

BRIEFING REPORT

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 07 November 2019

Report Title: Assistive Technology Progress Report

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1. Introduction and Policy Context

- 1.1. This purpose of this report is to provide an update on the progress of the new contract that was awarded for the provision of assistive technology.
- 1.2. Recommendations were approved by Cabinet in relation to recommissioning the Assistive Technology Service on 10 July 2018. As a result of this, a procurement process was completed, with award of the new Assistive Technology contract to 'Welbeing'. This paper provides a summary of the steps undertaken in this process, as well as in the subsequent mobilisation and delivery phases.

2. Background

- 2.1. Assistive Technology can play an important role in addressing the care needs of individuals. This includes supporting people to remain independent and in their own home for longer, whilst also allowing them to exercise choice and control over their support. Additionally, these aids can provide reassurance for carers who benefit from knowing the cared for person is safe.
- 2.2. Assistive Technology covers a wide range of devices. This includes technology such as pendant alarms, bed sensors, GPS devices and CO²

detectors and voice assistants. However, the offer from the Assistive Technology Service will change over time as more devices become appropriate e.g. smartwatches, mobile phone apps.

- 2.3. Cheshire East Council has contracted an Assistive Technology service (also known as Telecare) for a number of years to enable people in receipt of social care to receive this technology based support. However, the service was re-commissioned as a result of expiry of the previous contract.
- 2.4. Provision of the service allows the Council to directly meet Outcome 5 in the Corporate Plan: 'people live well and for longer', as well as contributing to Outcome 1: 'our local communities are strong and supportive'. It is also in keeping with the ambitions of the Council's Commissioning Plan 'People Live Well for Longer'. This describes the imperative to focus on early help and prevention, helping avoid address problems before they worsen; and to put in place cost effective approaches to delivering adult social care which meet the outcomes of individuals.
- 2.5. The overall vision for the service is:

"Residents of Cheshire East receive appropriate Assistive Technology to address their health and social care outcomes, and to enhance their independence and safety. This will enable them to live well and for longer whilst also reducing pressure on statutory social care and health services (via reduced admissions to A&E and Residential Care)."

- 2.5 It is of note that whilst the Council does not have any specific legal responsibilities around Assistive Technology, the Care Act 2014 does affirm a responsibility for local authorities to ensure that resources are deployed effectively in order to meet client needs and outcomes. In addition to this, it also includes a statutory prevention duty to ensure that people's needs do not become more serious, which Assistive Technology can contribute towards.

3. Briefing Information

- 3.1. The recommissioning process involved an extensive needs assessment/ review of current delivery. This covered the following areas: population need, the developing Assistive Technology market, the evidence base for Assistive Technology in comparison to usual care, current provider performance, approaches used by other Local Authority areas etc.
- 3.2. Fundamental to the re-commissioning work was engagement with stakeholders. This included Clinical Commissioning Groups and people

using the service. The latter was conducted using a survey of Assistive Technology users which identified the following key findings:

- 64% of respondents either 'strongly agreed' or 'agreed' with the statement that Assistive Technology improved their quality of life, with 27% neither agreeing nor disagreeing.
- 75% of respondents felt that the service offered good value for money (33% 'agreed' with this statement, 42% 'strongly agreed')
- 90% of respondents either 'agreed' (49%) or 'strongly agreed' (41%) that the service helped them with their independence. Similarly 86% felt that it enabled them to remain in their own home (47% 'strongly agreed', 39% 'agreed').
- 60% 'strongly agreed' that it provided reassurance for family, 37% 'agreed' with this statement.

3.3. These sources of information allowed the service specification for Assistive Technology to be informed by the views of people and professionals in the community. As such, the service specification included the following broad aims:

- To enable people to feel safe and secure in their home and the wider community
- For technology to be an enabler to help people maintain their independence and health and wellbeing;
- To support individuals without removing their autonomy or unduly compromising their privacy
- To support informal carers in their caring role and thus reduce the risk of carer breakdown.

3.4. A procurement process was followed for the contract using the ESPO framework (ESPO are a public sector owned professional buying organisation specialising in providing a wide range of goods and services to the public sector). As part of this, tendering organisations on the framework had to complete a series of questions and these responses were evaluated by a panel. As a result of this work, the contract was awarded to Welbeing for an initial period of 2 years. The contract also includes an option to extend for a further two years.

3.5. It was necessary for Welbeing to undertake a relatively complex mobilisation process. This was due to a number of reasons including; the requirement to reprogram equipment for the new response centre; transfer of staff from the previous provider including a need to revise the inherited staffing structure; the need to communicate the change of provider to existing users; a requirement to address problems with the quality of data

that was transferred from the previous provider. However, it should be emphasised that the overwhelming majority of customers did not see any noticeable change to the service they received.

3.6. Quarterly contract management meetings have been held with the provider, together with additional themed meetings. Contract Management involves evaluation of the provider's delivery against a number of outcomes and outputs. Average monthly statistics (January-September 2019) are: 92% of installations are conducted within 1-5 days; 97% of repairs are conducted with 1-7 days; call response time within 30 seconds; 92%.

3.7. Initiatives of particular note since the contract was introduced include:

- the introduction of 'Ownfones' to speed up discharge from hospital (note: an Ownfone is a mobile handset enabling the patient to receive support at the touch of a button. This can be handed out as a precursor to Assistive Technology being installed 48 hours later).
- Training completed for 200 staff including access to a new secure referral portal. This includes hospital staff from Leighton and Macclesfield.
- New procedures introduced to enable staff to understand how to make a referral and clearer referral criteria.

3.8. Once the service had an opportunity to embed, a working group was set up in August 2019 to analyse processes and to consider how appreciative service efficiencies could be made. Information gathering is still taking place at the moment but options include: moving to a rental model for stock; switching to all digital equipment thus reducing the number of maintenance visits; ensuring referral and assessment criteria are applied appropriately.

4. Implications of the Recommendations

4.1. Legal Implications

4.1.1. Procurement of these services was undertaken in accordance with the Council's Contract Procedure Rules and the Public Contracts Regulations 2015.

4.2. Financial Implications

Assistive Technology is funded through the Better Care Fund (BCF) 'The BCF Governance Group have currently agreed to fund AT up to the value of £787,000. The BCF Governance Group is comprised of Senior Representatives from the Council and the 2 Clinical Commissioning Groups which cover the CEC footprint. Cabinet were advised that there is a risk of further funding being required for AT, from CEC, as Expenditure

in previous years has exceeded this amount. It will therefore be necessary for the Council to continue to work closely with the new provider to deliver further contract efficiencies to bring costs down to this level or review how spending can be managed across BCF or Council resources. An update on progress will be provided as part of the Third Quarter Review in February 2020.

4.3. Human Resources Implications

- 4.3.1. A TUPE process was followed with staff transferred from the previous provider.