Removed commercial strategy section until updated, further amendments to options appraisal and section 1 and financial section	GW
V0.7	22 September	Incorporating comments from the Strategic Commissioner, updates to Appendix 3 – Options Appraisal and Section 3 – Commercial Case	LB
V0.8	23 September	Updates to Commercial Case and Financial Case	LB

Version	Date Issued	Brief Summary of Change	Owner's Name
V0.9	24 September	Review updated version and added comments	GW
V10.0	26 September	Final review and insertion of data-led practice case study	LB
V11.0	29 September	Updates to Financial Case based on updated modelling Insertion of Commercial Strategy as Appendix 5	LB
V12.0	7 October	Update to commercial strategy	GW
V13.0	16 October	Update to section 4.4 - added updated budget table and added appendix 7 – case studies	GW

Contents

1.	STRATEGIC CASE	5
2	ECONOMIC CASE	23
3	COMMERCIAL CASE	31
4	FINANCIAL CASE.....	36
5	MANAGEMENT CASE.....	42
6	APPENDICES	47

i. Executive Summary

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

Through the vision and direction of travel being set by the Making a difference every day strategy, 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.

Technology Enabled Care is term to describe a range of IT and digital solutions that can be used to support outcomes across the care pathway. Devices such as movement sensors, smart watches, wearables, falls prevention devices and other technologies are allowing people to remain independent for longer and better manage risk when previously they may have needed additional help, for example home care or moving to a residential care home. Technology Enabled Care has been evidenced in other Councils to improve outcomes for people and achieve significant financial benefits.

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

- Peter lives at home with his wife and uses Direct Payments to access the support he needs and maintain his independence.
- Using technology is a big factor in managing his 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.
- Peter uses a communication aid and has set up a smart home which is linked to his communication aid and enables him to manage his environment. All these things support both Peter and his wife, who cares for him but is also living with disabilities.
- Technology also enables Peter to engage in a range of forums and act as an advocate for others.
- Technology is also supporting Peter's wife through giving her peace of mind and assurance that he can manage his home environment and get in touch via his communication aid and phone – this means she can go out and be reassured that technology is providing the right support.

Technology Enabled Care will contribute towards the long-term sustainability of Social Care through transforming the way care and support is delivered. Evidence from other local authorities who have implemented a Technology Enabled Care model show improved outcomes for people and demonstrated benefits in terms of delaying and reducing the demand for traditional services such as community-based care and residential and nursing care

The key drivers for introducing Technology Enabled Care are:

- People who draw and care and support want more choice and control through Self Directed Support
- Increased demand
- Pressures within the Care Market
- Cost avoidance savings
- A shift in Social Care Practice – the new Adult Social Care Practice Framework takes a strength-based approach and embedding Care Technology will support the development of data-led Practice
- System wide benefits, such as working with Health to reduce hospital admissions and improve hospital discharge.

1. STRATEGIC CASE

1.1 STRATEGIC CONTEXT

Kent County Council (KCC) is going through a period of change following the appointment of a new leader in May 2021, the impact Covid-19 has had on the authority and the residents of the county. At the same time there is a need to meet many social, economic and community issues that we face as a county, such as an increasingly ageing population is driving more complex and more costly social care demand.

This is why Kent's strategy has four key priorities, which will shape and frame Kent County Council's response to the challenges and opportunities of the next four years:

- Levelling Up Kent
- Infrastructure for Communities
- Environmental Step Change
- New Models of Care and Support

The Councils Strategy states that *"we have real opportunities to improve the effectiveness and efficiency of our adult social care services by making full use of new technology and innovations that mean we can better manage demand and focus resources where they are most needed."*

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 also established a direction of travel, with a supporting narrative, and created an actionable plan which is now being delivered by Making a difference every day.

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. Kara must be viewed as one aspect of the ecosystem of support available to an individual, and not just a short-term solution aimed to provide additional support during the crisis. As stated in the business case the application of this technology must form a critical part of KCC re-commissioning intentions for the replacement of telecare. Critical aspects of this future state include:

- *A holistic view of the support available to individuals which includes digital assistance at its core and not just an add on to supplement more traditional commissioned support*
- *Tech and digital assistance enables the community to support vulnerable people - reducing the need for monitoring calls, face-to-face visits, third party spend, and long-term commissioning of care.*
- *Data and technology architecture that describes how all devices will be able to interoperate and inform commissioning decisions"*

1.2 CASE FOR CHANGE

1.2.1 Digital Health and Social Care

Social care and health services across Kent face significant challenges as the population is living longer and with more complex needs, which is increasing demand on the health and care sector. Kent is the most populated county in England, with 1.55 million people. Of these, 15,425 people are supported by Adult Social Care with 9,018 people over the age of 65. The number of 65+ year olds is forecast to increase by 44.9% by 2039.

Funding pressures and resourcing issues continue to dominate our operating environment, along with increasing expectations in terms of our ability to continue to deliver and improve services. All this is set against the backdrop of tremendous change.

Further pressures are added due to a workforce shortage in the care market, which pre-dated the COVID-19 pandemic and has been compounded since. Figures in April 2022 showed a social care vacancy rate that had increased from 5.9% in May 2021 up to 10% in April 2022, putting a high level of pressure on the sector and increasing waiting times for services.

Basic care technology solutions have been in use in people's own homes for decades, enabling older people and those with a long-term condition or disability to continue to live independently. In recent years, there has been national recognition of the role care technology can play in providing care, early detection and prevention. The Social Care Reform white paper published in December 2021 highlights a policy to drive greater adoption of technology through additional funding and draws attention to the opportunity to use technology to support independent living and improve quality of care.

An outcome from the Adult Social Care strategy is that the people we support feel listened to and able to shape what we do and how we do it. The approach with Technology Enabled Care will enable this from how we develop, implement the service to how we work with people through Practice to understand their outcomes and what will work for them in order to achieve the outcomes. Technology Enabled Care has the potential to benefit a huge range of people. Over time, our ambition is to grow a service that is accessible to all Kent residents; both those who have eligible needs under the Care Act and residents who want to access the benefits of technology via a privately funded arrangement.

A number of local authorities have successfully developed Technology Enabled Care Services or are in the process of doing so. The Technology Enabled Care Services contract will bring together the existing KARA and Telecare contracts and the new technology provision in order to develop a transformational service offer that progresses our strategic objectives, ensures consistency across the county and

develops a service that is fit for the future. As stated in Framing Kent's Future *"the time and opportunity has come to fundamentally rethink the way health and social care services are provided, both to manage the urgent resource gap health and social care jointly share, and to provide more preventative, coordinated care to the population we both support"*.

Current Offer in Adult Social Care

- **Existing Analogue Telecare Provision**

The Telecare contract was originally awarded in 2015 and has since been adapted to meet the needs of individuals. The purpose of Telecare is to support people to maintain independence, facilitating them to remain in their own home for as long as possible. This is achieved through a traditional Lifeline and pendant which was linked through a standard telephone line and then into a monitoring centre, all of which is currently provided by Careium and supports 5959 people. Although telecare is suitable to meet certain people's needs, the existing contract arrangements do not allow for a great deal flexibility to source other technology provisions in the market.

Another key change that will affect how technology interacts with social care is the national transition from analogue telecommunication networks to digital technology, due to be completed in 2025. This means that products that rely on older analogue telephony infrastructure will no longer work, and services will have to switch to newer devices that can connect to broadband networks.

- **Technology Enabled Care Build and Test**

As part of the Technology Enabled Care Service development, a one-year build and test project was commissioned with the aim to test key principles of Technology Enabled Care, demonstrate outcomes that can be achieved from access to a wider range of technology and understand requirements for the long-term service. A contract for the delivery of the build and test was awarded to NRS Healthcare in March 2022, and after a mobilisation period through April and May, the build and test sites in Thanet, Dover and Folkestone and Hythe went live in June 2022.

The build and test project will run until March 2023, and whilst outcomes from the project will not be fully understood until the delivery of the final project report, there are a number of valuable insights from the first phase of the project which have informed the options appraisal for the long-term Technology Enabled Care offer.

The development of the Technology Enabled Care Early Findings Report (produced August 2022) highlights some of the key learnings to date, including the recommendations:

- Ringfence resource - Feedback suggests that despite the willingness of practitioners, many have found it difficult to support the project alongside their standard workload.
- Build expertise: The project to date has benefitted greatly from the expertise of a few key subject matter experts across the NRS Healthcare and KCC teams. Identifying and supporting potential candidates to provide expertise and drive engagement may be integral to managing the process as it scales in the future. It must be noted that early findings reflect that this scale of Cultural Change is likely to take time, and the service model will need to bed in.
- Ensure scalable design: As a build and test, the service model has developed from the original design, and further changes have taken place to address the slow uptake across the teams. The current model not only requires resource to implement the technology, but also to actively monitor the technology and act upon the data outputs. Ongoing monitoring must ensure that the service model could operate on a broader scale without over burdening key personnel.
- Utilise data to inform future service development: Develop the capability to collect and analyse data collected through TECS devices to inform workforce planning and service delivery, while protecting the privacy of people accessing care and support.

The full Early Findings Report can be found under Appendix 6 of this document.

- **KARA**

The KARA carephone service supports 1047 people with an internet-based device that enables video and telephone with just a touch. This enables people to maintain and increase their levels of communication with people, including formal and informal carers.

The Power of Data

Technologies are increasingly connected and integrated to each other and to dashboards to support remote monitoring. There is an opportunity proactively to use data generated from Care Technology to support independence and improve outcomes. There are a range of ways in which data from Care Technologies can be used:

- Using data to inform decision-making
- Data to influence stakeholders and partners
- Using data to support culture change and embedding Care Technology into day-to-day practice

- To support independence and improve outcomes for people, in particular around prevention
- Improve population data
- For planning and budgets

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.

The use of data from Care Technology is aligned to the KCC Data Strategy which is going through final stages of approval. The strategy has been developed to ensure data is valued across KCC and used to its full potential to positively impact residents and people we support, inspiring confidence in KCC's actions.

Evidence from Other Councils

Technology Enabled Care has achieved significant benefits in other Councils (i.e. Hampshire, Essex, Suffolk) where there have been reductions in existing budgets such as the reduction in existing care packages following a review. The implementation of the Adult Social Care Locality Model will support management of timely reviews which are crucial to realising the potential benefits of Technology Enabled Care.

However, where Councils have reported the biggest impact is in cost avoidance, using Care Technology to delay the need for funded care and support, or less care and support needing to be provided and delaying residential care. Some Councils have shared they are experiencing on average approximately a 9-month delay on someone moving from the community to a residential placement.

Essex

Essex began their new Technology Enabled Care contract on 1 July and have a two lot model; Lot 1 is provided by Millbrook Healthcare and offers an end-to-end technology and innovation service including learning opportunities, and Lot 2 is a falls pick-up service delivered by Provide CIC. Prior to the implementation of this contract, the Council undertook a care technology trial with PA Argenti and also had contracts in place for Telecare and KARA video carephone devices.

The new service builds on their previous technology contracts and they have a real focus on using technology to support the preventative agenda; TEC is offered to everyone over the age of 18 under the prevent, delay, reduce principle of the Care Act. The benefits realisation model identifies that services to date have delivered approximately £10.9m in cost avoidance and prevention savings.

Suffolk Council

Within the first year of the Technology Enabled Care contract, Suffolk Council has processed 1600 referrals for Technology which have resulted in 4.2 million cost avoidance and £430k in cashable savings. The programme in Suffolk extended to include Health after 6 months, this resulted in avoiding 173 hospital days and 118 ambulance call outs. The programme to date has supported 1295 people to remain at home.

Hampshire Council

Hampshire Council in the 4 years of a TEC partnership supported 9,600 people. By year 4 the net savings were £2,515,00, with a continued increasing trend into Year 5 of the contract. Hampshire reports high satisfaction rates with people who draw on care and support, they feel that TEC has increased their feelings of safety and security (94%). In addition to the financial benefits there have been significant preventative financial benefits which have not been captured. As these are difficult to quantify accurately, however Hampshire concludes there has been a real impact in supporting informal carers thereby reducing the need for formally paid social care support. A reasonable estimation of the impact would be as much as £4,000,000 of prevented social care costs annually.

<http://democracy.hants.gov.uk/documents/s38112/Report.pdf>

Creating a Digital Workforce

Achieving a more digitally-enabled social care operating model is fundamental to the long-term sustainability of Adult Social Care and underpins many of the strategies and opportunities to improve efficiency, capacity, outcomes over the medium term. Delivery of the ambitions of the Making a difference every day strategy and the ASC Digital Road Map will require a workforce that is capable of embracing digital approaches, tools and mindset.

Following a diagnostic of Adult Social Care by consultancy firm PwC in 2021, it was recognised that the directorate's digital and technology understanding and how it is embedded into procedures is at a foundation level. Having an agile and supportive contract arrangement in which expertise and knowledge can be utilised in conjunction with a robust training and performance measures should start to facilitate change in conjunction with the new Adult Social Care Practice Framework.

At the time of conducting the diagnostic, there was no dedicated resource point for people to refer to which enables them to understand how technology could be used to support our workforce when it comes to prescribing it and for the residents of Kent when securing it themselves privately. The role of Technology Facilitator was introduced in Summer 2021. The Technology Facilitators have since worked across Adult Social Care to engage teams to promote the opportunities associated with a technology offer and to provide advice and signpost access to technology.

The proposal for the Adult Social Care Locality Model was launched in July 2022 and identifies a new Technology Officer role which is proposed to be implemented in each locality area. This role will play a significant role in managing culture change at a local level and supporting teams to give consideration to opportunities to use technology in the delivery of care and support.

Professional practice will need to change to order to mainstream Technology Enabled Care. Moving to a position where digital first is always considered and practice is informed by data coming from Technologies.

People who draw on Care and Support

The Adult Social Care Strategy aims to ensure that people will experience more flexible ways of arranging support, promoting a balance of choice for the people we support, quality and value. Working with the Technology Enabled Care co-production group, this is what is important to people:

- Effective supply lines are key – making sure equipment is readily available. Something that can seem like a minor element can have a really big impact on a person waiting for support. Delays also impact on people having to tell their story multiple times to try and get what they need.
- Integration is absolutely key – sometimes people will need multiple pieces of equipment/ devices from different companies, and it's crucial that they work

effectively together to best meet a person’s needs. Our approach has to be holistic and centred on someone’s needs, not systems driven.

- It’s crucial that people assessing and prescribing for technology really understand how it is going to be used. Devices must be properly matched to a person’s individual needs to get the right outcome.
- We must not fall into the trap of assuming that one piece of equipment will work for everyone with a specific need or disability; it isn’t just about spending money on expensive devices, but understanding what is important to that person and what works for them.
- There needs to be a good ongoing support offer to make people can continue to use the equipment – even something that seems simple like re-booting equipment or plugging things in isn’t accessible for some people. Providers and practitioners must be mindful of how people can use and engage with technology and tailor the offer for individuals.
- Support practitioners to be more innovative in helping achieve their outcomes and not just default to what they already know.

1.2.2 Objectives

The **main** objectives for this project are as follows:

To put in place an innovative digital technology enabled care offer that empowers a person and supports them to maintain or improve their independence, safety, and wellbeing. To transform Practice and the way care and support is delivered which will improve lives and make social care sustainable.

In developing the Technology Enabled Care Service, there will need to be a change in approach relating to how people are informed of, assessed for and access across all of the social care pathway (Practice), flexibility on what is available to meet people’s needs (Innovation) and utilising data to become data-led practice with a focus prevention, demonstrate benefits and drive improvement (Meaningful Measures).

1.2.3 Benefits

The **main** benefits expected from the project are described in Table 1.

Group/Partner/Sector	Areas of impact
Outcomes for people	<ul style="list-style-type: none"> • Increased independence • Improved safety • Increased confidence • Improved quality of life

	<ul style="list-style-type: none"> • Prevention of escalation of need • Reduced need for care and support in the home • Ability to live at home for longer • Choice and control - -Self Directed Support • Crisis prevention • Improved health and wellbeing • Reduced risk of harm (falling, wandering) • Improved skills in using technology • Improved connectivity to social networks and local communities • Improved information, advice and support for self funders
Outcomes for carers and families	<ul style="list-style-type: none"> • Increased confidence and peace of mind • Increased independence • Increased health and wellbeing
Adult Social Care	<ul style="list-style-type: none"> • Reduced care costs • Delayed care costs • Improved outcomes for people who draw on care and support • Improved satisfaction for people who draw on care and support • Increased and improved partnership working • Effectively manage demand and make social care sustainable • An offer that better supports self-funders • Opportunities to improve transition from CYPE to Adult Social Care.
Social Care workforce	<ul style="list-style-type: none"> • Increased productivity and flexibility • Increased job satisfaction for practitioners • Embed Strengths based and data-led practice • Increased confidence in talking about Care Technology • Increased confidence in using in data
Health	<ul style="list-style-type: none"> • Reduction in hospital admissions • Reduction in ambulance contacts and call outs • Quicker hospital discharge: reduction in length of stay, discharge straight to home • Key tool in helping Kent manage winter and other pressures
Housing and district councils	<ul style="list-style-type: none"> • Reduction in on-site support for various types of housing schemes • Developments of smarter housing • Improved safety and security to properties
Care Providers	<ul style="list-style-type: none"> • Reduction in face-to-face contacts through remote monitoring and contact to enable remote prompts (e.g. nutrition, hydration) • Increased efficiency • Improved quality through more targeted, purposeful

	<p>visits, reduced failed visits and remote contact</p> <ul style="list-style-type: none"> • Improved productivity and flexibility • Improved outcomes for people • Efficient processes • Manage demand and workforce pressures • Improve workforce retention • Improved workforce confidence in using digital
Voluntary Sector	<ul style="list-style-type: none"> • Improved digital offer to Kent residents • Ability to support people in their communities more effectively
Financial Benefits	
	<ul style="list-style-type: none"> • Cashable savings: Where Care Technology results in reductions in existing budgets such as a reduction in existing care packages following a review. • Non-cashable savings: Where Care Technology has resulted in a delay to the need for funded care and support, or has resulted in less care and support needing to be provided for a period of time. <p>Whilst other local authorities who have implemented a Technology Enabled Care Service have identified savings opportunities, these are predominantly cash avoidance savings. Although there may be opportunities to realise some cashable savings through implementing technology solutions for people with existing packages of care and support, the majority of opportunity will be for future packages of care and support.</p> <p>The contract will therefore represent an invest to save model; if the appropriate financial and resource investments are made in developing the service now, there will be an avoidance of demand on traditional Adult Social Care services over the life of the contract.</p>

1.2.4 Risks

The **main** risks associated with this project are as follows:

Main Risk	Counter Measures
<p>1.Culture Change required – workforce, partners, providers and people.</p>	<p>The council will be investing in Technology Enabled Care, however if the culture does not change to embrace Care Technology there is a risk that it will not be utilised to the full potential. It will also take time to change the Culture and need to be ongoing.</p> <p>There are a number of mitigating actions, however the most important is that through the contract there will be a requirement and investment in a partner with the expertise to help drive change.</p> <p>Other counter measures will include:</p> <ul style="list-style-type: none"> • Robust communication and engagement plan. • Seek advice and input from operational teams when transitioning through the stages of the project. • Build referral mechanisms into existing social care procedures, practice guidance and processes. • Capture feedback, issues and good news stories and ensure Kent based examples are shared to demonstrate value and obtain buy-in. • Ongoing training and support programme implemented. • Expansion of the Technology Facilitator role by implementing Technology Officers.

<p>2. Financial benefits and cashable savings</p>	<p>There is a risk that Adult Social Care financial savings are predicated on the implementation of a Technology Enabled Care Service and that these are not realised or take time to realise due to how long it can take to embed changes in Practice. To review savings calculations and ensure they are reprofiled based up updated financial model.</p> <p>Additionally, the realisation of potential benefits of Technology Enabled Care are dependent on Adult Social Care teams delivering business processes, particularly annual reviews, in a timely manner. Delays to the delivery of care needs assessments and annual reviews will have an adverse impact on the delivery of financial benefits and cashable savings.</p> <p>As part of the implementation of Technology Enabled Care there can be a targeted approach to focus on areas with high cost such as learning disabilities, discharge pathway and delaying residential care.</p> <p>To track and evidence this there will be requirement within the contract to have in place robust financial and non-financial tracking systems.</p>
<p>3.Partner Commissioning Strategies are not aligned</p>	<p>There are opportunities for Care Technology to be utilised across the system, with real impact on the prevention of hospital admissions and quicker discharge. However, these may not be realised if Partners do not work with us to explore. Initially the Technology Enabled Care contract will focus on the requirements of Adult Social Care but will highlight the need for the Technology Enabled Care partner to work with us and partners during the life of the contract to develop opportunities.</p> <p>Other actions:</p> <ul style="list-style-type: none"> • Robust communication and engagement plan. • Liaise with Health colleagues to understand appetite for sharing opportunities to integrating contract which benefits both organisations • Seek to understand wider social care and health benefits as part of build and test • Share findings and benefits of Technology Enabled Care with the Authority, partners and providers in Kent. • Utilise senior leadership relationships within the council and partners to obtain buy-in to the change in approach.

<p>4.Care Market</p>	<p>The Care Market will play a key role in supporting the drive to embed Technology Enabled Care and there is a risk that this can be seen negatively and a threat. The following counter measures will be put in place:</p> <ul style="list-style-type: none"> • Robust communication and engagement plan. • Case studies and showing the benefits of Technology. • Access to training and demonstrations. • Working with us to co-design and implement the service.
<p>5. Procurement approach and timescales</p>	<p>The timescales for the procurement of the County wide service are ambitious. The drivers for these timescales are to align with contract end dates, to have a Technology Enabled Care offer that allows meaningful choice within Self Directed Support and achieve savings.</p> <p>The approach to procuring the service is key to ensuring we get the right contract. This is a very different approach for the Council and our first attempt at procuring such a contract. To mitigate this using the expertise of procurement colleagues, other councils learning.</p> <p>There are also many councils in the process or about to procure new Technology Enabled Care services. Therefore, providers are busy and may start to be selective about the Councils they work with. Therefore, it is important that providers want to work through Kent. Counter measures:</p> <ul style="list-style-type: none"> • Market consultation events • Playing to Kent’s strengths and size – there is real opportunity in Kent to make a difference

7. Local Evidence of Impact	<p>The build and test was procured in part to inform the development of the county-wide Technology Enabled Care Services offer. However, the go-live date of the build and test and procurement timescales to have a county-wide offer in place for summer 2023 do not align to enable understanding of a large evidence base from the build and test.</p> <p>This is being mitigated by extensive engagement with other local authorities who have implemented a Technology Enabled Care Service, with opportunities to explore proportion of their population utilising technology, how the offer can be scaled up across the county and best practice to support culture change within the workforce.</p>
8. Capacity and support from internal departments: Procurement, ICT, Finance and legal	<p>The success of the procurement and implementation will be subject to the expertise from procurement, ICT, finance and legal. However, with stretched resources, other activities within the Council and ambitious timescales capacity can be limited. If this is experienced this will be escalated to MADE DMT.</p>

1.2.5 Scope and Deliverables

In Scope	Out of Scope
<ul style="list-style-type: none"> • Telecare • Kara • Technology Enabled Care Services 	<ul style="list-style-type: none"> • Technology Refresh Programme (TRP) • Mosaic main programme of works • Integrated Community Equipment Service (ICES) • Wheelchair Service

The key deliverables for this project are:

- Technology Enabled Care Services specification and list of requirements to help formulate a procurement strategy and future direction for a countywide offer. The delivery of the service specification will be informed by market consultation and co-production groups with people who draw on care and support.
- Creating the foundations to fully utilise data from Care Technology.
- Build robust mechanisms to capture and evidence financial and non-financial benefits.

- Market consultation and engagement with a range of stakeholders, including local authorities with an existing Technology Enabled Care Service, providers in the market and people with lived experience.
- Consolidation and clarity of the Authority’s Technology Enabled Care offer to support implementation and culture change within the ASC workforce.
- Training, procedures and protocols to support culture change and to embed across ASC and partners.
- Effective communication and engagement plan to include people, providers, partners and the workforce.
- Design model to support integration with Partners and providers across the health and social care sector in Kent.

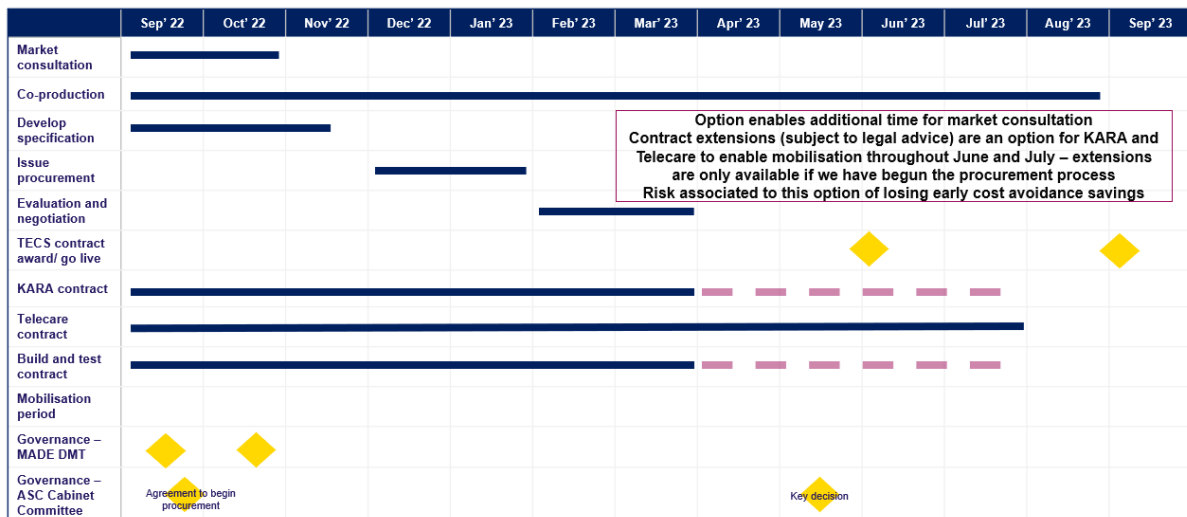
1.2.6 Project Dependencies

Existing Contracts

There are a number of Care Technology contracts in place across the authority. Having multiple contracts with similar provisions may not be achieving best value for money for the authority and therefore will be incorporated into the county wide contract. The existing contracts relating to this area are as follows:

Contract	Start date	End date
Telecare	December 2015	December 2022 (extended to August 2023)
Kara	April 2020	April 2023
Build and test contract	March 2022	March 2023

The extension of the Telecare contract enables contracts to be brought together under the Technology Enabled Care Services contract from September 2023, reducing duplication and supporting more efficient use of resources. In order to provide more time to manage a successful contract award and mobilisation period, existing contracts KARA and build and test may receive direct award extensions until the end of August 2023.



KARA

The KARA carephone service supports 1047 people with an internet-based device that enables video and telephone with just a touch.

ASCH Practice Framework

The future methods of practice in Adult Social Care and Health will need to incorporate the Technology Enabled Care Service and embed a technology-focussed approach across all pathways and services.

The Technology Enabled Care Services team has worked closely with the project team supporting the Practice Framework, which will ensure the consistent application of a strengths-based approach across Adult Social Care. Practice documentation has been updated to ensure practitioners are giving consideration to the use of technology in assessing and meeting a person’s needs.

CYPE

Whilst the Technology Enabled Care Services contract will not initially incorporate CYPE, it will engage with CYPE staff to understand their needs and the contract will be designed to be sufficiently flexible to bring partners under the contractual arrangement in the future.

EMPOWERCARE and Digital Champions

The EMPOWERCARE project is working in partnership to support older people or 50+ with an additional health condition to improve the digital offer and find solutions for people disadvantaged by technical inability as part of an Interreg funded project which ends March '23. A fully trained volunteer team of 22 Digital Ambassadors have been delivering one to one training and support to 81 people who draw on care and support. All the learning from this has been shared with Digital Kent and is now being taken forward by this programme to ensure scale and sustainability.

Technology Enabled Care Facilitators

As part of the funding secured through the Empowercare project the Directorate has been able to test new roles to support the Adult Social Care workforce in developing their knowledge of technology and embedding it within their practice. The initial two Technology Enabled Care Facilitator roles have worked with teams across the county to build awareness and support teams in prescribing technology for people they are supporting. The role is funded up to March '23.

The new role of a Technology Enabled Care Officer is being considered under the development of the Locality Model. There will be an ongoing resource requirement to manage culture change, implementation and prescribing and data monitoring throughout the life of the contract.

Digital Kent

Digital Kent is working to improve digital inclusion and capabilities in the county of Kent. Digital Kent has a focus on community wifi, digital champions, device loaning scheme, engagement and skills development and local digital hubs.

Health

There are currently a number of activities that are in implementation or development with Health which have a digital focus:

- Falls prevention technologies, a project funded by Digital Transformation Fund up to March '23.
- The Department of Health Social Care has made funding available to all ICSs for the next four years as part of the digitising social care programme, to directly support the digital transformation of adult social care. The aim of the funding is to scale the adoption of care technology in Adult Social Care.
- Ongoing opportunities to improve hospital discharge by using technology.
- Virtual wards.

1.2.7 Project Assumptions

- The Technology Enabled Care Service contract will initially focus on Adult Social Care services. However, Partners including Children, Young People and Education, District Councils and NHS organisations will have the opportunity to access the contract and these opportunities will be developed during the lifetime of the contract.
- Kent and Medway ICB will wish to benefit from a Technology Enabled Care Service in the future. Engagement undertaken to date has identified a need for more evidence to be provided on the benefits of Technology Enabled Care to the Health system. The contract will be designed with the flexibility to enable partners to come on board during the life of the contract.

- Based on anecdotal evidence, it is assumed that supporting people through technology empowers them to live their lives and supports independent living for longer. Evidence to demonstrate this assumption is being gathered as part of the Technology Enabled Care build and test and will inform the long-term commissioned offer.
- The new technology offer will digital-focused in readiness for the digital switchover which will be complete by December 2025. It is assumed that digital solutions will be more expensive than the historic analogue version, but implementation at an early stage will represent better value for money than investing in analogue devices. Using digital solutions brings more benefits such as it is evident when they are being used unlike analogue which is only known if used in a situation, which can lead to a follow up if digital solutions are not being used.
- Within the specification for the Technology Enabled Care county wide contract there will be a requirement to migrate people with KARA who are Care Act eligible to the new service offer and have a Technology Enabled Care assessment. For people who do not have Care Act eligible needs, there is an opportunity to offer a private pay option once the KARA contract ends in April '23.
- Existing users of Telecare will be transitioned to the TECS offer and have a TECS assessment to determine the right solution from the new offer.

1.2.8 Project Constraints

National legislative frameworks, including but not limited to, the Care Act and Mental Health Act, Equality Act 2010, must be adhered when changes are applied during and after the project lifecycle.

The Care Act 2014 placed a statutory duty on councils to prevent, reduce and delay needs and to provide information and advice services relating to care and support for all people in its area. Options for changes to the prescription and use of assistive technology and equipment must align with the requirements under the Care Act (2014) along with KCC's strategic outcomes and the Directorate's strategies and plans.

1.2.9 Wider Impact Assessments (Equalities, Environmental and Privacy)

Please refer to the Data Protection Impact Assessment (DPIA) under Appendix 1.

Please refer to the Equalities Impact Assessment (EqIA) under Appendix 2.

2 Economic Case

2.1 CRITICAL SUCCESS FACTORS (CSF)

The critical success factors (CSFs) are follows:

- Develop a robust data evidence base which is used to proactively support independence, improve outcomes and generate insights about future service requirements and population-level need, and support a data-led approach to practice.
- A clear and innovative offer that empowers people, supports independent living and provides greater choice and control.
- Proactively considering assistive technology across the social care pathway, including but not limited to, at the first point of contact, care and support assessments and reviews and enablement support.
- A flexible model that enables Technology Enabled Care to develop over time and explore benefits of partnership working.
- To develop the private pay market, exploring options for promoting Technology Enabled Care to self-funders and commercial opportunities.
- Maximise efficiencies in ASC and embed digital technologies to manage demand. From the start ensuring systems in place to collate and report comprehensive and reliable data, that show the financial and non-financial benefits and impact of Technology Enabled Care.

For people who draw on care and support, the Technology Enabled Care offer will need to:

- Enable people to improve or maintain their independence for as long as possible in an environment they want to be in
- Empower people and enable greater choice and control
- Be an integral part of the care pathway and tool for the workforce to support people
- Ensure digital is considered for all when it comes to meeting identified outcomes for the person
- Be outcomes focused, where the most appropriate technology is provided to meet the persons needs and outcomes
- Be embedded within operational practice of social care professionals
- Embrace the latest innovations in technology as well as alternative provisions to meet people's care and support needs. Ensure that the service is not confined by one or a few solutions, with a broad ecosystem of providers and types of technologies.

2.2 Technology Enabled Care Services – County-wide offer

The options considered were assessed against the Critical Success Factors identified above and have been developed in consultation with people who draw on care and support, key stakeholders including ASC staff and the Making a difference every day Directorate Management Team.

A full options appraisal for the Technology Enabled Care county-wide offer can be found under Appendix 3.

A short list was then formulated as potential opportunities:

1. Do Minimum

This option represents the current situation and provides a baseline against which the other short-listed options will be measured.

Scope:	County-wide delivering TEC service flexible/ adaptive products. Incorporate existing contracts
Service Solution:	The following service elements are managed in isolation from one another and possibly by multiple providers: <ul style="list-style-type: none"> • Assessment • Products • Installation • Monitoring and response service • Data dashboards
Delivery:	All processes are outsourced to external provider(s): <ul style="list-style-type: none"> • Assessment • Products • Installation • Monitoring and response service • Data dashboards
Implementation Timeframe:	Phased go-live which prioritises transition to the new contract for: <ul style="list-style-type: none"> • Existing Telecare • Existing KARA • Existing Build & Test TECS <p>Mobilisation period from June – August focuses on supporting migration</p> <p>County-wide contract go live September 2023 onwards</p> <p>Emphasis on innovation. TEC partnership will evolve to reflect ongoing transformative nature of technology.</p>

	Working with partners to develop opportunities and maximise potential commercial opportunities. Identifying additional cohorts of people that may benefit. Over the life of the contract activity will increase year on year
Rationale for option	Although this option will be cheaper to deliver, it fails to address the requirement for innovation and culture change which seeks to embed the Technology Enabled Care approach across all ASC pathways. Therefore, with this option there is a risk that a service will be procured but not utilised.

2. Less Ambitious than Preferred

This option represents the desired level of service modification based on the minimum level of change and spend identified at each stage of the long list exercise:

Scope:	County-wide delivering TEC service and flexible/adaptive products. Incorporate existing contracts. With innovation, service development and culture change
Service Solution:	The following service elements are managed by one provider: <ul style="list-style-type: none"> • Assessment • Products • Installation • Monitoring and response service • Data dashboards
Delivery:	Some processes are outsourced to external provider(s): <ul style="list-style-type: none"> • Products • Installation • Monitoring and response service <p>Assessment, referrals and data managed in-house by KCC staff</p>
Implementation Timeframe:	Phased go-live which prioritises transition to the new contract for: <ul style="list-style-type: none"> • Existing Telecare • Existing KARA • Existing Build & Test TECS <p>Mobilisation period from June – August focuses on supporting migration</p> <p>County-wide contract go live September 2023 onwards</p> <p>Emphasis on innovation. TEC partnership will evolve to reflect ongoing transformative nature of technology.</p>

	Working with partners to develop opportunities and maximise potential commercial opportunities. Identifying additional cohorts of people that may benefit. Over the life of the contract activity will increase year on year
Rationale for option	Although this option would meet the majority of the critical success factors, it fails to include the development of the private pay market. Additionally, there is limited-service development and culture change, which means that the maximum benefits of implementing Technology Enabled Care are unlikely to be realised and technology will not be fully embedded across ASC pathways

3. Preferred Option

This option represents the desired level of service change and spends (£) predicated upon the **Preferred** way forward identified at each stage of the long list exercise:

Scope:	<p>County-wide TEC service and products which is outcome focused and not solution led (digital telecare, assistive technology, remote monitoring and virtual solutions and apps), which is flexible and adaptive. Incorporate existing contracts KARA and Telecare and manage switch over.</p> <p>Strategic input on the delivery and development of TEC services. Embed innovation through practice (culture) and seek new ways of working. Develop our partnerships and opportunities. Emphasis on delivering innovation, commercial capability and private pay. Tracking and realisation of financial and non financial benefits.</p>
Service Solution:	<p>A TEC Partner delivers core TEC requirements:</p> <ul style="list-style-type: none"> • Assessment and Referrals • Products • Installation • Monitoring • Data dashboards <p>TEC Partner provides strategic and extended management input for the implementation, development and management of TEC.</p> <p>The TEC Partner may deliver via sub-contractors or consortia of providers</p>
Delivery:	<p>The TEC Partner works closely with KCC TEC Facilitators to implement the core service, manage data and embed the approach in practice, developing new working. Works with us to explore commercial opportunities/ private pay market/ self-funder offer</p>

	The model enables KCC to upskill and embed innovation through practice over the life of the contract
Implementation Timeframe:	<p>Phased go-live which prioritises transition to the new contract for:</p> <ul style="list-style-type: none"> • Existing Telecare • Existing KARA • Existing Build & Test TECS <p>Mobilisation period from June – August focuses on supporting migration</p> <p>County-wide contract go live September 2023 onwards</p> <p>Emphasis on innovation. TEC partnership will evolve to reflect ongoing transformative nature of technology. Working with partners to develop opportunities and maximise potential commercial opportunities. Identifying additional cohorts of people that may benefit. Over the life of the contract activity will increase year on year</p>
Rationale for option	This option is the preferred option due to its ability to meet and/ or exceed all of the Critical Success Factors. The partnership model outlined in this option will enabled KCC to benefit from the expertise to drive change and embed TEC, achieving the benefits outlined in the business case and ensure there are effective ways to measure and demonstrate the impact of TEC.

4. More Ambitious than Preferred

This option represents the desired level of service change based on the maximum level of change and spend identified at each stage of the long list exercise:

Scope:	<p>County-wide TEC service and products (digital telecare, assistive technology, remote monitoring and virtual solutions and apps), which is flexible and adaptive. Incorporate existing contracts KARA and Telecare and manage switch over.</p> <p>Embed innovation through practice (culture) and seek new ways of working. Develop our partnerships and opportunities Tracking and realisation of financial and non financial benefits. Emphasis on delivering innovation, commercial capability and private pay. Strategic input on the delivery and development of TEC services</p>
--------	--

Service Solution:	<p>A TEC Partner delivers core TEC requirements:</p> <ul style="list-style-type: none"> • Referrals • Products • Installation • Monitoring • Data dashboards <p>TEC Partner provides strategic and extended management input for the implementation, development and management of TEC.</p> <p>The TEC Partner may deliver via sub-contractors or consortia of providers</p>
Delivery:	<p>The TEC Partner works closely with KCC TEC Facilitators to implement the core service, manage data and embed the approach in practice, developing new working. Works with us to explore commercial opportunities/ private pay market/ self-funder offer</p> <p>The model enables KCC to upskill and embed innovation through practice over the life of the contract</p>
Implementation Timeframe:	Big bang – go-live on 1 June 2023 with a full county-wide service across the entire scope
Rationale for option	<p>This option is the preferred option due to its ability to meet and/ or exceed all of the Critical Success Factors. The timescales for the procurement of the Technology Enabled Care Service are extremely tight and the contract will not be awarded until late March 2023. It is therefore not viable to mobilise the entire service ready for a big bang go-live on 1 April 2023.</p>

The preferred option (option 3) was endorsed as the preferred approach by Making a difference every day DMT in July 2022.

2.3 Technology Enabled Care – Financial Charging and Assessments

Under the preferred option, there is the scope to explore charging for the Technology Enabled Care service in the future, subject to legal advice and undertaking public consultation. The charging position is explored in full under Section 4 – Financial Case. In this section, a number of options for charging and assessments are explored below.

It should be noted that evidence from other authorities suggests that the resource investment required to implement and manage a charging process is likely to outweigh the financial benefits of charging, given the relatively low unit cost per person of the service.

1. Nominal Fee

KCC could explore a “nominal fee” for Technology Enabled Care which would help the Council recover some of its costs and would still be an affordable option for people.

Strengths	<ul style="list-style-type: none"> Income opportunity for the authority
Weakness	<ul style="list-style-type: none"> Resource intensive claiming and managing fees People getting into debt for not paying fees Encourages KCC to be provider and not a facilitator
Opportunity	<ul style="list-style-type: none"> Providing choice and control to people for securing their own technology outside of the Authority’s arrangements
Threat	<ul style="list-style-type: none"> Charging creates barriers for people engaging with Technology Enabled Care resulting in an impact on culture change and loss of potential benefits linked to prevention Managing the charging process is associated to increased resource costs which would likely outweigh the benefits of charging a nominal fee

2. Means Tested

The cost forms part of the cost of the overall care package (means tested).

Strengths	<ul style="list-style-type: none"> Becomes integral as part of the social care pathway Greater alignment of technology to meet unmet eligible needs
Weakness	<ul style="list-style-type: none"> Limited income opportunities for the Authority Significant change required to financial assessment processes and likely to drive cost in terms of resource to manage the processes
Opportunity	<ul style="list-style-type: none"> Supports culture change for social care professionals to think ‘Digital First’.
Threat	<ul style="list-style-type: none"> Self-funders will be impacted through the means tested approach as those who partly contribute towards their care will remain the same Managing the charging process is associated to increased resource costs which would likely outweigh the revenue benefits of charging

3. No Charging

This means that Technology Enabled Care is provided free of charge to people that are eligible for social care, ensuring the design to identify and allocate TEC is robust and effective ways to track outcomes.

Strengths	<ul style="list-style-type: none">• Becomes integral as part of the social care pathway• Removes any financial barriers to accessing Technology Enabled Care• Keeping simple and accessible as possible
Weakness	<ul style="list-style-type: none">• Cost driver for the Authority
Opportunity	<ul style="list-style-type: none">• Supports culture change for social care professionals to think 'Digital First'• There remains an option to explore a 'private pay' option for self-funders which could generate revenue
Threat	<ul style="list-style-type: none">• Potential to over-prescribe technology in cases where it isn't appropriate and adverse impact on achievement of outcomes

3 Commercial Case

3.1 PROCUREMENT STRATEGY - Technology Enabled Care Service

In order to achieve the vision for the Technology Enabled Care Service and the outcomes associated to the Making a difference every day approach, Adult Social Care will need to draw on the experience and expertise in the provider market. This provides the Directorate with access to the full range of emerging technologies available in the market, the installations and onboarding, and the culture change activities to embed a technology-focused approach in ASC practice. It is recognised that, at present, the required levels of expertise and capability do not exist within ASC to build, implement and deliver a Technology Enabled Care offer in-house.

In July 2022, a Prior Information Notice (PIN) was issued to the market to outline ASC's vision and requirements for the Technology Enabled Care offer. Subsequently, a series of market consultation events were held in July and August 2022 to understand the capability of the Technology Enabled Care market and help shape the requirements for the service. The events provided an insight into the large number of providers operating in the Technology Enabled Care market and the vast number of products that could meet a mixture of care and support needs for both health and social care. Feedback from the market consultation events will be fed into the development of the specification, and further market consultation will be undertaken on the draft service specification.

Market consultation events held in August 2022 highlighted a desire from some providers to engage in a competitive dialogue procurement process rather than competition with negotiation. However, the competitive dialogue process is associated to much longer timescales and will take a minimum of 18 months to deliver from the commencement of market engagement activities. Given the requirement to have a new Technology Enabled Care Service in place prior to the end of the existing Telecare contract in August 2023, it is not viable to utilise a competitive dialogue process.

However, consultation with the market was extended throughout September 2022 and providers had the opportunity to engage with the Authority on key topics relating to service delivery including:

- Migration and costs/ benefits
- Outcomes and key performance indicators
- Culture change
- Basket of goods and e-marketplace.

Concurrent to the market engagement activities, a co-production group has also been established with people who are experts by experience. This group will work closely with the project team and commissioners to ensure that the service offer

meets the requirements of people who draw on care and support, and that it is futureproof for the changing needs Kent's population.

Tender submissions will be evaluated based upon a two phased approach:

1. Compliance questions and Selection Questionnaire
2. Quality, Price and Social Value

It is recommended that the tender be evaluated using a weighting of 70% Quality, 20% Commercial and 10% Social Value. The process will apply thresholds to both the technical and commercial envelopes.

Bidders will be required to 'pass' each respective phase/stage to be considered for evaluation at the next stage. This will be clearly set out in the Invitation To Tender. The approach will provide assurance of the bidders' ability to meet our minimum standards, through asking confirmation of basic 'compliance questions' (e.g., in relation to IT systems requirements, LLW etc). The Selection Questionnaire will provide assurance regarding minimum standards, as well as mandatory/discretionary exclusions.

There will be a full financial evaluation of the bidders based on a credit check and supplemented by full assessment of their financial accounts to provide assurance on their robustness. A detailed assessment/evaluation of their substantive response in relation to the quality questions, social value considerations and price responses will then be undertaken.

The technical aspect will have a weighting of 70% applied. The final weighting for each section has still to be determined but will be distributed based on the importance of each section. The weighting of 70% recognises the importance of the quality element within the contract; given the emphasis on innovation and culture change, it is crucial that the evaluation methodology reflects the approach.

The social value aspect will have a weighting of 10% applied. The social value element of the contract aligns to the aspirations set out in Kent County Council's strategy Framing Kent's Future and recognises the importance of strengthening Kent's economy through the development of workforce skills, job opportunities and improving life in deprived communities.

The price evaluation process will ensure the most competitive bid (lowest price per unit) in achieves the maximum weighted commercial score of 20%. Thereafter the lowest bid price submitted is divided by the other individual tenderer's bid prices and multiplied by the percentage weighting as set out below:

Lowest submitted total contractual price x20%

Tenderer's submitted total contractual price

Suppliers will be asked to complete the pricing schedule when submitting their prices to outline how much they will charge as outlined in the price schedule. The total contract price will be used for evaluation purposes. Suppliers will be asked to complete the pricing schedule to get an understanding of the spend.

The scores for each respective area will be consolidated to establish lowest total price receiving the 20%. By ensuring a focused and targeted approach to evaluation, with the important items within the elements of the pricing weighted appropriately will ensure that we achieve best value and a commercial offer that works the best.

The proposed timeline for the procurement activity is as follows:

Activity	Dates
Further market engagement on the proposed specification	Early October '22
Adult Social Care Cabinet Committee decision to go to market	17 November '22
Issue Selection Questionnaire to market	6 December '22
Questionnaires returned	5 January '23
Issue Invitation to Tender	23 January '23
Tenders returned	22 February '23
Evaluation and recommendation	6 March '23
Best and final offer OTT	15 March '23
Response	23 March '23
Negotiation	23 March '23
Contract award	1 June 2023
Mobilisation	1 June 2023 onwards

It is proposed the contract is put in place for 5 years with a 2 year extension option. The length of the contract recognises the significant culture change that is required within the Adult Social Care workforce to fully embed a technology-focused

approach. Within the life of the contract, it is expected that expertise and skills currently only available in the provider market are transitioned to the ASC workforce via culture change and training activities, and that more of the core TECS activities can be delivered in-house.

The proposed service model will be split into 4 areas:

- Supply, installation and maintenance of the technology devices
- Device monitoring
- Strategic partner to provide management, advice and change management, initially change and implementation new transformational streams, i.e. process/culture etc. Other elements will be added into the contract over the life of the contract term.
- A person-centred assessment (practitioner element) to support our staff and people we support with the new ways of working. Culture change.

The standard KCC clauses will be used to agree the contract terms and the invoice will be charged monthly in arrears. The route to market will be competition with negotiation and standard timescales will be applied. Bespoke terms and conditions will need to be developed to support the proposed model – in particular in relation to managing leasing of equipment and determining an appropriate shelf life for devices and access to a basket of goods.

3.2 Market analysis

Extensive market insights have been gained through activities to develop the countywide offer, including:

- Desktop research and understanding of models and best practice in local authority areas
- Engagement with other local authorities who have implemented a Technology Enabled Care Service
- Market consultation activities subsequent to issuing a Prior Information Notice via the Kent Business Portal
- The procurement of the Technology Enabled Care build and test contract which began in late 2021 and was awarded to NRS Healthcare in March 2022.

The Technology Enabled Care market is a mature market which has advanced and expanded beyond the use of basic Telecare wearable technology and alarms, which have been widely utilised across health and social care for many years. The market now offers a wider range of technological solutions which range from simple solutions such as apps and hydration cups to sophisticated monitoring solutions which can be installed in someone's home and deliver live data about how people interact within their environment.

The market has a real mixture of large providers who have a well-established presence and proven record of delivering large contracts, and Small and Medium Enterprises who have more recently entered the market. There are approximately half a dozen significant providers in the market who have the existing infrastructure, systems and expertise to deliver an end-to-end Technology Enabled Care Service and already hold contracts with other local authorities in England. These providers typically sub-contract to Small and Medium Enterprise (SME) suppliers who are the developers of the technologies and software that make up the market and specialise in a specific area of the technology market.

The Technology Enabled Care Service model in Kent will be composed of a number of constituent parts including sourcing and procuring technology solutions, assessing for Technology Enabled Care, installing and managing devices, monitoring devices via an Alarm Receiving Centre and management and consultancy for culture change in Adult Social Care. There are very few suppliers in the market who would individually be capable of delivery all of these elements, but it is anticipated that the service will be delivered via a prime provider and sub-contractor/ consortia arrangement.

We have been able to gain insight about the costs of various activities under a Technology Enabled Care Service from discussions with other local authorities, who have provided figures linked to the cost of leasing and monitoring devices, managing installations and delivering culture change activities to the Adult Social Care workforce. Financial modelling has been undertaken based on cost figures provided by Essex County Council, which place the average cost at £25 per month for leasing devices.

Experience from the Technology Enabled Care build and test project has demonstrated that providers within the market are largely willing to work collaboratively and understand the value of ensuring that their systems and products interface effectively with other. Many local authorities implementing Technology Enabled Care Services are delivering a device-agnostic approach to ensure that a wide range of devices can be tailored to individual needs, requiring suppliers to be flexible in their ability to integrate their platforms.

Additionally, market consultation activities undertaken throughout August and September 2022 have demonstrated a clear appetite in the market for this contract and a ready willingness to engage with the Authority to inform the development of a robust service model.

The full Commercial Case is available under Appendix 5 of this document.

4 Financial Case

4.1 INTRODUCTION

Financial modelling has been undertaken with Finance and Strategic Analytics to model future demand for the service and determine a cost envelope for the contract value.

The Technology Enabled Care Service represents a new offer for KCC, despite incorporating existing Telecare and KARA users. At this stage, there is an insufficient evidence base from the build and test to make financial assumptions about scaling up the service across the county. Therefore, financial modelling is being undertaken based on cost evidence from other local authorities who have implemented a similar Technology Enabled Care Service, assumptions about the take-up of the service over the life of the contract and demographic forecasting informing the impact on demand for ASC services.

Values for the financial model are largely based on engagement with other local authorities who have shared costings for their own Technology Enabled Care Service demand and costs associated to device leasing, device monitoring and cultural change activities. Other local authorities have also shared insights about their benefits realisation models including the impact of increasing the use of technology in favour of traditional care and support methods.

Using insights and evidence from other local authorities combined with KCC's own performance and analytics data, a number of different scenarios have been modelled to develop a 'cost envelope'. The financial scenarios are based on a 5+2-year contract and the indicative value for each scenario is provided below:

Scenario	Value
Scenario A – Making a difference every day diagnostic Users for the service grow year-on-year as Technology Enabled Care is embedded in practice Scenario A is based on the modelling for Making a difference every day; it will include new starters for all Adult Social Care	£21,258,204
Scenario B – Essex Model Based on engagement with Essex, who have a mature Technology Enabled Care Service contract Existing Telecare users and a small proportion of existing KARA users transfer into the new contractual arrangement Service growth is relatively low – only 30% growth from the starting figure over 3 years	£16,006,575
Scenario C – Hampshire Model Based on engagement with Hampshire, who have a mature Technology Enabled Care Service contract Existing Telecare users and a small proportion of existing KARA	£17,220,878

users transfer into the new contractual arrangement Service growth is slightly higher than Essex model, with 38% service growth from the starting figure by Year 5	
Scenario D – Ambitious service growth Based on ambitions outlined by our Digital Coach; this is predicated on best practice in other local authorities and existing Technology Enabled Care service models Growth is more ambitious and is set at 35% in Year 2 and 50% in Year 3.	£27,585,392

The indicative financial value for the contract is between £16,006,575 and £27,585,392 over a 5-year contract with a 2-year extension option; the indicative values incorporate the potential contract extension period. The indicative cost avoidance and prevention savings are between £7.6m and £35.3m over the life of the contract. This does not take account of the value if partners such as Health or Children, Young People and Education join the contract framework during its lifespan.

scenario	Value	Cost Avoidance Opportunity
A Making a difference every day	£17,484,778	£10,577,046
B Essex Model	£16,006,575	£7,581,139
C Hampshire Model	£17,220,878	£10,279,488
D Ambitious Growth	£27,585,392	£35,919,626

4.2 SUMMARY OF FINANCIAL APPRAISAL

All financial scenario models are based on the following assumptions:

- A proportion of existing users for Telecare, KARA and the build and test will transfer into the new service during the mobilisation period
- All cohorts of people supported by Adult Social Care will access Technology Enabled Care
- The service will be separated into a short-term (up to 10 weeks) and long-term offer
- The model will incorporate the anticipated impact of the Social Care Reform, including the increased number of assessments for social care and will be based on the current proportion of people who receive an assessment from Adult Social Care and go on to receive a care and support package
- The model will incorporate anticipated increases in demand for services due to the changing demographics in Kent and ageing population

- A proportion of the existing cohort receiving care and support from Adult Social Care will receive Technology Enabled Care as the result of an annual review
- The cost of the service (leasing devices, monitoring devices and culture change activities) remains the same across all scenarios; scenarios are differentiated according to the level of service growth that can be achieved
- Cost avoidance is modelled based on 2 hours reduction in the need for community services based on the average Care and Support in the Home rate; this is based on findings from other local authorities who have implemented Technology Enabled Care. The model does not account for other cost avoidance opportunities such as delaying entry to residential and nursing care; a full benefits plan will be co-designed with the provider during the mobilisation period which will explore other cost avoidance opportunities
- Service starts include Day care, Extra Care, Homecare, Nursing, Resi, Shared Lives, SIS/ Supported Living
- The financial model does not take into account the opportunity to generate revenue via charging or a private pay offer in the future
- Long term service starting figures are based on all unique starts in Adult Social Care services between May 18 and August 22 – figures are taken as an average across this period
- Short term service figures are taken from April 18 to August 22 – the KEAH starts have been reduced because KEAH capacity has been reduced by the amount of cover required for community services – figures are taken as an average across this period
- We have assumed that the Older People will use the service for approximately 2 years
- The figures will take the average new starts since May 18 and apply the projected trajectory in growth (based on population growth only, not Social Care Reform from Strategic Analytics) over the life of the contract to the projected new starts.
- The figure used to calculate cost avoidance uses the figure originally used to calculate savings opportunities in 2021; however, since this time the average package of care cost has increased due to a higher proportion of individual contracts and uplifts. Future cost avoidance opportunities may also include reviews.

The service will not have any capital costs; it will be entirely revenue cost.

4.3 CHARGING POSITION

There are a number of charging implications associated to the design and implementation of the new Technology Enabled Care Service. Under the Care Act 2014, there is a statutory duty on councils for prevention, information and advice.

The council's duty for prevention does not extend to the need to pay for preventative services that would help delay or prevent the onset of care needs. It is however required to promote and provide information and advice as to how individuals can undertake such preventative measures themselves.

Historically, KCC has not charged for aids, adaptations or equipment and Telecare has accordingly been provided as a non-chargeable service. Charging for preventative services may be considered, but the Local Authority must 'balance the affordability and viability of the activity with the likely impact that charging may have on uptake'.

Whilst charging for the Technology Enabled Care Service is not within the initial contract scope, further consideration will also be given to the possibility of charging over the life of the contract. Market research and engagement with other local authorities has demonstrated that some authorities have a charging policy in place as Technology Enabled Care is non-statutory. There is also scope to delineate between a short-term service for the purpose of hospital discharge or assessment, which could be non-chargeable, and between a long-term service which is part of a wider package of care and support and could be chargeable in the future.

However, some Councils that have successfully implemented Technology Enabled Care do not have a charging policy in place as charging can be seen as a barrier to the increased take up and non-charging supports the drive to consider digital first. Additionally, some other local authorities who have implemented a Technology Enabled Care Service have advised that the cost of the resource required to manage the charging process will outweigh the revenue generated by charging. These options are explored in more detail in the options appraisal and Financial Case.

Guidance on the Directorate's aspiration to explore charging has been sought at Making a difference every day DMT and Finance and Policy Group. It is recognised that having some elements of the service as chargeable may be a viable option and would align KCC with other local authorities who have embedded a Technology Enabled Care Service. However, Finance and Policy Group have advised seeking legal advice for clarity on charging issues.

Any decision to charge for Technology Enabled Care Services will need to be subject to public consultation due to the incorporation of existing Telecare and KARA users within the new contract; any change to charging would represent a change in their service. There is not sufficient time to develop a charging proposal and undertake public consultation in advance of publishing the procurement for the new service; therefore the contractual arrangement will enable a potential change to be made during the life of the contract. This will ensure that KCC is able to undertake appropriate exploration activities, public consultation and go through relevant

governance before any change to the charging position is made over the life of the contract.

4.4 OVERALL AFFORDABILITY

The total budget for the Technology Enabled Care Service is anticipated to be up to £28.1m over the expected lifespan of the 5+2-year contract period. This is the value that needs to be accounted for when managing budgets internally within Adult Social Care.

However, the contract value advertised to the market will be higher; this will be with the intention of enabling partners such as the NHS and Children’s, Young People and Education Services to join the contract during its life. Advertising the contract at a higher value will enable partners to join the contract at a later stage but will mean that the contract does not have to be re-procured. However, this higher value will not impact the Adult Social Care budget as partners joining the contract will fund their own activity costs.

MADE DMT on 5 October 2022 agreed for financial model D – ambitious growth.
The table below shows the budget required each year for this service.

	23/24	24/25	25/26	26/27	27/28	28/29	29/30
	£000's	£000's	£000's	£000's	£000's	£000's	£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 23/24 the funding available is lower compared to following years as this takes into account telecare contract extension costs up to August '23 and direct award for KARA up to August '23							

Each year the service grows with increased number of people being supported with Technology Enabled Care, therefore each year will require additional funding. From 23/24 the additional funding of £864,300 will be from demography monies

From 24/25 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 Disabilities Facilities Grant and the proposed changes puts more focus on technologies. The Disabilities Facilities Grant 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 Disabilities Facilities Grant element that KCC already receives to cover the cost of providing equipment to people supported by Adult Social Care.

5 Management Case

5.1 Introduction

The Management case sets out the project approach, governance and controls to ensure successful delivery of the recommended option. It will also explore the requirements for the long-term management of the contract once it has been implemented and the project has handed to business as usual.

The Technology Enabled Care Service is being developed through collaboration with a wide range of stakeholders, in recognition of the strategic importance and complexity of the service. Extensive work has been undertaken with internal stakeholders including practice representatives and operational teams, Strategic Commissioning and Procurement, Finance and Performance and Analytics.

Insights from ASC practitioners have been gathered through work with Prescribers and teams in the TECS Build and Test. Interdependencies have also been managed with the Practice Framework and updated Mosaic documentation which will prompt practitioners to give consideration to the use of technology in planning care and support.

Sub-groups have also been formed with representatives from Procurement, Strategic Commissioning, Finance and Performance and Analytics to ensure that the development of the TECS offer is informed by a wide range of internal expertise and that the service integrates effectively with existing business processes and systems.

Crucially, a Co-production Group has been established which focuses on ensuring that the service is designed from the outset around the needs of its future users, and is based on the insights of experts by experience. The group was established in July 2022 and will run until the end of the mobilisation of the Technology Enabled Care Service in August 2023; the group will play a key role in the development of the service specification, have oversight of the procurement process and be involved in the evaluation of provider bids.

5.2 Project governance and reporting arrangements.

The project will report to the following agreed governance arrangements:

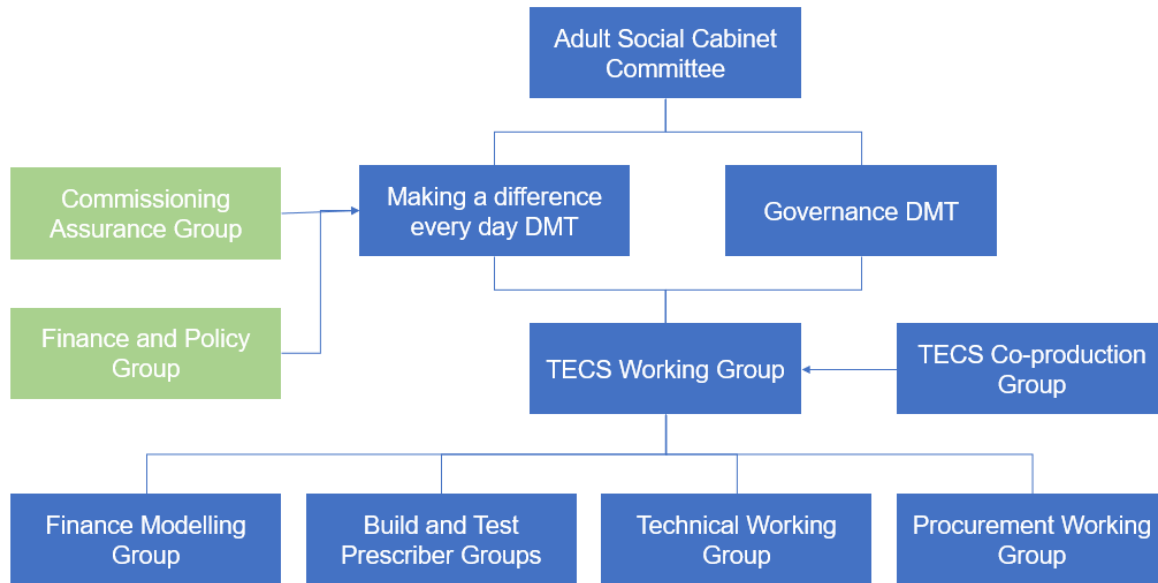


Figure 1: Reporting pathway route

***DMT**

- **Governance DMT** – this replaces the ASCH Governance Board and has the same membership
- **Making a difference every day DMT** – core members including Corporate Director ASC and Making a difference every day SRO, covering milestones, risks and Making a difference every day activity that requires a decision
- **Members update** – replaces assurance board to give assurance to members on the work that is being done, progress

Other technical support will be sought when required, including but not limited to, IT and Legal. Close working with IT, Systems and Performance and Strategic Analytics is underway to define the technical requirements for the contract which will enable the effective collection and utilisation of data to achieve improve outcomes for people receiving the Technology Enabled Care Service.

There are significant implications relating to the use of data that arise as the result of implementing a Technology Enabled Care Service, particularly how data is managed across the wider health and social care system and how data is reported at a secondary level to manage population-level health and wellbeing.

5.3 Project Structure

The project will use the agreed structure specified by the ASC Portfolio & Project Management Function. The structure defines the relationship and escalation path for the project team.

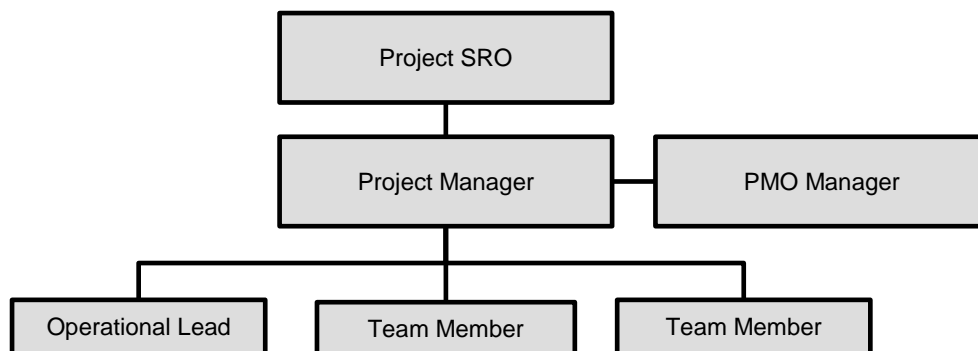


Figure 2: Project structure

5.4 Project team roles and responsibilities

To ensure the successful delivery of the project, clarity is required. Uncertainty can dramatically affect both individual and organisational performance. Clear roles and responsibilities for the project team are as follows:

Name	Job Title	Project Role	Key Project Responsibilities
		Project Manager	<ul style="list-style-type: none"> – Well versed in project management methodologies in order to co-ordinate activities in a project environment. – Develop and maintain a detailed project plan and monitor project progress and performance; making sure project milestones and deliverables are in line with the project plan and being held accountable for delivery. – Have a conscious awareness of the strategic importance around delivering the project and have the authority to drive it forward. – Recording and managing project risk and issues and escalating to Project Steer Group / Project Board where necessary. – Managing the improvement cycle and conducting in-depth data analysis. – Reporting the project at regular intervals (monthly) to the Portfolio Delivery Manager (PDM).
		Project Senior Responsible Owner (SRO)	<ul style="list-style-type: none"> – Own the business case and the realisation of the benefits. – Will manage some of the key stakeholders. – Help to identify key strategic and business risks. – Approve any changes to project scope as alterations may affect the potential for the delivery of the benefits in the business case. – Visible owner of the overall business change. – Key leadership figure to drive the change forward. – Be prepared to make decisions and should be proactive in providing leadership and direction throughout the life of the programme. – Secure the necessary investment for the business change.
		Operational Lead	<ul style="list-style-type: none"> – Monitor, input and maintain the Project Tracker. – Work alongside Performance, Operational staff, Finance etc. to ensure accurate and credible data is

Name	Job Title	Project Role	Key Project Responsibilities
			<p>being collected.</p> <ul style="list-style-type: none"> – Lead in the facilitation of various project workshops as needed – Assist in the development of the project implementation plan. – Reporting to monthly project meetings. – Support discussion at SMT – Support development of governance documents
		Team Member	<ul style="list-style-type: none"> – Assist Project Manager to co-ordinate and undertake Project activities – Support engagement with workforce and communicate key messages – Assist with data collection and analysis to ensure accurate and credible data is produced – Help identify project risks – Design and develop dashboards for the project.

Table 1: Key project roles & responsibilities

5.5 Project Plan

A copy of the project plan can be found under Appendix 4.

Post project management arrangements:

- To scope future arrangements for how the contract will be managed and implemented. It will be key for Commissioning to lead on the contract management and monitoring however consideration to roles/function that sits in between corporate and operations, understanding strategic needs and having the expertise to oversee ongoing development of the TEC service. Further work will also need to be undertaken to manage the relationship with partners including Health, who may wish to join the contract at a future stage.
- The provider partner will work with teams in Adult Social Care to deliver the culture change and skills transfer element of the contract – work will be across all Adult Social Care locality teams, but there will be a particular focus on working with TEC Facilitators and TEC Officers to support culture change within the workforce.

5.6 BENEFITS REALISATION AND RISK MANAGEMENT

Many of the anticipated benefits will not start to materialise until after the project has been delivered. Benefits will be measured utilising reports developed by KCC Performance Officers and the provider selected through the procurement process.

A full benefits realisation plan will be developed in partnership with the provider and the Authority's Analytics Team before the products are delivered to people.

The ownership of the benefits realisation plan will be maintained by the project manager for the build and test. When the Technology Enabled Care Service moves

to business as usual, benefits realisation and management of KPIs will be overseen by Strategic Commissioning and by the Making a difference every day DMT. It is expected that the required data and reporting will be produced from MOSAIC and also the preferred provider systems.

The process will include a post-implementation review approximately 6-8 months after the service start date; allowing time for analysis and a robust evaluation against the business case.

Project risks will be identified and managed in accordance with the KCC Risk Management Policy and Strategy, to optimise opportunities and minimise the possibility of failure. The risk management process includes:

- Identification of risks via discussion with the project team and stakeholders
- Categorisation of risk – Corporate; Strategic; Programme; Project or Operational/Service; Financial; Reputational
- Evaluation of risks based on probability and impact (each out of 5)
- Mitigation plan for all risks identified
- Assigning an “owner” to each risk
- Regular review of the risk log within project team meetings
- Escalation of risks as appropriate

All project documentation, including the full risk register, is held on the Innovation Delivery Team’s project management system Verto.

5.7 GATEWAY REVIEW ARRANGEMENTS

In accordance with ASC PMO, the project will go through a stage gate review at the end of each project phase, to ensure all deliverables and criteria have been reviewed and agreed. This will need to be approved by the Making a difference every day SRO before continuing into the next phase.








Signed:

Date:

Senior Responsible Owner

6 Appendices

The following section contains all relevant Appendices to the Business Case.

Appendix Title / Description	Embedded Document
Appendix 1 – Data Protection Impact Assessment	 2022 07 18 TECS COUNTYWIDE- DPIA \
Appendix 2 – Equality Impact Assessment	 EQIA TECS Countwide v0.3.doc
Appendix 3 – Options Appraisal – Technology Enabled Care	 Appendix 1 - TECS Countywide Options /
Appendix 4 – Project Plan – Technology Enabled Care	 TECS Countywide project plan v4.mpp
Appendix 5 – Commercial Case – Technology Enabled Care	 TECS%20Commercia l%20case%20v0.4.do
Appendix 6 – Technology Enabled Care Service Build and Test Early Findings Report	 20220623_Early_Find ings_Report_V1.4.pdf
Appendix 7 – Case Studies	 Case%20studies%2 0.docx