Dorset Council

Cabinet

Assistive Technology

Date of Meeting: 30/07/2019
Lead Member: Laura Miller – Lead Member for Adult Social Care and Health

Local Member(s): …

Lead Officer: Mathew Kendall, Executive Director of People - Adults

Executive Summary:
An options appraisal for assistive technology has been developed to drive the uptake of assistive technology within the Dorset Council area. Assistive technology, supported by a therapy-led social care approach, is an essential component of our commitment to develop an Independent Living Pathway for the people of Dorset.

Care technology and assistive technology refers to the use of telecare, voice activated technology and environmental and personal sensors which monitor a person's safety and well-being. Environmental sensors include smoke and carbon monoxide detectors, temperature extreme sensors which can detect fire or low temperature, and door sensors. Personal sensors include fall detectors, location trackers and medication reminders. Telecare services provide a 24/7 monitoring service which will escalate alarm activations to a named responder or, if appropriate, the emergency services.

Assistive Technology has a strong evidence base demonstrating its ability to increase wellbeing, reduce more costly health and care interventions and maintain people's independence for longer. Feedback from other local authorities has indicated that greater investment in assistive technology delivers significant efficiencies, especially in terms of cost avoidance.

Whilst Dorset Council currently commissions a range of services to promote independent living, the promotion of assistive technology has been only partially successful. Best practice from other local authorities have demonstrated the benefits of procuring a development partner to support the remodelling of the AT offer and cultural shift required to optimise success and cost avoidance.

Building on our strengths: Case Study
Client C has a diagnosis of **Parkinsons and Dementia**. He lives with his wife, is still physically active and enjoys walks with his dog. He recently fell whilst walking alone with his dog and fell into a ditch. The dog stayed beside him which assisted him in being found.
A GPS tracking system and falls detector (Footprint) have been provided which has allowed Client C to still be able to go out on his daily walk, allowed him to remain

living at home and his wife peace of mind that he can be located, should he fall or go too far. Regular exercise has benefits to both an individual's wellbeing and reduces risks of future falls.

Options Appraisal
In order to drive this, a number of development options have been considered as follows:

Option 1- Status quo/Do nothing (no dedicated assistive technology service)
Retaining our current pattern of commissioned service assumes no increase in service user numbers and churn into and out of the system is likely to see the numbers remain around 940. The impact of this will be less people supported into or maintaining independence and less system efficiencies.

Option 2 – Enhanced Assistive Technology Service
Improves uptake for existing cohorts and provides minimum risk. It does not maximise a technology first approach and is unlikely to achieve the required cultural shift towards a strength-based approach maximising independence.
The offer assumes an increase to 1400 service users by the end of the 5th year of service.

Total additional investment over 5 years £703,373
Gross Savings over 5 years £885,328 (consisting of actual savings and cost avoidance)

Option 3 – Transformed Assistive Technology Service
Expands the offer to wider groups of vulnerable people and optimises a therapy led, technology first model building on strength- based approaches. The offer assumes an increase to 1560 service users by the end of the 5th year of service.

Total additional investment over 5 years £775,877
Gross Savings over 5 years £1,748,000 (consisting of actual savings and cost avoidance)

Recommended Option
As a transformational, strength-based approach for a wider population, the preferred approach is option three. The cost for the transformational model is based upon the service attributes and the increase in activity and complexity that will be seen by the service.

We propose bringing in these new capabilities through the procurement of a new AT service that will cover:

1. Assistive technology service - assessment, installation and monitoring of equipment
2. Careline provider and responder service
3. Development partner

DRAFT

The service is expected to be a development model to work with the successful bidder to build internal capability with assistive technology and the wider approach to benefit realisation, as well as to provide insight into new innovations and support their adoption in Dorset.

Alongside of this procurement exercise is the need to remove the current AT components from the existing contract to remove the costs that can be allocated to this new service and ensure there is one pathway and service in Dorset.
Indicative timescales for the development:

Description (what is being delivered)	by when
Assistive technology options appraisal	10/07/19
Tender preparation	05/09/19
Tender exercise & award	15/11/19
Service mobilisation & go-live	01/04/20

Equalities Impact Assessment:
Yes – as an iterative document, the EQIA will be revised as this development proceeds through procurement.

Budget:
The total budget for the service (Option 3) is £3,555,230 over five years, which includes the existing running costs of the service, and this can be met within the Adults existing budget. To enable the council to maximise the opportunity and maintain compliance with appropriate legislation that the estimated budget set for the formal procurement process is £4.5million over 5 years. Any additional investment will be made under delegated authority and authorised as per recommendation 4.

Risk Assessment:
Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: MEDIUM
Residual Risk LOW

The risks identified and how they will be mitigated are detailed within section nine of this report.

Climate implications:
The introduction of assistive technology may reduce the need for some home care services therefore reducing the use of vehicles.

Other Implications: n/a

Recommendation:
Cabinet is asked to approve:

DRAFT

1. The recommended option to proceed with option three for the development of care technology in Dorset.
2. The procurement of:
   - Assistive technology service - assessment, installation and monitoring of equipment.
   - Careline provider and responder service
   - Development partner
3. Once the tender evaluation has been concluded, that the Portfolio Holder and Executive Director for People (Adults) have delegated authority to award the contract to the successful bidder.
4. That delegated authority also be given to the Portfolio Holder and the Executive Director for People (Adults) in consultation with the Executive Director for Finance to increase the available budget, subject to compliance with procurement regulations, where clear evidence of savings and/or cost avoidance is provided.

Reason for Recommendation:

Commissioning services that increase wellbeing will enable the reduction and delay of more costly health and care interventions and maintain people's independence for longer.

The procurement of a standalone assistive technology service will support the delivery of cost savings and avoidance and support the overall financial position of the Council.

Appendices:
Appendix one- Assistive Technology- Cost benefit analysis summary
Appendix two- Assistive Technology- Cost benefit analysis summary (Restricted document and not for publication).

Background Papers:

Officer Contact:
Name: Joanne Willis, Commissioning Manager
Tel: 01305 221104
Email: joanne.r.willis@dorsetcouncil.gov.uk

DRAFT

1. Introduction

1.1 An options appraisal has been developed to drive the uptake of assistive technology within the Dorset Council area. Assistive technology, supported by a therapy-led social care approach, is an essential component of our commitment to develop an Independent Living Pathway for the people of Dorset.

1.2 The provision of assistive technology can complement a range of other care and support services to ensure people are able to live safely, have their individual needs met unobtrusively and provide reassurance to carers. Telecare can provide a lifeline to help and assistance, 24 hours a day, should that be needed.

1.3 The overall aims of this pathway are to enable Dorset residents to live as independently as possible, for as long as possible, through the provision of aids, adaptations and assistive technologies.

1.4 The Promoting Independence Pathway therefore encompasses a number of national initiatives proven to enhance population health and reduce the need for traditional care services. This can be achieved by using a strengths-based focus to any contact with an individual or their carer and ensuring timely access to information and advice.

1.5. The pathway offers the opportunity:

- ✓ for Dorset Council to bring about cultural and systematic change,
- ✓ for the customer journey and our approach to service provision to move from 'reactive' to 'preventative' interventions across all our Locality services.

2 The Impact of Assistive Technology on Individual and Community Wellbeing

2.3 There is national recognition that assistive technologies and technology enabled care (TEC) solutions can strengthen an individual's personal and community resources, allowing an individual to remain in their own home and supporting carers to fulfil their vital role.

2.4 There is vast evidence demonstrating how assistive technology can improve a person's wellbeing - including feelings of loneliness and isolation, as well as maintaining safety living at home. Assistive technologies can be effective in improving how a person's outcomes are met through both childhood and adulthood. Management of conditions, seeking appropriate help when required and families or communities being able to respond in a timely and effective way to risk, is key to reducing the pressures on overstretched emergency, health and social care services.

DRAFT

2.5 The King's Fund stated in 2018 that 'there is real scope for technology in proving cost effective for both health and social care, cutting hospital admissions, freeing up beds and saving thousands of pounds for the NHS and Councils'. The King's Fund also found that a key challenge facing the Adult Social Care sector is a lack of investment in prevention'.

2.6 Evidence from other local authorities demonstrates that focus and investment into assistive technologies services will deliver:

- improved outcomes for individuals and their carer's,
- reduced pressure on social care budgets through both cost avoidance and savings
- efficiencies across whole systems i.e. emergency services, health and social care.
- A streamlined service to all those using assistive technology services throughout the planned digital switch (from analogue to digital services) and management of the associated risks.

Savings realised through investment in care technology:
Hampshire County Council achieved £9.8m savings over five years.
Buckinghamshire County Council achieved £1.25m net savings in the first year of delivery.

3 Responsibilities under the Care Act

Since 2014, local authorities have formal responsibilities to provide care and support for older and disabled people who meet their eligibility criteria, to prevent deterioration and reduce demands on other services. *To meet the challenges of the future, it is vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible. (Care Act Statutory Guidance, October 2018).* Assistive technology can help to enable this and can also help to make savings and avoid costs by, for instance, reducing the need for home care, enable self-care and limit instances of carer burnout.

The Act placed new responsibilities on local authorities to act on behalf of people who are expected to self-fund their own care. This is an area that Councils have not traditionally focused on. Since April 2015, councils have a duty to provide information and advice to people in their areas to enable them to plan for their care and support. There is an opportunity to deliver the requirements of the Care Act around information and advice on assistive technology options, to a substantial proportion of the Dorset population and at the same time maximise the opportunity of the self-funder market purchasing assistive technology services.

4 Responding to Increasing Demand

4.1 More people are living longer, but with complex needs which require more health and social care resource. At the same time, people want to stay in their own homes as long as possible. Assistive technology can help people to manage complex health conditions, offer carer respite as well as support people with lower needs. Assistive technology can reduce the risk of unplanned hospital admissions or permanent moves into residential care.

5 Our current approach:

5.1 The current assistive technology service is provided within the Dorset Accessible Homes Service, provided by Millbrook Healthcare. The provider subcontracts Medvivo as a Careline partner. The service provides, installs and maintains assistive technology equipment, including both telecare and standalone equipment prescribed by health and social care professionals. The service employs trusted assessors who are trained by the provider, Millbrook Healthcare to determine the best product to meet the person's needs. The service is provided to both adults and children; however, the majority of referrals are for assistive technology to support older adults.

5.2 Whilst Dorset Council currently commissions a range of services to promote independent living, the promotion of assistive technology has been only partially successful. In May 2019, 1878 people received a Home Care package, Extra Care package or Supported Living Service and 961 people received careline connected assistive technology products in May 2019 as well as standalone products, such as memory prompt products. Best practice from other local authorities has demonstrated the benefits of procuring a development partner to support the remodelling and transformation of the assistive technology offer and cultural shift required by our workforce to optimise success and cost avoidance.

5.3 Dorset Council has progressed the development of care technology over the past two years, through the formation of a central TEC service including the Principal Occupational Therapist, two experienced Occupational Therapists and a business support post. This has increased the profile of assistive technologies, identified new products, provided training to staff and identification of improved outcomes and savings.

5.4 An evaluation of the current assistive technology pathway has highlighted the following:

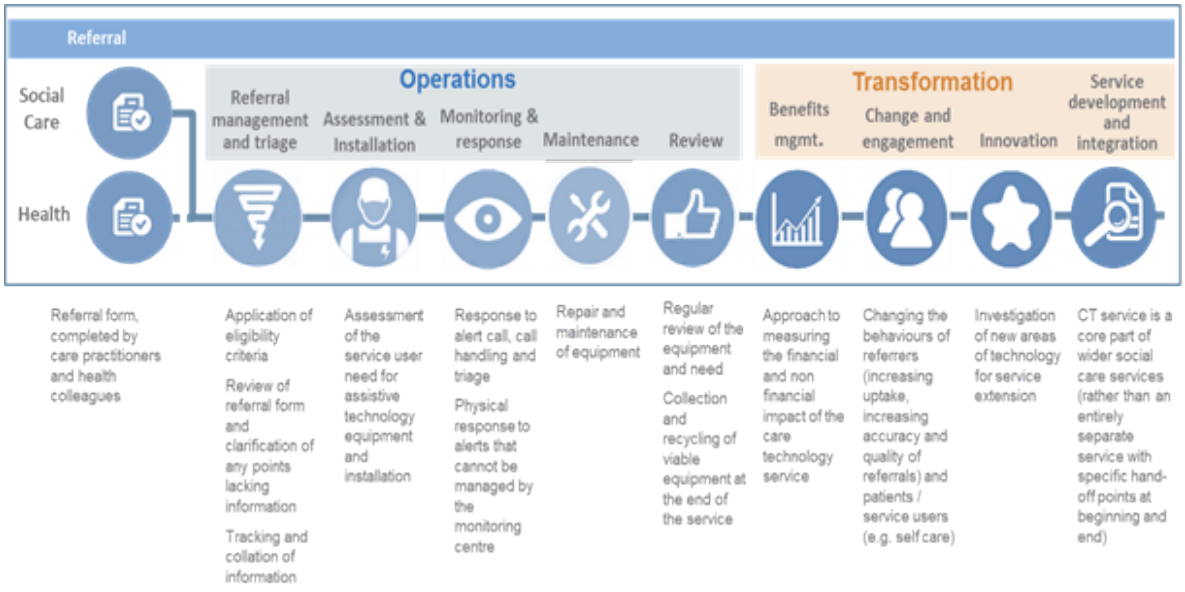
- uptake of assistive technology is still limited
- The need for an innovation partner to make the best use of advances in assistive technology to maximise benefits realisation and improved outcomes
- the need for a consistent training programme for both managers, frontline staff and wider stakeholders
- the need for consistent data and to embed a benefits realisation tool to measure the impact of assistive technology

6 Options Appraisal

6.1 In order to drive the required increase in take up of assistive technology, a number of development options have been considered for a new service to be commissioned for 1st April 2019. The full cost benefit analysis for these options is attached in appendix one.

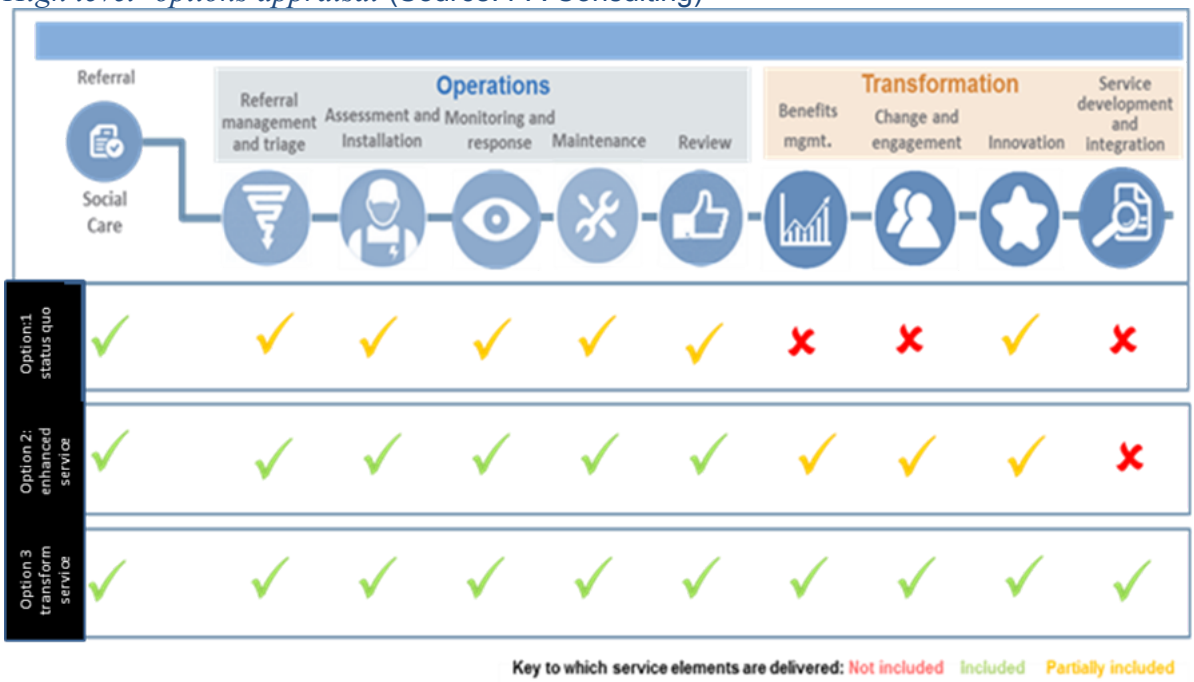
6.2 PA Consulting were engaged to develop options for service delivery supported by a cost benefit analysis of this options. The requirements that they have developed cover the procurement of an end-to-end operating AT operating model, with a best practice model set out below.

End-to-end AT operating model (Source: PA Consulting)



The advice of PA Consulting, and from the horizon scanning of services elsewhere in the country, was to procure the service from a service provider rather than bring the service in house to ensure the required specialist skills can be brought to Dorset. Therefore, the options that have been developed include the procurement of an enhanced or transformational model, as well as maintaining the status quo. These three options are set out a high level against the end-to-end best practice model below.

High level- options appraisal (Source: PA Consulting)



6.3 **Option1 -Do nothing (no dedicated assistive technology service)**

Retaining our current pattern of commissioned service will see no improvement to current assistive technology levels meaning less people supported into or maintaining independence. The offer assumes no increase in service user number and churn into and out of the system is likely to see the numbers remain around 940.

6.4 **Option 2 – Enhanced Assistive Technology Service**

Improves uptake for existing cohorts and provides minimum risk. It does not maximise a technology first approach and is unlikely to achieve the required cultural shift towards a strength-based approach maximising independence. The offer assumes an increase to 1400 service users by the end of the 5th year of service.

Total additional investment over 5 years £703,373
Gross Savings over 5 years £885,328 (consisting of actual savings and cost avoidance)

Option 3 – Transformed Assistive Technology Service

Expands the offer to wider groups of vulnerable people and optimises a therapy led, technology first model building on strength- based approaches. The offer assumes an increase to 1560 service users by the end of the 5th year of service

Total additional investment over 5 years £775,877
Gross Savings over 5 years £1,748,000 (consisting of actual savings and cost avoidance)

6.5 **Recommended Option**

As a transformational, strength-based approach for a wider population, **the preferred approach is option three.** We propose bringing in these new capabilities through the procurement of a new assistive technology service that will cover:

1. Assistive technology service - assessment, installation and monitoring of equipment
2. Careline provider and responder service
3. Development partner

6.6 The cost benefit analysis over the five-year period for the additional investment is set out below and would result in a gross saving of £1,748,000 and net saving of £972,123.00 within option 3. Full cost benefit analysis of the additional investment for option 3 can be found in appendix One- Assistive Technology- cost benefit summary.

6.7 The cost for the transformed model (option 3) is based upon the service attributes and the increase in activity and complexity that will be seen by the service.

6.8 The current annual cost of the assistive technology service which includes the existing running costs of the service, including the service provided by the Dorset Accessible Home Service is estimated as £555,000 for 2018/19 and forms the baseline for the existing budget. The total additional investment over the five-year period required with the recommended option can be met within the Adult budget.

7 Procurement Approach

7.1 The service would be subject to procurement due to the value of the contract and therefore require a five-month period for tender preparation through to award, with a four-month mobilisation period for the new service to go live from 1st April 2020.

Cabinet is asked to approve a recommendation to delegate authority to the portfolio holder and Executive Director of People – Adults to approve the tender award.

7.2 It is proposed that the contract period would be three years with the option to extend the contract by a maximum of two years (+one + one) to allow time for the service to fully embed with the practice of the workforce and the wider promoting independence model.

7.3 The contract is expected to be a development model to work with the successful bidder to build internal capability with assistive technology and the wider approach to benefit realisation, as well as to provide insight into new innovations and support their adoption in Dorset. The costs highlighted within the financial modelling of the options are indicative costs. These costs following market testing through the procurement exercise are subject to change.

7.4 Alongside of this procurement exercise is the need to remove the current AT components from the DHAS contract to remove the costs that can be allocated to this new service and ensure there is one pathway and service in Dorset.

8 Timeline

8.1 Indicative timescales for the development:

Description (what is being delivered)	by when
Assistive technology options appraisal	10/07/19
Tender preparation	05/09/19
Tender exercise & award	15/11/19
Service mobilisation & go-live	01/04/20

9 Identified Risks

9.1 The following risks have been identified with the approach and will be managed by the Programme Management team using a project management approach:

Ref	Risk / issue	L'hood	Impact	Mitigations
Risks				
AT1	There is risk that without a dedicated assistive technology service, users will continue to receive costly care packages and therefore cost savings / avoidance will not be fully realised	3	4	Development of AT options appraisal
AT2	There is a risk that staff do not universally take-up assistive technology, so the anticipated impact is not realised	3	4	Comprehensive engagement and training plan for staff Strategic TEC OT roles to provide mentorship
AT3	There is a risk that there is not senior buy in for the preventative model and associated cost avoidance and therefore there is not the support for the agreed assistive technology development approach	2	3	Work with senior finance and ops colleagues on the cost avoidance approach and align agreed assistive technology development approach with cost savings board
AT4	There is a risk that the digital switch in 2025 requires additional investment to prepare user equipment	4	3	Work with service providers to prepare for switch and ensure technology is compatible. Begin to model financial impact with new provider

10 **Project Governance**

10.1 The project is being managed through the Promoting Independence Steering Group support by a number working groups.

10.2 The project provides monthly highlight reports to both Adults and Community Service DMT, as well as to the corporate Change Board.