

Appendix B

QUARTERLY UPDATE ON TRANSFORMATION FUND INVESTMENTS: 2016-17

**Figures are absolute

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Street lighting synergies (B/R.6.214)	Investment	800	-	-	-	-	-	800
	Saving	-	-129	-264	-398	-525	-652	-1,941

Report Author: David Parcell

Tracker: (completed for 2016-17)

	Q1 £000	Q2 £000	Q3 £000	Q4 £000	Total £000	Variance to BP £000
Investment	-	-	-	633	633	-167
Saving	-	-	-	-	-	-

Progress update:

- Total investment paid March 2017.

The total break cost for the current contract was originally estimated to be approximately £800k, and this one off investment was approved from the Transformation Fund by GPC in December 2016. The final cost was £633k and was paid in March 2017. The funding drawn down from the Transformation Fund is £228k as the remainder has been funded within service efficiencies made during 2016-17.

The savings of the PFI contract for street lighting are forecast to start in 2017-18.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Using assistive technology to support older people to remain independent in their own homes (C/R.5.303)	Investment	100	110	50	-	-	-	260
	Saving	-	-358	-597	-597	-597	-597	-2,746

Report Author: James Wilson

Tracker: (completed for 2016-17)

	Q1 £000	Q2 £000	Q3 £000	Q4 £000	Total £000	Variance to BP £000
Investment	-	-	34	50	84	-16
Saving	-	-	-	-	-	-

Progress update:

Investment Funding Spent

The service has bought 35 units and spent £48,730 (Just Checking), as well as expenditure of £3,173 on other equipment and £1,602 on training.

An additional Assistive Technologist and a new post of Telehealthcare Technician were both recruited to and came in to post in the Autumn. These posts are fixed term for approximately two years. Staffing costs in 2016/17 were £30,874.

Total spent to date £84,379

The rest of the balance of 16/17 is to be carried forward which is mainly due to the timing of the planned training which will continue into 17/18.

Savings Secured

Savings are forecast to start in 2017-18 and so none have been captured here although as the programme has started there will be small savings evident from the information below. These have been captured in the regular financial reporting process and not split out until this point as part of the general preventative work completed by the directorate.

Findings

As a part of the evaluation of the carers and professionals are being asked to rate the level of their concern prior to equipment being installed and again after they have received the feedback from the software charts. The scale is one to ten with 1 being no concerns and 10 being extreme concern.

Professionals Score change	Number of professionals
Increased concern	1
No change in concerns	5
Decreased concerns	10

It is recognised that greater numbers of scores are needed to be able to draw any firm conclusions but the fact that the majority of cases show a change in the opinion of both carers and professionals (up and down) is significant – the information we are getting is changing opinions and allowing us to target care more accurately – giving more or less support as needed.

Outcomes in provision of care from initial sample

	Care being considered before technology used	Actual care change after technology used
Increase in formal care package - day	5	4
24 hour care required	8	5
Increase in telecare	7	7
No change	0	0

The level of care actually deployed in this sample is less than that being considered beforehand – suggesting a positive impact. However clearly this is a small sample and interestingly the cases where care is deployed have not always been those where this

was flagged in advance as a probability. If we look at the 8 cases where 24 hour care was being considered beforehand only 2 actually received this care once the just checking assessment had been completed – with the other 6 therefore theoretically being 'diverted' or 'delayed' from requiring this care. However in 3 other cases where the need for 24hr care had not being flagged as a possibility beforehand the outcome ended with a recommendation for this level of support. In some cases this is because the information provided by the equipment indicated a need but in several was because the service user experienced further falls / crises during the deployment and so the need for such care became apparent.

Opportunities to expand

At the moment the vast majority of referrals are from teams supporting people living at home but where concerns have begun to emerge. However we also think that the methodology could be embedded in the Hospital discharge pathway so that people leaving hospital receive this kind of assessment as part of determining what kind of support (if any) they need on an ongoing basis following their hospital stay.

The ATT Service is based in the OP&MH Directorate and this project focuses on older people – however links are being made to learning disability with a view to joining up the Just Checking Assessment for this client group – and so Sensory Services also.

The ATT service is working with the NHS to work more closely with neighbourhood teams to engage GPs in referring for ATT interventions.