



Rutland
County Council

Project Business Case

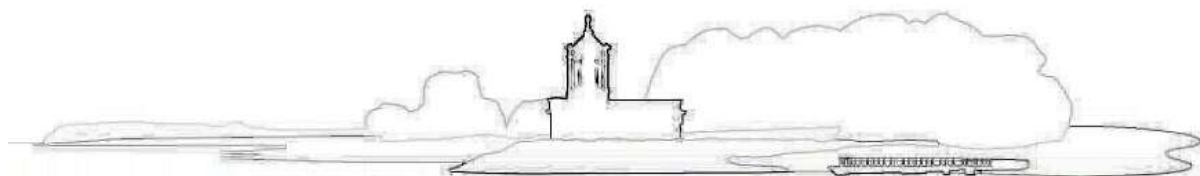
Assistive Technology

October 2014

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Version	Change Summary	Change author	Date
0.1	Initial document production	Julia Eames	15.10.2014
0.2	Revisions to incorporate comments from Integration executive and incorporation of LD scheme	Julia Eames	9.1.15

Reporting Schedule:

This Business Case went to the Integration Executive on 6th November 2014; this will be presented to the Health and Wellbeing Board at its meeting on 27th January 2015.

How would this scheme be described to the service user?

Assisted living technology is a broad term referring to new technologies that can help people live more safely, independently & healthily. Devices can either be stand-alone items or linked to either a call centre through a life line or linked to a mobile phone or similar so that someone can be alerted if needed.

Assistive technology items include the following but there are new devices regularly being developed:

- Chair and bed occupancy sensors
- Bogus caller buttons
- Movement detectors
- Falls detectors
- Medication prompter
- Enuresis and Epilepsy sensors
- Easy phones
- Smoke/Gas/Flood/overflow detectors
- Temperature sensors
- Speaking clocks
- Timers, night lights, orientation lights, touch lamps.
- GPS or radio operated location alerts/sensor
- Memory aids
- Remote controlled power devices
- Pagers

The scheme will provide the opportunity for the Council, working closely with health colleagues and other local partners, to increase the awareness and use of assistive technology and evaluate how the use of this technology can best contribute towards the BCF objectives.

The main groups of service users likely to benefit are people at risk of falling, people with dementia and people with a learning disability.

There are opportunities to develop this scheme, with Public Health, to link with Telehealth and Telemonitoring, which are technologies that can be used to help with remote monitoring and prompting of health conditions and escalation in an emergency and to support health promotion.

1 Description of Project

Rutland County Council (RCC) and the East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) have established a commitment to developing the availability and use of assistive technology, telecare and telehealth options for residents within the County. A service will be commissioned for Rutland to provide technological responses to promote and support independence and wellbeing. This initial piece of work will focus on promoting the use of technologies and informing the options for future delivery models.

The Department for Health 'Three Million Lives' report indicates significant numbers of people can benefit from technology resulting in savings across health and social care.

The demographics for Rutland indicate significant numbers of older people could potentially benefit from assistive technology and so the scheme will therefore have a focus on supporting people at risk of falls and supporting people with dementia.

The scheme will link into the Better Cate together workstreams as evidence and learning emerges locally, regionally and nationally, as to how best to target assistive technology services to support different service user groups. The ADASS Better Care Technology Survey 2014 has called for more evidence.

The personalisation agenda, Valuing People and Winterbourne Concordat are all drivers for supporting people with Learning Disabilities to develop and maintain their independence and continue living in their own homes. This project supports this aim.

The MALT study, University of Sheffield September 2014 provides some valuable messages about the use of technology with a key focus on patient and staff acceptance which will be made use of to underpin the approach to be taken.

1.1 Project Objectives

- To enable people in need of support to maintain their independence and health and wellbeing, in their chosen home for as long as possible and slow down the movement to the next level of care need.
- To make people feel safer and prevent falls and other injuries/dangers such as wandering.
- To prevent people moving into institutional care.
- To prevent hospital admissions and assist with safe transfer from hospital to home
- To reduce the level of reliance on domiciliary care provision and develop mixed packages of care, including technology alongside having a person to provide care and support.
- To support carers to improve family life and reduce carer strain.
- To support people with Learning Disabilities with their independence and to live in their own homes.
- To support positive outcomes for disabled adults, children and young people.

1.2 Key Deliverables

Include key deliverables for the Project lifecycle

Project Deliverable	Delivery targets
<p>To ensure use of assistive technology is considered throughout service users health and social care pathway, from providing information and advice e.g. signposting for lifelines and including technologies becomes an integral part of the individuals support/care plan and service users are involved in decisions about their assistive technology service.</p> <p>Information governance processes for telecare will be in place.</p>	<p>Increase referral rate for assisted technology to support people in line with the BCF objectives and provide support to areas with low referral rates.</p> <p>Increased use of Monitoring equipment such as Just checking to inform assessments, care planning process and commissioning.</p> <p>Training and processes to include raising awareness relating to consent and best interest decisions in relation to use of assistive technologies.</p>
<p>To have a service provider who can respond in a timely way to referrals for people who may benefit from assistive technologies to undertake the assessment, provision of equipment and follow-up.</p>	<p>15 referrals per month to Olympus/ alternative provider</p>
<p>Training and refresher training and support for people who may be in a position to identify people who could benefit from assistive technology and those who will be responding to any alarm raised through assistive technologies.</p>	<p>Action learning group to be established.</p> <p>Promotion at team meetings for health and social care staff, Older People's Forum to promote to wider voluntary and community groups by the end of March 2015</p>
<p>To establish the need for a 'smart house' or establish other options for promoting the use of assistive technologies to the wider public as a means of enabling people to take responsibility for their own health and wellbeing using technologies.</p>	<p>Decision to be made by end of March 2015</p>
<p>To develop the awareness and use of telehealth and telemedicines and new AT coming onto the market and emerging evidence.</p>	<p>Evidence of innovative use of technologies locally.</p> <p>Sharing of learning.</p> <p>Evidence use to inform future business planning</p>

	in an integrated way.
Provision of low level devices and promotion of lifeline systems as part of individuals Reablement so that individuals can make informed choices about whether to continue ongoing rental.	Increased uptake on people making use of the Free lifeline trials available.
Promotion of AT for people using the Gainsborough Court Stepping Stones Flat.	Increased use of AT as an outcome for people receiving Reablement.

1.3 Project Milestones

Activity	Milestone	Dependency	Responsible	Start Date	End Date
Complete a service specification for a pilot service	Identify procurement options and possible providers	Provider availability to deliver service required	Julia Eames and Tom Grozdoski	1.9.14	2.10.14
Gain procurement exemption for a 6 month pilot	Agreement by key officers			2.10.14	27.10.12
Appoint selected provider	For initial pilot we propose to use Olympus Care for 6 months	Agreement by key officers	Julia and Tom Grozdoski		1.12.14
Agree operating procedures	Meeting with Olympus Care		Julia Eames and Gill Challis		1.12.14
Promote the service	Local training and information sharing events	Engagement by local health and social care staff and wider voluntary and community services	Julia Eames	Nov 2014	ongoing
Launch of the service					1.12.14
Evaluate the service	Get feedback on outcomes of referrals made from all involved, including service users on the process to identify areas for	Early uptake of the service and sufficient use to be able to evaluate that the right people are receiving technologies to	Julia Eames	1.1.15	28.2.15

	improvement. Develop a charging policy linked to the prevention strategy.	meet their identified outcomes.			
Procurement of an ongoing service			Contracts Team	1.3.15	Aim 31.5.15
Start of an ongoing contract for delivery of AT for Rutland			Julia Eames	1.6.15	
Develop market for private purchase or use of personal budgets to make technologies available to more people.	Update website. Liaise with local providers to encourage and support their business initiatives Develop interest groups that can include service users.	Local market and interest.	Karen Kibblewhite Julia Eames	1.4.15	
Explore how use of assistive technology can interface with other health and social care services and with voluntary and community services including community Agents to be able to act as responders where required	Map out what already in place and where there are gaps and opportunities Review consistency of community alarms and response services and use and charges for add on devices	Development of Community Agents service Co-operation from lifeline providers	Julia Eames Karen Kibblewhite	1.4.15	
Develop a training / workforce delivery plan and provide training to	Identification of key groups who will need training and delivery options and methods of	Time for people to attend training.	Julia Eames	1.4.15	1.7.14

required participants.	evaluating competencies				
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1.4 Exclusions

- Integrated Community Equipment contract does not include the provision of assistive technology products.
- Purchase of telehealth and telemedicine devices – this would require additional health funding.
- Telecare/ lifeline call centre and response service – for individuals to purchase privately.
- Equipment for people with sensory problems where this equipment can be provided through contracts with Vista or Centre for the Deaf.

2 Approach

2.1 Operational Readiness

Some assistive technology is already provided through the Supporting Independence Team and wider Adult Social Care teams and so this project will fit naturally with the work and knowledge the team already has. It is acknowledged that there is room for improvement regarding awareness and uptake of Assistive Technology for all service user groups including people with Learning Disabilities. The new service provider will help to ensure the Adult Social Care Teams; including LD Team is kept up to date with new technologies and ensure value for money.

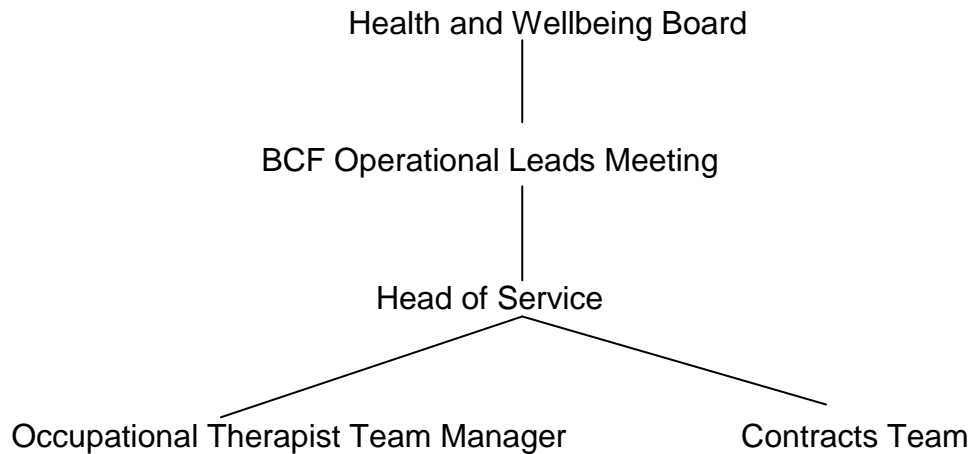
Some work has already taken place over recent years through joint projects between the Council and Spire Homes to promote the use of assistive technology to the wider community. It is intended that this partnership working will continue and the different partners the Council are engaging with will compliment what the other can offer.

Assistive technologies can support various service user groups and so is integral to a number of the Better Care together Workbooks, particularly Frail Older People, Long term conditions, Learning disability, Mental Health.

Regarding people with long term conditions and Learning Disabilities assistive technology can reduce the need for commissioned support representing increased value for money whilst maximising the independence of the individual concerned.

There is limited local development around telehealth and telemedicine to date.

2.2 Work stream structure



Provider Service and referrers from health and social care services

Responders from Community Agents Scheme

2.3 Work stream metrics

BCF Metric	Description of Impact as set out in BCF Significant/moderate/other
Reducing Residential admissions	Significant FY 14/15 1.5 FY 15/16 3.0
Keeping people at home after discharge into Reablement	Significant FY 14/15 0.7 FY 15/16 1.0
Reducing delayed transfer of care	Moderate
Improving Patient experience	Moderate
Reducing admissions due to injuries from falls	Significant FY 14/15 1.6 FY 15/16 2.1
Reducing avoidable hospital admissions	Moderate FY 14/15 2.7 FY 15/16 9.0

2.4 Work stream metrics recording

Information being collected	By whom	At what stage in the patient pathway is the information being collected?	Information collected by whom	Database on which information is collected / captured/ stored
<ul style="list-style-type: none"> • Number of referrals received • Service user group (OP, PD, MH, LD, Dementia, Autism, Transitions, disabled children, Carers) • Number responded to in time related to priority. • Number of items of AT provided. • Number of successful installations that achieved identified outcome required. • If not successful reasons given – to assist with learning. • Number of maintenance and repairs carried out. • Number of items returned – reason codes. • Number of contacts for advice and information – codes re type and who. • Value of new equipment issued per month. 	Provider Adult social Care Team	Point of referral and at end of service delivery	Julia Eames	Raise via service placements and spreadsheet from provider
Record and evaluation of promotional activity/events	Julia Eames			

Information being collected	By whom	At what stage in the patient pathway is the information being collected?	Information collected by whom	Database on which information is collected / captured/ stored
Activity within the Supporting Independence Team related to use and provision of AT	REACH	Audit use of free lifeline trials for people who have been through Reablement, establish baseline and targets.	REACH OT	Raise – service placements Audit tool to be developed.

2.5 Work stream performance reporting against metrics

Type of report being prepared (e.g. SITREPS/ RAISE)	By whom	Reporting dates	Reporting timeframes
Manual information from providers	Business Analyst	monthly	monthly

3 Communication and Engagement

3.1 Stakeholder Analysis

Stakeholder Name	How they will impact on the project	How they will be impacted by the project	Communication requirements/methods
Olympus Care	Proposed provider	New business	Monthly meetings to monitor contract
Adult and Learning Disabilities Social Care Team	Main referrers and sign posters	Need to get used to new ways of working	Team meetings, newsletter Training Action Learning Group
Health colleagues	Potential referrers and sign posters	Need to engage with new agenda	Team Meetings, newsletter Training Action learning group
Spire Homes (Katy Sagoe and team)	Likely provider of local call centre for many service users. Will continue to provide AT for own tenants.	May be interested in future business opportunities. May find Olympus a threat.	Reassurance about continued partnership working intended and keeping updated as to how they can contribute to the success of this project. Involvement in training sessions and action learning group
Domiciliary and residential care providers	Able to identify people who may benefit from AT and provide advice and information	Need to adapt their service provision to link in to using AT and combining AT within their business models.	Training, newsletter, action learning group. Contracts team to promote.

Stakeholder Name	How they will impact on the project	How they will be impacted by the project	Communication requirements/methods
The wider public including carers, people with current health conditions or as a means of prevention. Target groups will include people caring for people who are physically or mentally frail, people at risk of falls, people with dementia, people with a learning disability or mental health problem, young people at transition.	Potential users	Opportunities to use AT to improve their own health and wellbeing or that of someone they care for or know	Local publicity. Public health involvement.
Community agents	Sign posters. Likely responders to alarms to help keep vulnerable people safe in their community	Will be able to receive support and information to help them maximise the use of AT for people they support.	Training
Partner agencies e.g. Hospitals, GP's, Voluntary sector	Potential sign posters	Reduced hospital admissions, people taking more responsibility for their own health and wellbeing, joined up services for telecare and telehealth monitoring etc	

3.2 Project Reporting and Communication

Type of communication	Communication Schedule	Communication Mechanism	Initiator	Recipient
Status report	Monthly	Update at Meeting	Julia Eames	Transformation Team
Performance reporting outlining project outcomes/impact of the scheme	Quarterly	Draft report for Integration Executive meeting, to be reported up to the Health and Wellbeing Board	Julia Eames	Health & Wellbeing Board

4 Risks

3.1 Key Risks

Risk No.	Date Opened	Risk Owner	Risk Description	Probability (High, Med, Low)	Impact (High, Med, Low)
1	15.10.14	JE	Procurement rules and timescales preventing or delaying project plans	High	High
2	15.10.14	JE	Lack or engagement by health and social care staff	Med	med
3.	12.1.15	JE	Demonstrating outcomes, preventative, often provided alongside another service. Reliant on national research.	High	Med

5 Costs

5.1 Project Costs

Include all direct and indirect costs

Description	2014/15(£)	2015/16(£)	Total (£)
<i>Olympus Care/alternative provider</i>	£9,988	Approx. £32,000	Approx. £42,000
<i>Equipment costs</i>	£12,000 (estimate)	£24,000	£36,000
<i>Time for staff training and development work</i>			
Total	£21,988	£56,000	£78,000

5.2 Funding

Funding Source (External - name/Internal)	Confidence rating of funding being provided (H/M/L)	2014/15 (£)	2015/16 (£)	2016/17+ (£)	Totals (£)
RCC Transformation Budget	High	9,988	-		9,988
BCF allocation	High		98,000		98,000
OT equipment and adaptations budget	High	Approx. 8,000			8,000
Total Funding		£17,998	£98,000		£115,998

6 Exit Strategy

Funding will need to be mainstreamed as part of the Adult social care and health budgets to sustain this work long term; a budget will need to be established based on learning and evidence from the project including whether Assistive Technology has reduced the demand on more intensive services. However, it may take longer than the course of the BCF project (currently 2015/16) for the impact of this preventative service to be understood and the full cashable benefits realised; a report will be brought back to the Health and Wellbeing Board before 31st December 2015 advising of the scheme's effectiveness to date so that a decision can be made whether further funds should be allocated to continue the scheme beyond 31st March 2016 – funding beyond this date would be based on commitment from partner organisations to fund the service or through an extension of the BCF (government is yet to confirm whether there is funding for 16/17 onwards).

A competitive tendering process will need to take place to ensure the best value for money is received from any future contract.

If this service ceased at the end of 2015/16 then the opportunities for the people of Rutland to benefit from assistive technology, telecare and telehealth will be limited and this could reduce the impact national evidence indicates that using these developing technologies can have for individuals and for the health and social care economy.