

ADULTS POSITIVE CHALLENGE UPDATE

To: Adults Committee

Meeting Date: 22 May 2019

From: Service Director: Adults and Safeguarding

Electoral division(s): All

Forward Plan ref: N/A **Key decision:** No

Purpose: To provide an update on the Adults Positive Challenge programme (APCP) with an in-depth look at Technology Enabled Care (TEC) Workstream and the interface with the Think Communities Programme. The report also provides a section including feedback on how learning from the Neighbourhood Cares Pilots (NCP) is being applied to the programme as it develops.

Recommendation: The Committee is asked to:

- a) consider the content of the report and support the increased use of Technology Enabled Care to support people to live independently, and reduce demand for statutory care and support.
- b) note the interface between Think Communities and Adult Positive Challenge Programme.
- c) reflect on how the learning from the Neighbourhood Cares Pilots is being applied to the wider practice change in the Adult Positive Change Programme.

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1. BACKGROUND

- 1.1 People and Communities Directorate has set a vision and ambition for Adult Social Care (ASC) which by 2023 local people will drive the delivery of care, health and wellbeing in their neighbourhoods.
- 1.2 The Adult's Positive Challenge Programme (APCP) vision is that by 2023 local people will drive the delivery of care, health and wellbeing in their neighbourhoods, delivering a financially sustainable service which will enable a neighbourhood approach which supports more people to live independent and fulfilling lives for longer.
- 1.3 The Council outcomes will be; a financially sustainable service that meets statutory duties; a focus on supporting neighbourhoods and communities; people remaining as independent as possible and partner actions align to a shared vision.
- 1.4 The Adult Positive Challenge Programme has eight workstreams in total which all interact positively with each other in order to deliver the overall change, outcomes and financial benefits;
 - Neighbourhood Based Operating Model
 - Increasing Carers Support
 - Embedding Technology Enabled Care (TEC)
 - Changing The Conversation
 - Commissioning
 - Targeted Reablement
 - Learning Disability Developing An Enablement Approach
 - Review of Panels.

Funding of £3 million has been identified by General Purpose Committee to deliver these workstreams.

- 1.5 There are regular updates for Committee scheduled to provide detail on progress on the Adult Positive Challenge Programme. It is planned that going forward these will be thematic and focus on the specific workstreams. This update provides a deeper dive insight into the work being undertaken in the Embedding Technology Enabled Care (TEC) workstream and the interface with the Think Communities work.

2. MAIN ISSUES

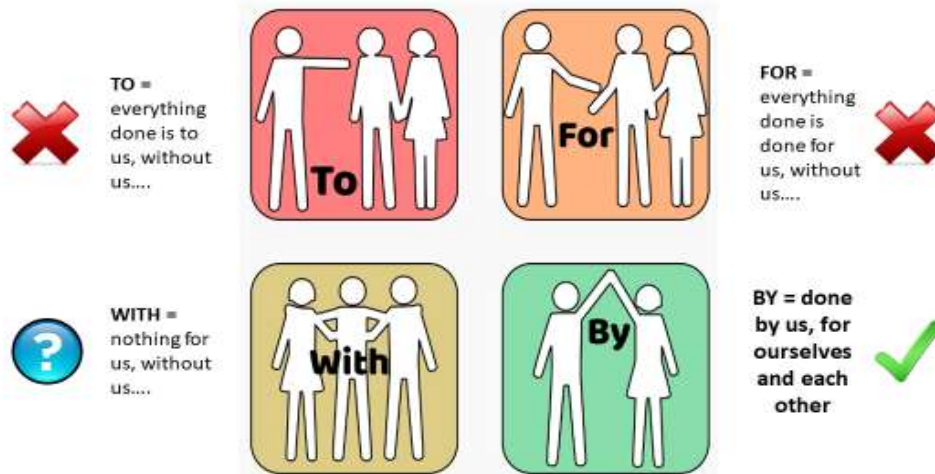
2.1 Interface with Think Communities

- 2.1.1 In September 2018, the Communities and Partnership Committee endorsed the Think Communities approach, an innovative set of principles and ways of working that the public sector across Cambridgeshire and Peterborough have jointly developed to ensure our citizens are at the heart of our decision making. These principles include the following:
 - the shared approach will need to adopt strengths-based principles

- it will need to address the ways in which demand for statutory and sometimes costly services will be prevented or delayed
- it will need to be cognisant of and reflect the role and input of all of our key partners
- it will need to allow a single cross-partnership conversation with communities to convey a shared vision to achieve mutual benefit
- it will need to set out the principles of the participatory approach that will be taken to delivery
- it will need to demonstrate how we will build and sustain trust, transparency and accountability with and between communities and our partners
- it will need to show how we will monitor the impacts of our work, how it will be evaluated, and how we will communicate outcomes to communities, partners and other Committees
- it will need to show how we will use evidence to inform our planning and decision making

- 2.1.2 Separately, the Committee has agreed that one of its primary areas of focus should be on supporting the prevention and delay of demand for statutory services, as well as improving outcomes for our residents, through developing more community-based and community-led alternative services. As such this links closely with the strengths and assets based approach of Adult Positive Challenge by priming communities and partners to have a different conversation with our residents around how goals might be achieved.
- 2.1.3 Through the development of Think Communities, there is an agreement that the way we collectively deliver public services needs to change, with a greater emphasis on place-based service delivery, where there is a deep understanding of the local needs and assets in a community and the public sector system works collaboratively to resolve often entrenched issues. Building community capacity is a shared goal across the public sector. In addition to often delivering better outcomes, it is an underpinning driver to prevent or delay demand into more costly services.
- 2.1.4 The diagram below typifies how public sector services can often be delivered. Frequently, the public sector operates 'To' and 'For' people. Our aim is to increasingly move into delivering services 'With' communities and in doing so, we will create an environment where people are less reliant on the public sector to resolve their problems – where they do things for themselves, 'By' themselves

Where we need to get to



- 2.1.5 The Think Communities approach is modelled on the approach to public service delivery in Wigan. Wigan created a 'deal' between the council and the citizen, setting out the commitment the Council will make in return for a commitment from the citizen. Sitting behind the deal, Wigan implemented an extensive programme of transformation and reform, starting with the way in which Council officers fulfil their role enabling them to become innovators and to adopt a strengths-based approach. This includes developing comprehensive intelligence about their communities and the assets within them, and developing a new narrative with communities that supports residents to help themselves and each other as a starting point.
- 2.1.6 We are using the strength of and support for the Think Communities approach to lead, on behalf of and with the whole public sector system, work to reform our approach to and relationship with communities. An emerging model is based on a place-based approach, with services based within communities of between 30,000 and 50,000 residents. Services based within these communities will meet the evidenced need of the residents living there, and will represent the whole public sector system. Wherever possible, we will seek to co-locate different parts of the system with each other, to improve information sharing and service design and delivery.
- 2.1.7 The benefits of the Neighbourhood Cares pilots working on populations of 10,000 is recognised and the evaluation will inform the Think Communities work plan going forward. The Think Communities programme identifies that although some aspect of placed based working would sit at the 30,000 – 50,000 population level other aspects are best delivered at smaller 10,000 population level and other aspects would recognise the value of working at even smaller natural neighbourhoods.
- 2.1.8 The community size of 30,000 to 50,000 residents aligns to the emerging Primary Care Networks, which are described in the NHS 10 year plan. This plan recognises that a place-based approach to NHS service delivery will deliver better outcomes at the best price, and this very much aligns to our own Think Communities philosophy. By aligning our own communities with those identified as Primary Care Networks we will have

coterminous communities receiving services from the most appropriate part of the system, with access to a far broader range of alternatives to statutory interventions where appropriate. This approach also aligns to the emerging social prescribing approach for primary care, where often a community based offer can be far more effective than a medical prescription.

2.1.9 The work on Think Communities is broad and strategic, and there are a number of more specific projects and programmes that in some way aim to achieve similar outcomes. The list of aligned initiatives alongside Adult Positive Challenge Programme includes:

- Cambs 2020 Spokes workstream
- Continued development of the library service
- One Public Estate
- Sustainability and Transformation Partnership (STP) Integrated Neighbourhoods workstream
- Community Safety governance review
- Living Well Partnerships review
- Local Councils Development Plan
- Existing place-based programmes including Wisbech 2020
- The tackling poverty workstream of the Communities and Partnerships Committee.

2.2 Embedding Technology Enabled Care (TEC)

2.2.1 Embedding TEC is one of the workstreams within the Adults Positive Challenge Programme and is also, in itself, an enabler for other key workstreams within the programme.



Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) are working together to share best practice and learning so that the provision of TEC can

have a much greater impact on demand management, and the associated costs for Adult Social Care.

- 2.2.2 The Embedding TEC workstream has received investment from the Council's Transformation Fund of around £350k for equipment and additional staffing capacity in order to achieve a cost avoidance target of around £2.3 million in 2019/20.
- 2.2.3 TEC is an essential tool for enabling people to remain living independently in the home of their choice and reduces the need for long term care and support. As part of the programme it is key that, by embedding a 'TEC first' approach, more people will benefit from equipment and technology that enhances their daily lives and well-being and keeps them independent for longer.
- 2.2.4 The workstream focusses on the provision of telecare equipment, which includes both stand-alone and linked (e.g. to a lifeline) technology solutions and also includes reference to other items of equipment that deliver the same long term vision – for example moving and handling equipment that facilitates single-handed care and avoids care costs of packages delivered by two paid carers, generally referred to as 'double-up care'.

Technology Enabled Care Can Fall Into The Following Categories:



Alarms & Pull Cords such as lifeline



Door exit sensor



Gas detector

Sensors & Memory Aids



Apps on Mobile Phones



Intelligent personal assistants and robotics

- 2.2.5 Since 2010 there has been a marked increase in the advancement of technology targeted at supporting people with health and social care needs, a trend which will

continue with global investment in artificial intelligence and robotics doubling every two years

- 2.2.6 It is the goal of this workstream that the potential benefits of technology should become a key consideration of any assessment for people, including children.

2.2.7 Anticipated Outcomes or Impact of the Workstream

- **Increase independence, confidence, and quality of life.**
Technology and community equipment can support people, and their carers, with numerous daily living tasks
- **Increased quality of life and wellbeing for people with complex long term needs.**
Many people continue to remain living at home but need significant amounts of support from family and formal carers. Through comprehensive risk assessment, it is vital that we continue to support these people to remain living in the home of their choice for as long as possible and avoid the need for them to have more formal care than they need or to avoid the need to move into long-term residential care.
- **Help manage potential risks around the home.**
Technology can help promote safety around the home, for example, video entry systems can control access to vulnerable people, and reminders to take their medication.
- **Provides reassurance to carers.**
Technologies can let carers know if their loved one has run into difficulties, for example, falls detectors can notify them if their loved one has fallen over. This reassurance gives carers peace of mind.
- **TEC is valued as an integral part of every conversation and support plan.**
This will mean that the most intelligent TEC is deployed at the earliest opportunity, and will prevent, reduce and delay the traditional avenues of social care and health interventions.
- **Information and advice for people who wish to self-fund.**
People will receive TEC solutions where they have eligible needs under The Care Act. However, we will increase the number of people who are able to self-help and self-fund through better information and advice that takes them, or their carers, to the best TEC solution when they need, or wish, to fund this themselves. This will be through access to better information and advice and on-line systems.
- **Reduce the costs of traditional care and support**
Through the provision of person-centred technology and community equipment solutions.

2.2.8 Workstream Project Plan

There are five key elements to the delivery of the TEC workstream project plan:

- i) **Intensive work with frontline staff to promote and embed a 'TEC first' approach.** This will involve the delivery of targeted training packages and focus groups across both adults and children's services. The current training offer will be reviewed to ensure that PCC are able to benefit from the established CCC TEC First training sessions, and a new joint programme of 'bitesize' training will be

developed to focus on specific eligible needs. There will be a comprehensive communications campaign, for both internal staff and external partners to promote the use of TEC. Internally there will be the development of the TEC Leaders pilot. Following on from the TEC Focus Groups held with frontline staff from Oct 18 to Feb 19, TEC Leaders will provide targeted support to team managers and senior practitioners for 3 months to train and embed learning around TEC. The management audit that is taking place across PCC and CCC will be used to identify the teams who would benefit most from the TEC Leaders work and will form the initial cohort.

- ii) **Performance Management and Monitoring of Savings.** Clear outcome measures and metrics have been developed by the Business Intelligence Team and these will be monitored and reported to the Programme Board on a monthly basis along with risk logs detailing what might affect the delivery of agreed targets. Investment of £328K has been agreed for CCC to cover both staffing and equipment costs with the intention that this will deliver avoided costs in 2019-20 of £2.3m. Paragraph 2.9.1 below sets out the cost avoidance model that will be tracked against.
- iii) **Operational Models of Delivery.** A previous report to Adults Committee in 2017 detailed the structure of CCC's in-house TEC Team which will be enhanced by the additional investment. The operational model of delivery in PCC is different but the teams are already beginning to work more closely together so that there is shared learning for all and an aligned approach to the overall outcomes required
- iv) **Commissioning Priorities.** There is now one Commissioner across both CCC and PCC to drive the delivery of an aligned approach to TEC. This involves some key pieces of work: ensuring the Community Equipment Service contract continues to deliver the required items of technology across the two local authorities ; reviewing the Lifeline (Community Alarm) provision which is particularly complex in Cambridgeshire ; Evaluating current projects (e.g. the Technology Enabled Discharge project) and whether this should become business as usual, and analysing some of the differences in provision across CCC & PCC and whether there are opportunities to streamline some of these
- v) **Embracing new technologies.** It is important that we research and utilise emerging innovations in technology and learn from the outcomes of key projects, for example, the Next Generation Project which is looking at the potential of 'intelligent' lifelines which can predict when someone might be at risk rather than waiting for an alert due to a crisis event.

2.2.9 Case Examples

These brief case examples demonstrate the outcomes for that can be achieved for people and their families through the delivery of TEC solutions:

Case Study 1 – Woman with Next Generation technology installed

One night an alert was sent by a trial system at 03:08 for a woman living on her own, notifying that the main door had been left open. The primary contact was called as were the enhanced response service (delivered by Reablement). Both were unable to attend so the police were called. The police arrived to find the property was empty and they instigated a high risk missing person alert.

The police called back at 04:59 to inform they had located the woman and returned her to the property. The Council's Early Responder Service (ERS) had arrived on site at this point and they worked with the police to settle the lady. This is also a good example of how linking a quick response service like ERS can support the maximisation of benefit from TEC.

Had the Next Generation Technology not been in place, the woman would have been extremely vulnerable and may have ended up admitted to hospital, or worse. This is an example of where the provision of TEC has an impact in terms of avoided costs for the whole system. A hospital admission would cost social care at least £87 and health at least £353. An admission to hospital in this instance is also likely to have led to an early admission to residential care at an additional cost to social care of at least £5,267

Case Study 2 – Man with fire in the house

A gentleman was provided with a lifeline and smoke detector as a part of the six week trial. Soon after there was a house fire, which triggered the smoke detector and lifeline. Fire fighters were able to promptly attend to the blaze and prevent it from spreading to other residences.

If the telecare system was not installed there is a significant chance that emergency services would not have attended in time and the outcome could have been very different.

In addition to the risk to life and impact on other residents this gentleman would have been at risk of a costly hospital stay and potentially an early admission to residential care due to the loss of his home. The average cost saved for the Council from avoiding a residential admission is £5,267.

Case study 3 – Neighbourhood Cares Pilot St Ives

Neighbourhood Cares St Ives have supported a couple and their daughter, he had a diagnosis of lung cancer and was able to come home from hospital for 4 days before sadly passing away.

Neighbourhood Cares St Ives have continued to support the family to enable the wife who has a diagnosis of dementia and their daughter who has a learning disability to remain at home. With the support of TEC a lifeline, door sensors and fire alarm have been installed. The daughter has continued to support her mother with the support of Carers Trust but building her confidence so that she can return to her own home for periods throughout the day and knowing that her mother is safe within her own home. Joint working is taking place with LD to ensure the daughter is supported and able to remain as independent as possible.

Without the use of TEC to support the family it is likely that both the mother and her daughter would have had to move into either residential care or other costly care support packages. In Cambridgeshire the most recent published unit cost data shows the average unit cost of a care package for an adult with a Learning Disability is £1600 per week and for an older person with dementia it was £727 per week so it is likely that TEC alongside the support from Neighbourhood Cares and Carers Trust was avoiding a significant amount of long term cost for the Council.

2.2.10 How will we measure success?

There is an agreed model for tracking the financial impact of TEC linked to the outcome the intervention is expected to achieve. In total six cost impactors have been identified for social care, which provision of TEC might mitigate against as indicated in the table below.

Prevention Category	Cost Avoided (Social Care) per Prevention
Residential Care	£5,267.00
Carer Support	£1,001.00
Medication Management	£963.00
Community Based Care Package	£4,056.00
Residential Dementia Care	£8,091.00
Hospital Prevention	£87.00

Savings have been dampened by the average client contribution for that type of care, where appropriate. From analysis of 2017/18 Just Checking Assistive Technology (JCAT) data, it has been calculated that on average, technology delayed an increase in the cost of a care package by 15.85 weeks for Older People and by 14.01 weeks for those with Learning Disabilities. Thus these are the number of weeks that have been used for modelling package delay.

- 2.2.11** Alongside tracking the activity against the prevention categories to monitor cost avoidance, the TEC workstream is also identifying a range of performance metrics to monitor impact. This includes three KPIs as below.

Metric	Outcome
Numbers of people receiving TEC	Increase
Percentage of support plans where TEC is included	Increase
Number of support packages including double ups or waking nights	Decrease

2.3 How Technology Enabled Care interacts with other workstreams in APC

- 2.3.1 Under the Adult Positive Challenge (APC) Programme consideration of Technology Enabled Care is promoted as an integral part of the changing conversation we need to have with people with emerging care and support needs.
- 2.3.2 There are also links to reablement where TEC would be considered as part of any reablement plan or post reablement support arrangement.
- 2.3.3 Offering TEC to children at a young age to incorporate it in their day to day life in order to support age appropriate independence is a core aspect of the LD Enablement workstream which seeks to transition young people into adulthood with increased independence.
- 2.3.4 Promotion of TEC to providers as a method for keeping down care costs and potentially relieving capacity pressures is compatible with the commissioning workstream.
- 2.3.5 In addition signposting to and providing TEC to support people to remain in their own neighbourhoods is in line with the Neighbourhood model. This is already a part of the core role of the Neighbourhood Care's Pilots in Soham and St Ives.
- 2.3.6 Provision of TEC, particularly monitoring TEC can provide peace of mind to carers and support them with their caring role whilst maintaining their own lives and employment.

2.4 Learning from the Neighbourhood Cares Pilots (NCP)

- 2.4.1 The innovative Neighbourhoods Care Pilot is having a wide ranging influence on the outcomes achieved for individuals living in St Ives and Soham as well as on wider social care practices. Lessons learnt from the pilot are already being implemented, enhancing social care practice across Cambridgeshire and Peterborough, and are driving the design work being undertaken as part of the Adults Positive Challenge Programme.

This paper outlines how the principles and lessons learnt from Neighbourhoods Care Pilot are already driving forward a new way of working for adult social care.

2.4.2 Conversations not Assessments

A key principle coming from NCP is that social care practitioners need to hold conversations with individuals rather than undertake assessments. To be person centred we need to understand what is important to an individual and the best way of doing this is to talk to them. Conversations rather than assessments also enables the explorations of people's strengths and their social networks.

The Adults Positive Challenge Programme has taken this approach and is embedding it throughout the rest of ASC via the 'changing the conversation' workstream. This begins with a workshop with frontline practitioners which enhances the strengths based work they have been doing and works through some conversation scenarios together, providing constructive challenge and an opportunity to learn from colleagues and reflect on their own practice. This approach is embedded through weekly huddles to discuss how effective current conversations are and possible creative solutions to help people achieve their outcomes.

2.4.3 Exploring Community Assets

Linking in with the existing community assets is a key benefit of NCP. In addition to the new conversations being adopted across the two councils including a focus on how the community can support the individual, the written information and advice is also being revamped to adopt this approach. To date Cambridgeshire's website is being revamped and the new Guide to Independent Living 2019 was published in February to replace the Care Choices booklet.

2.4.4 Supporting Carers

NCP has highlighted the importance of working with carers. They have recognised that conversations with carers, rather than assessments, are just as important as the conversations with the people they look after. Providing emotional support for carers, such as the development of carer peer support groups, has made a real difference to the carers' mental wellbeing and the quality of care they are able to provide.

The Adults Positive Challenge Programme is taking this learning forward within the carers workstream. Developments in this area involve training all staff in how to have good conversations with carers, redesigning the carers experience of adult social care, and recommissioning the support available for carers.

2.4.5 Enhancing the network with primary care in utilising the preventative offer

NCP has shown that community based social work benefits from building a strong network with primary care, but that being based within GP surgeries is not a necessary condition to build this strong network. The NCP activity has involved helping primary care to understand the preventative offer and training practice staff in taking a community approach.

This learning is being built upon within Peterborough City Council, whereby they are trialling how to enhance the network with primary care within the current structures. They have created a 'pink button' on the GP IT system (System 1) which makes it very easy for GPs to make a referral to Adults Social Care (ASC) that fits within their existing routines. The social care practitioners follow up with GPs after they have helped the individual in order to provide GPs with an update and to keep communication channels open, sharing their responsibility as a network for helping the individual rather than handing this over. This is supplemented with increasing GPs awareness of the role of social care so that the referrals are appropriate.

The referral is very simple to complete and encourages GPs to think about a range of areas that could be of assistance such as technology enabled care or strength and balance training to prevent a fall.

2.4.6 Enhancing the network with Parish Councils

The experience in Soham NCP has identified that working together with Parish Councils is a good way of identifying people at risk of reduced independence in the near future and who would therefore benefit from early intervention and prevention interactions.

This learning is being built upon within Peterborough City Council, whereby they are proactively building links with the local Parishes, making them aware of how people can help themselves to prevent their needs from escalating and about support available from the Home Service Delivery team when people are not able to help themselves or benefit from help from their neighbours. One Parish is developing a befriending scheme with 40 volunteers and ASC is exploring with them how they can use a strength based approach as part of the conversations they have with people they're befriending.

2.4.7 Mixed Caseload

A key area of learning from NCP is the benefits of having a mixed caseload of complex and less complex cases. This helps the social care practitioners manage their emotional and mental wellbeing, as it provides an ebb and flow in difficulty and intricacy of the work and variety to explore new creative solutions.

Cambridge and South Cambridge Older People's team have adopted this learning, allocating cases not just on risk, but also taking level of complexity into account so each social care practitioner has a balanced workload. This has seen an increase in job satisfaction and has resulted in a decrease in the waiting list.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

Technology Enabled Care can substantially enhance the ability of people to continue to live independent lives. Some health monitor TEC such as epilepsy monitors can also help people to manage health conditions and prevent acute health episodes.

3.2 **Thriving places for people to live**

Technology Enabled Care can support carers and people with care and support needs to continue in or re-enter employment. Use of Technology Enabled Care can also free up desperately needed capacity in the care sector and reduce costs for local care providers.

3.3 **The best start for Cambridgeshire's Children**

There is no significant implications for this priority.

4. **SIGNIFICANT IMPLICATIONS**

4.1 **Resource Implications**

The Technology Enabled Care workstream has received investment of £328K via the General Purposes Committee

4.2 **Procurement/Contractual/Council Contract Procedure Rules Implications**

There are no significant implications within this category

4.3 **Statutory, Legal and Risk Implications**

There are no significant implications within this category

4.4 **Equality and Diversity Implications**

There are no significant implications within this category

4.5 **Engagement and Communications Implications**

There are no significant implications within this category.

4.6 **Localism and Local Member Involvement**

There are no significant implications within this category

4.7 **Public Health Implications**

There are no significant implications within this category

Source Documents	Location
N/A	

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Paul White
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Charlotte Black
Have any engagement and communication implications been cleared by Communications?	Yes or No Name of Officer:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Charlotte Black
Have any Public Health implications been cleared by Public Health	Yes or No Name of Officer: