

Adults and Health Committee

Date of Meeting:	16 November 2021
Report Title:	Recommissioning of the Assistive Technology Service
Report of:	Helen Charlesworth-May, Executive Director for Adults, Health and Integration
Report Reference No:	AH/35/21-22
Ward(s) Affected:	All

1. Executive Summary

- 1.1. Assistive Technology (also known as Telecare) is an umbrella term to describe a range of electronic devices which can support someone in their home and in their local community. This enables the Council to meet its duties under the Care Act.
- 1.2. This report recommends the recommissioning of this service with a revised model built on learning from the last three years. The approach aligns with the priority within the Corporate Plan of “A Council which empowers and cares about people”. This was developed from extensive work including: review of current service provision, engagement with stakeholders (including current users), and research over market changes.

2. Recommendations

- 2.1. That Committee note the details provided of the revised model for the Assistive Technology Service. This follows approval being given in principle for recommissioning this service at the Adults and Health Committee in September 2021.

3. Reasons for Recommendations

- 3.1. Assistive Technology plays an important role in ensuring that the Council meets its statutory duties under the Care Act and also supports the choice and control of service users thereby increasing their independence.

- 3.2.** A survey of Assistive Technology users carried out from May-July 2021 disclosed that a large majority value the service. For instance, 93% (634 responses) strongly agreed or agreed with the statement that it, “provides reassurance for your family knowing that access to help is available quickly”.

4. Other Options Considered

- 4.1.** Delaying contract award – If the recommendation was not agreed, the tender process for the new contract would have to be postponed. This would lead to the current contract expiring without time to put alternative provision in place, meaning telecare users would not be supported.
- 4.2.** Decommissioning the service - this would require others to meet the need of telecare users such as the North West Ambulance Service, or informal carers. This would most likely lead to individuals receiving delayed help (in comparison to the current service), increasing the risk of problems escalating into crisis.

5. Background

- 5.1.** Assistive Technology describes a range of electronic devices which can support an individual to be independent at home and in the community. This includes devices such as pendant alarms (involving a button an individual can press when they need help), falls detectors (which automatically send an alert when a fall is sensed), to bed and chair sensors which identify when an individual has decided to stand. These function in conjunction with a call centre and mobile response team to monitor and protect individuals.
- 5.2.** The Council recommissioned the service in 2018, with Welbeing (part of the Doro Group) delivering the service from December of that year. In May 2021, around 2,254 users accessed this service. The provider is responsible for delivering the following service components:
- Sourcing of devices
 - Delivery and collection of devices
 - Maintenance and testing
 - Mobile Response (including falls pick-up)
 - Contact Centre/ Enquiry Point – to respond to device alerts, to liaise with users, to deal with service queries
 - Cleaning and storage of devices
 - IT System
 - Identification of appropriate devices for users.
- 5.3.** A number of priorities detailed in the Corporate Plan 2020-2024 relate to Assistive Technology. These include:
- Reducing health inequalities across the borough
 - Reducing the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services
 - A commitment to protect the most vulnerable people in our communities

- Increasing the life opportunities for young adults and adults with additional needs.

Additionally, it supports the overall aim of: “A Council which empowers and cares about people”. Work is currently underway on developing the Council’s Digital Strategy. This commission will also be aligned with this approach.

- 5.4.** In order to develop a new design for the Assistive Technology Service extensive work was undertaken. This included:
- Co-production via a project group with key stakeholders such as from Cheshire Clinical Commissioning Group, Social Care Operations and other relevant Commissioners (e.g. for Care at Home, Carers and Dementia)
 - Engagement with service users and carers via an Assistive Technology consultation process as well as service user interviews.
 - Discussions with other Local Authorities on their service models
 - Research on how the technology market is changing
 - Review of recent research papers
 - Two sets of market engagement with Assistive Technology providers.
- 5.5.** The conclusion from this work was that modifications were required to how current service components are delivered. The most significant of these proposed changes are detailed in the paragraphs below.
- 5.6.** As part of delivery of the new contract, the device range would be refreshed to include new digital products which offer enhanced functionality. A key aim would be to utilise items which function over the mobile phone network (such as a pendant alarm) to enable greater portability (this was cited as important in the Assistive Technology consultation with users). New items would include smart speakers, smart plugs, smart hydration devices and tablets. A summary of equipment is presented in Appendix 2. However, the device offer will change over time as technology advances. It would also be possible for users (who wish to) to utilise their own smartphones and tablets to access the service.
- 5.7.** A key change to equipment provision will be to move from a model where the Council purchases equipment to a model where this is rented from the provider. This switch should reduce long-term risk to the Council from device obsolescence. Council owned devices will continue to be used when safe and practical.
- 5.8.** The service would become more proactive in addressing changing social need. To do this effectively, device data would need to be tracked over time to detect changes in behaviour. The service would then act on this information by rapidly referring the user onto other services which could provide increased

support (e.g. the user's Social Care Assessor, the People Helping People Service etc). Use of Artificial Intelligence by the provider will help this work.

- 5.9.** The Contact Centre would be asked to perform a greater array of functions. This includes delivering proactive wellbeing calls (to support people who are socially isolated); wellbeing assessments (to check if a service user is in need of greater care support); as well as signposting to other services and community assets (with use of the Live Well Cheshire East resource to support this) which can help support the need of the user.
- 5.10.** The Contact Centre and Mobile Response function would be required to meet current industry standards for quality and decision-making. This includes providing a response service within one hour. This would apply, whether an individual lived in a town or a rural part of the Borough. There would continue to be two separate delivery speeds: 24hr or 5 day, and collections within 3 or 7 days. However, there would also be the facility for staff to provide the more basic equipment themselves for speed (e.g. to facilitate rapid discharge from hospital).
- 5.11.** The IT System that would support the service would enable staff to refer service users for provision and to access information about devices that users have. Moreover, it would let them view intelligence on their present patterns of behaviour. This would help inform the assessment of individuals.
- 5.12.** The provider's technicians will take referrals and use their expertise to identify the more appropriate equipment for the individual based on their assessed needs. However, a greater range of professionals would be able to refer residents to the service. This includes health staff, GPs and the voluntary sector. As part of this, there would be the opportunity for residents to try the service at no charge for three weeks, to understand if it was right for them.
- 5.13.** Outcomes for service users would be tracked over time through the joining up of data from the provider and social care. This should enable a greater understanding to be reached of the effectiveness of device provision, allowing this learning to be applied to other users.
- 5.14.** A key challenge for the new service will be to take account of the national Digital Switchover which will take place by December 2025. This will see the Public Switched Telephone Network (PSTN) replaced by a digital all-IP network, meaning that current analogue devices (such as most telephones and telecare kit) will no longer work as they do now. This will bring both opportunities and challenges.
- 5.15.** A short-term solution is the use of an adapter to plug a device into the Wi-Fi router which will utilise the new IP network. However, currently there is a lack of consensus in the industry over likely effectiveness. In market engagement

sessions held with providers, the majority view was that this may lead to delays in communication with the telecare monitoring centre (note: a device would repeatedly send a signal until contact is made). However, the full extent of the problem is unclear. A further issue is that broadband routers will not work in the event of a power failure.

- 5.16.** Consequently, there is a medium term need to shift users from the current Council owned analogue Assistive Technology equipment to new digital devices. This is likely to incur increased cost. One reason for this is the requirement for devices to work across the mobile phone network which means the service would need to fund the network fee. The aim will be to manage this transition carefully to reduce costs both to the Council and users. However, the pace of the change will be dictated by the speed that the digital switchover takes place locally and the robustness of current devices. Unanticipated costs may impact on other aspects of service provision.
- 5.17.** The recommission would take place via a competitive procurement process. Evaluation questions would test the provider's ability to deliver key aspects of service delivery such as the mobile response service to appropriate standards of quality. There would be a split of 60% quality and 40% price, with social value questions making up 10% of the tender marks. This would assess social and environmental impact. A presentation would also be required to a panel of professionals. The contract is expected to be for four years with the possibility of two one year extensions.
- 5.18.** An ongoing priority for the Council in the delivery of an Assistive Technology Service is the issue of information governance given the range of data that can be collected. As such, ensuring the principles of transparency of data use and informed consent will remain central to how the service is delivered in the future. It is of note that research considering barriers to adoption highlighted that privacy was a central concern for older people¹.
- 5.19.** Partnership working is continuing to take place given the interrelationship between this service and other provision e.g. the North West Ambulance Service, Acute Trusts and hospital discharges. It is of note that Cheshire Clinical Commissioning Group is currently exploring increasing the capacity of two hour response services from April 2022 as a result of increased Department of Health funding. However, this will predominantly target people with complex medical conditions. Cheshire Clinical Commissioning Group have already approved the recommission via the Better Care Fund governance group.

¹ Yusif S, Soar J, Hafeez-Baig A. Older people, assistive technologies, and the barriers to adoption: A systematic review. *Int J Med Inform.* 2016 Oct;94:112-6. doi: 10.1016/j.ijmedinf.2016.07.004. Epub 2016 Jul 7. PMID: 27573318

5.20. For the period October 2020 - September 2021:

- The current service conducted 397 urgent installations and 992 standard installations. 925 withdrawals were also made.
- An average of 9,221 calls were received by the response centre (per month).
- An average of 174 visits were made by the mobile response team (per month).

5.21. Analysis of data for the 2,254 Assistive Technology users shows that:

- 59% of users are aged 85+;
- 24% are aged from 75-84;
- 9% are aged 65-74;
- 8% are aged 0-64,
- 69% are female (due to life expectancy).

The most common primary support reason that these users had was for personal care (42%); followed by access and mobility (40%). Other categories include Support with Memory and Cognition (8%); Mental Health Support (3%) and Learning Disability Support (2%). Geographic analysis of service usage is shown in Appendix 3.

5.22 The new provider would undertake work to ensure that usage of the service is maximised across age ranges, geographies and client groups where it is beneficial. This will include by undertaking actions with stakeholders (such as operational social care staff) e.g. conducting awareness sessions.

6. Consultation and Engagement

- 6.1.** Engagement has taken place with all current Assistive Technology users via a survey which was sent to them by post. 932 responses were received out of a total user base of 2,254. This asked key questions related to the recommission and will help shape it.
- 6.2.** In addition to this, interviews have been held with service users to understand their views about technology in more depth. The intention is to continue to involve social care users with the development of the service in the coming years. This includes involving them in the piloting of devices.
- 6.3.** A briefing was also held with Councillors in June to explain the current service model and to engage over changes to the charging policy.

7. Implications

7.1. Legal

- 7.1.1.** If the total value of this contract (net of VAT) over its entire term (including any options to extend) exceeds the financial threshold of £189,330.00 it will need to be procured in accordance with the Public Contracts Regulations 2015. The proposed contract is for the provision of equipment as well as installation and maintenance services and is likely to be classified as a mixed contract in accordance with Regulation 4 of the Public Contract Regulations 2015.
- 7.1.2.** When procuring mixed contracts, it is important to identify which category they fall into (i.e. supplies, services or works) because the correct categorisation determines whether or not or the extent to which the PCR 2015 will apply. For mixed contracts that have two or more categories as their subject matter, the correct categorisation is made by reference to the main subject matter of the contract which will be the part which has the greater value.

7.2. Finance

- 7.2.1.** The Assistive Technology service should be funded in full via the Better Care Fund and by client contributions. However, the service has been significantly overspent for the last few years. The overspend on the contract in 2020/21 was £471k.
- 7.2.2.** The budget for the Assistive Technology contract is £757k pa and is within the Peoples Commissioning Team Plan.
- 7.2.3.** As well as planning to address the cost of the digital switchover mentioned in 5.14, the recommission also needs to address the budget pressure.
- 7.2.4.** If it is anticipated that the contract can't be brought in line with the current budget through the recommission then this needs to be addressed through one or more of the following actions -
- Increasing the agreed contribution from the Better Care Fund for Assistive Technology. This would need to be agreed by the Better Care Fund Governance Group which includes Cheshire Clinical Commissioning Group.
 - Increasing client charging above the current budgeted level.
 - A growth bid in the Council's Medium Term Financial Strategy.

7.3. Policy

- 7.3.1.** There are no policy implications.

7.4. Equality

- 7.4.1.** An Equality Impact Assessment is available at Appendix 1.

7.5. Human Resources

7.5.1. It is likely that TUPE would apply for staff from the existing provider.

7.6. Risk Management

7.6.1. Recommissioning of the service is following a project management approach which includes the identification of risks. Any significant risk will be controlled for and escalated for action where appropriate.

7.7. Rural Communities

7.7.1. Assistive Technology is particularly useful for individuals in rural communities who may find it harder to access informal and formal support networks. The provider will be required to ensure that response staff are appropriately located within the Borough to ensure performance standards are met regardless of whether an individual lives in a town or isolated rural location.

7.8. Children and Young People/Cared for Children

7.8.1. There are no implications for children and young people.

7.9. Public Health

7.9.1. Assistive Technology can be an important element of a solution to address the health and wellbeing needs of people in receipt of social care. In addition to this, it offers the opportunity for carers and the public to obtain greater reassurance through knowing that they would be alerted through technology if there was an issue with the individual.

7.10. Climate Change

7.10.1. The recommission of the service will include social value questions including one specific to the environment. This will seek to minimise the environmental impact of the service. The service specification will also contain specific requirements relating to this such as in relation to efficient route planning and use of electric vehicles.

Access to Information	
Contact Officer:	Nik Darwin, Senior Commissioning Manager Nik.Darwin@cheshireeast.gov.uk 01606 275897
Appendices:	Appendix 1 – Equality Impact Assessment Appendix 2 – Device List Appendix 3 – Service Data
Background Papers:	Cheshire East Corporate Plan 2021-2025