

Report subject	The Future of Care Technology
Meeting date	28 September 2022
Status	Public Report
Executive summary	<p>A diagnostic review and options appraisal was carried out on the future of care technology within adult social care at BCP Council.</p> <p>Officer recommendation is for a full-service transformation, providing a single care technology offer across Bournemouth, Christchurch and Poole at the forefront of adult social care services.</p> <p>This option mainstreams care technology through a sustained programme of culture change, enabling more people to access care technology and delay, reduce or prevent the need for costly, long-term care and support.</p> <p>A one-off transformation investment of £500,000 will be required and funded through the flexible use of capital receipts.</p> <p>The £1.552m additional service costs over 5 years will be funded in part by prudential borrowing (£493,000), and the remaining with revenue funding. Ultimately, service costs will be met through a reduction in care cost.</p> <p>This option will deliver a net financial benefit of £3.3m over 5 years.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>Cabinet approves:</p> <ul style="list-style-type: none"> • The full-service transformation of care technology within adult social care, as set out in appendix 2 of this report, to maximise benefits for both the public and the Council. • A £500,000 one off transformation investment to mobilise and implement the care technology model funded through the flexible use of capital receipts. • £493,000 of additional investment for the care technology service cost over 5 years funded through

	prudential borrowing.
Reason for recommendations	<p>The preferred option of service transformation will have the greatest success in enabling more people to remain independent in their own homes for longer.</p> <p>The preferred option will reduce the demand on adult social care services, delivering a net financial benefit of £3.3m over 5 years.</p>

Portfolio Holder(s):	Councillor Karen Rampton – Portfolio Holder for People and Homes
Corporate Director	Phil Hornsby, Director of Commissioning for People
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Wards	Council-wide
Classification	For Decision

Background

1. BCP Council is facing increasing demand for adult social care (ASC) services. Currently, residents over the age of 75 account for 75% of requests made to ASC services each year. 2021 Census figures show that the population of Bournemouth, Christchurch and Poole has grown by 5.7% since 2011, with the largest increase being in 70–74 year olds at 39.6%. There is also increasing demand for support for people with complex needs, which often results in high-cost services. With this increasing population and pressures on ASC budgets, the focus needs to shift away from traditional methods of care and onto early intervention and prevention.
2. Care Technology has a key role to play in promoting independence and allowing people to live fulfilled lives at home for as long as possible. It gives people control over their care, supports their wellbeing, and prevents, reduces or delays the need for traditional and costly commissioned care services. Other Local Authorities, such as Hampshire County Council have shown that greater investment in assistive technology can deliver significant efficiencies, especially in terms of cost avoidance. In the first three and a half years of a new care technology partnership, Hampshire County Council saved over £7 million in terms of reduced reliance on care, delayed admission to residential settings and reduced carer burnout.
3. BCP Council's current ACS care technology service, whilst successful in delivering a well-regarded basic service for residents, has not realised its full potential. The care technology offer is currently limited and there is untapped potential to achieve positive outcomes for residents and the wider ASC system.

4. Local Government Reorganisation in 2019 introduced operational challenges in relation to care technology at BCP Council. There are two legacy systems and processes which are still both in play. The reorganisation has, however, also presented an opportunity to define ambitious strategies and shape future ways of working.
5. BCP Council's new operating model has a clear ambition to use technology to enhance services and quality of life for residents.
6. The Corporate Strategy Delivery Plan, under the Fulfilled Lives priority, specifically references extending the use of assistive and digital technology to enable independence and enhance people's quality of life, which is echoed in the Adult Social Care Strategy (2021-2025).
7. The Market Position Statement for Adults also outlines the ambition to strengthen the offer of assistive technology across Bournemouth, Christchurch and Poole, and ensure it is included from the time people first engage with adult social care at the front door.

Care Technology Diagnostic Review

8. In 2021, Hampshire County Council and PA Consulting were commissioned to provide an objective understanding of BCP Council's current position on care technology in ASC, its strategic importance, and the scale of potential benefit that a transformed care technology service could deliver.
9. The diagnostic review identified that:
 - There was evident ambition and significant support for an increased use of care technology across ASC and Housing to help achieve council and directorate priorities
 - Despite the ambition and support, there was a gap between strategic overview and ownership of the service, which was causing current service activity and resourcing to be operationally focused
 - The current care technology service was not embedded within ASC culture and practice, but seen as the 'responsibility and control' of a few
 - In terms of the volumes and the equipment offer, the service has remained static
 - The current service would be challenging to scale in its current form
10. The full diagnostic review is contained in appendix 1 of this report.
11. Following the diagnostic review, Hampshire County Council and PA Consulting were commissioned to undertake an options appraisal of different delivery models of a future care technology service.

Care Technology Options Appraisal

12. The options appraisal built on the outcome of the care technology diagnostic review and analysed three options:

- Option 1 – **status quo**, representing the current position
 - Option 2 – **service enhancement**, building on the current service with an enhanced specification and reaching a larger number of users
 - Option 3 – **service transformation**, providing a specific care technology offer to older adults and younger adults across all service areas, with a sustained programme of culture change, including a self-service option
13. A care technology project board was set up with representatives from ASC Services, ASC Commissioning, Housing, Finance, Smart Places and Strategic Procurement.
14. The project board agreed critical success factors for the future care technology service, see table 1 below:

Theme	Care Technology (CT) Project Critical Success Factors
Improved outcomes and experience	<p>People are equipped and confident to use CT, enabling them to feel safe and supported to live independently in their own home for as long as possible</p> <p>Discharge from hospital is supported appropriately with CT</p> <p>People and Carers are supported to access CT easily, including via self-service options, with access to information to make informed choices about care packages and use of CT</p>
Improved efficiency	<p>CT is embedded as a default part of the first offer, enabling a shift from traditional service provision to CT support</p> <p>There is an increased range of affordable CT and advisory support on offer and meeting an increased range of outcomes</p> <p>Practitioner understanding of the offer and process is enhanced, driving increased uptake</p>
Service capacity and capability	<p>Data is automated and insight generated is used effectively and proactively to manage supply and demand</p> <p>New CT is evaluated on a regular basis and deployed as and when it is appropriate to people's needs</p> <p>The scope of the service is expanded to increasingly support younger adults, people with long term conditions and people with learning disabilities</p>

Value for money and financial sustainability	<p>Provides a clear mechanism for robustly measuring the financial and non-financial benefits of the CT service</p> <p>Delivers on target financial benefits within agreed timeframes, through avoided and reduced costs of care</p> <p>Generates opportunities and strengthens the case to access additional funding</p>
Deliverability	<p>The CT Project delivers the agreed scope to quality, time and budget</p> <p>Provides adequate resource and capability to deliver and embed the change</p> <p>Offers effective change management, including communications and engagement, to drive service improvement</p>

Table 1: Critical Success Factors

15. The project board rated each option by assessing the extent at which they met the critical success factors. Scores were given out of 5 for each factor, with the average of these responses providing the score. A total qualitative score out of 75 was provided for each option.
16. Analysis of financial benefits for each option was completed for several cohorts, including:
 - a. Homecare older adults (existing and new)
 - b. Homecare learning disability residents (existing and new)
 - c. Residential/nursing residents (new)
 - d. Supported living residents with learning disabilities (existing and new)
 - e. Residents with care technology (existing)

Summary of qualitative and financial analysis

Option 1 – Status quo

17. The service would continue to meet the same core user base, focused on older adults. The volume of people receiving care technology would remain static and the service would not be able to reach new user groups and new technology on a consistent and formal basis.
18. The qualitative score for option 1 against the critical success factors was 28/75.
19. The projective cost of option 1 over 5 years is £1.94m.

Option 2 – Service Enhancement

20. The service would improve on the status quo by growing users and expanding support to more younger adults with learning disabilities and increasing the number of older adult users.
21. There would be moderate growth in the service and moderate benefits.
22. The qualitative score for option 2 against the critical success factors was 47/75.
23. The projective cost of option 2 is an additional £1.31m over 5 years to cover revenue costs, with potential net benefits of between £1.35m and £1.93m. There would also be a one-off transformation cost of £300,000 over the first two years.

Option 3 – Service Transformation

24. The service would build significantly upon option 2. It would mainstream care technology across adult social care, encouraging practitioners to consider it as the 'first offer' for a wider range of residents' needs.
25. The service would be transformed by supporting a larger number of younger adults and by expanding the offer for older people with complex needs, including via the option of a self-service access route.
26. The qualitative score for option 2 against the critical success factors was 66/75
27. There would be a larger growth in the service and larger benefits.
28. The projective cost of option 3 over 5 years is an additional £1.552m, with potential net benefits of £3.3m. There would also be a one-off transformation cost of £500,000 over the first two years.

Recommended Option – Service Transformation

29. Option 3 – service transformation, received the highest score from the quantitative and qualitative analysis and was agreed for recommendation by the Care Technology Project Board on 20th July 2022.
30. Service transformation aligns with BCP Council's ambition to significantly improve the care technology offer and integrate it into part of the first offer of support, including via self-service routes.
31. The care technology service would increase in volume by reaching a broader range of users, including younger adults, older adults and people with mental health needs.
32. The service would go through a sustained programme of culture change, including training for staff, case studies, and regular engagement supporting the role out of a self-service offer.
33. The care technology offer would reduce, delay or prevent the need for costly, long-term care and provide the following:
 - a. Targeted support for people living with early-stage dementia, with a range of support mechanisms to promote independence and reduce the burden

on carers e.g., taking medication promptly, managing lives more independently and keeping in touch with family and friends

- b. Address social isolation and independence through adapted technology or consumer technology e.g., enabling people to access services easily, live more independently and keep in touch with family and friends
- c. Support for younger adults with disabilities e.g., support to travel independently using modern apps

34. Examples are provided below:

Young Adult with LD Needs

Tom is a young man with a learning disability who wishes to live more independently. However, his epilepsy puts him at risk when he is out of the home.

Care technology solutions

- A mobile phone planning app reminds Tom about solutions he can use when he is in situations that make him vulnerable. He also uses his app to help him catch a bus rather than a taxi.
- An epilepsy sensor linked to a carer pager alerts his carer instantly if he has a fit.
- His Oysta phone incorporates falls detection and allows him to quick dial his carer or use the SOS button to talk to the monitoring team when he is out.
- His medication dispenser enables him to self-manage his medication.

Isolated Older Adult

Mr Khan lives with his wife and has recently received a diagnosis of Dementia. He feels frustrated and lost since his driving licence was revoked. His wife is incredibly anxious that he will wander and get lost.

Care technology solutions

- Oysta phone with geofencing (safe zones) enabled. If Mr Khan moves beyond the safe zone, a family member would be alerted to track his location on a tablet or call his device.
- Property exit monitors – tells a family member when he leaves the property.
- Sensor memo reminders – plays a recorded message to ensure Mr Khan picks up his Oysta phone before going out.

35. Benefits based on individual users would be tracked in a consistent and automated way.

36. The service would proactively engage in the care technology market to test and implement new innovations.

37. Service transformation has the biggest potential to improve user outcomes and is forecast to achieve the largest net financial benefit.
38. It is expected to take 7 months to fully mobilise and implement service transformation once the service delivery model is agreed.
39. If approved by Cabinet this work would commence in 2023/24.
40. The full care technology options appraisal is contained in appendix 2 of this report.

Summary of financial implications

41. In recognition of the ambitious scale of transformation proposed and cutting-edge nature of some of the technology being considered, a 20% tolerance level has been applied to the financial model presented by PA Consulting.
42. A one-off investment for a team to mobilise and implement the new care technology model costing £500,000 would be required over the first 2 years of the service transformation, £350,000 in 2023/24 and £150,000 in 2024/25. This will be funded through flexible use of capital receipts.
43. The Care Technology service cost investment of £1.552m over 5 years required to cover the costs associated with increased service delivery will be funded as follows:
 - £493,000 for equipment will be financed through prudential borrowing.
 - £1.059m for assessment and installation, monitoring and other variable costs will be revenue funded.

Ultimately both of these costs will be met through a reduction in care cost.
44. The estimated reduced care cost to the council of the 5 years of the model amounts to £4.4m.
45. The new model will deliver net benefits of £3.3m (excluding the initial one-off investment of £500,000) over 5 years
46. Assuming the model is successful, steps will need to be taken to embed the approach within the council's base revenue budget and annual borrowing requirements.
47. Table 2 below shows the use of the initial one-off cost over the first two years, the absolute total cost and benefits over the 5-year period and the incremental change in medium term financial plan:

CAPITALISED MODEL

Care Technology Transformation Financial model with 80% deliverability assumption						
	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Cumulative Total
	23/24	24/25	25/26	26/27	27/28	
	£000	£000	£000	£000	£000	£000
Transformation costs funded through flexible use of capital receipts - One off	350	150				500
Equipment capital cost to be funded through borrowing	111	77	85	101	119	493
MTFP/revenue impact						
Equipment capital/interest on borrowing	41	69	100	96	112	418
Care Technology revenue Service Cost	153	179	211	243	273	1,059
Reduced care cost	(464)	(840)	(896)	(1,040)	(1,168)	(4,408)
Net savings	(270)	(592)	(585)	(701)	(783)	(3,349)
MTFP incremental revenue:						
Care Technology all Service Cost	194	54	63	28	46	
Reduced care cost	(464)	(376)	(56)	(144)	(128)	
Net savings	(270)	(322)	7	(116)	(82)	

48. Conversations are progressing with NHS Dorset about a potential contribution from Health towards the cost of reforming the care technology service, which will benefit the health and social care system overall.

Summary of legal implications

49. Legal have had the opportunity to comment and no implications have been identified that this stage.

Summary of human resources implications

50. There is potential for human resources requirement subject to the service delivery model being agreed and future team structure being confirmed.

Summary of sustainability impact

51. A decision impact assessment report has been produced and is showing a positive impact on:
- a. Climate Change and Energy
 - b. Communities and culture
 - c. Economy
 - d. Waste and Resource use
 - e. Health and Wellbeing
 - f. Transport and accessibility

Summary of public health implications

52. The proposed change will allow more people to access care technology and support them to live safely and independently in their own homes for longer, improving their health and wellbeing.

Summary of equality implications

53. An Equality Impact Assessment (EIA) screening tool has been completed and reviewed by the EIA Panel. The panel gave the EIA a green rating and a copy can be found in appendix 3 of this report.
54. The proposed change will enhance and expand the care technology offer to more people, including younger and older adults with learning disabilities, long term conditions and mental health needs. More people with protected characteristics will have access to care technology that could prevent, reduce or delay the need for costly long term care support, increase their independence and well-being, and enable them to live more fulfilled lives. More carers will also be able to live lives of their own whilst knowing that their cared for person is safe.

Summary of risk assessment

55. The proposed option requires upfront investment to save in the longer term. The project will need to be carefully managed to ensure net benefits are met, which may require external support.

56. For the net benefits to be realised, the proposed option requires a culture change. The care technology diagnostic review did find that ASC and Housing staff had the ambition and support for increased use of care technology.
57. If the care technology service was to remain as it is currently, opportunities to reduce demand and costs for domiciliary and residential care through the effective provision and early intervention of care technology would be missed.
58. There is a risk that the investment in care technology, if not managed correctly, will lead to organisational expenditure without delivering the necessary reductions in the cost of care.

Background papers

None

Appendices

1. BCP Care Technology Diagnostic Review
2. BCP Care Technology Options Appraisal
3. EIA Screening Tool for the Future of Care Technology