

## **Video transcript: TSA – making caretech an everyday thing**

Nathan Downing: How do we start to normalise technology?

It's something that people in society have every day. The demand from consumers is starting to change the habits of those commissioning or providing services to think a little differently, and a little more smartly, about how people want these solutions to work for them.

The crucial element is starting to work more closely with care providers and frontline practitioners to start to think about what tools people can use to help them gain more independence.

TSA has spent a lot of time working with ADASS. Recently we had a session with the East of England. It was for us to articulate where we thought the current use of enabling technologies and services were being provided now, and where they were going.

Most importantly to hear from those in the room - those commissioners or frontline practitioners, strategic managers - to try and understand their challenges around wider adoption of technology at scale. How they are seeing services developing to provide a better offer, and not just thinking about a piece of technology but actually what are the problems they are trying to solve and best can technology can play a role.

Falls is clearly an area that services are struggling to understand how do we move from not just reacting to a fall taking place, but how do you start to use technology, and the data from that technology, to understand where to intervene ahead of a full taking place.

[How do we] understand what are the habits the trends or activities that might be triggering, whether that be lots of inactivity or people drinking less or people not taking their medication correctly.

So how do you start to utilise data to tell you that somebody is at risk of a fall, when do I intervene, when is it safe for me to step back and know that actually I'm monitoring, without being big brother, and I'm being alerted at a change in their habits.

The other great area for falls where we are starting to see more development is falls detection. So not having to wear something, which quite often historically has been quite a challenge around devices that might accidentally be alerted if somebody knocks them against a table. They haven't necessarily always been good at capturing slow steady falls, slips to the ground, people that might slide out of their chair, they're based around hard impacts like people having a fall.

So starting to utilise technologies that we might see in our own home, the same sort of technology as you'd use for the alarm system, your intruder alarm system. Capturing movement and understanding that you can see someone on the floor and then automatically alert someone to take action rather than the person themselves having to remember to wear the device and then press the device to say 'I've had a fall'.

If somebody does have a fall, where we need to see far more is effective mobile response. A perfect example is seen across Cambridgeshire with their enhanced mobile response service as part of their wider technology enabled care service. It's almost becoming the 4th emergency service. The benefits are not only to the person, to the social care system, but also to the health system around avoiding ambulance call outs.

Supporting people in the community with learning disabilities and mental health needs, allowing people to feel safe and to do more for themselves, and having technology sitting in the background ready to respond to an alert when needed. So a far less intrusive support model than having lots of care on site.

Do people need support in prompts and reminders to remember when to take their medication or to show them and guide them how to get a vacuum cleaner out, how to boil a kettle et cetera. So far more around supporting the activities of daily living than purely reacting to crises.

Locating devices that people would use either through a smartphone or a specific device that they would carry with them that is simply just tracking movement as they move around, is something that is underutilised but actually can give people far more freedom.

What is glaringly obvious is the need to look into supporting people on their journey from hospital to home. What is the role of technology in deciding the level of someone's need and if somebody has an ongoing need, most importantly, how is technology weaved into that ongoing support. That's far more than a traditional telecare service or an alarm and a pendant.

If someone wants to be able to access the community safely during reablement and post reablement it's time to bring in some of the technology we've already talked about around things like GPS devices, prompts and reminders.

From a hospital discharge point of view it's all about timely discharge and simple devices potentially being issued at hospital for somebody to go home with. That could be a video tablet device to enable people to connect with family but also to connect into other services. It could be a GPS locating device so that if people are prone to wandering, subject to having the device with them, they will be able to walk safely in the community. It's most likely some form of mobile device that will support people for an alerting technology potentially where somebody might be discharged at a weekend or indeed where the telecare or tech service isn't able to get out to their property to assess them within the first 4/6/8 hours, they can go home with a simple device that is just clicking a button and alerting technology. Really simple stuff that again based on everyday routine that we might want in our own lives.

Hospitals have a key role to play and for them to understand that this is about getting people home safely and that this technology could really play a role, rather than it be some kind of add on that people think about later on down the line.

Whether you be looking at the white paper that has recently come out around the social care reform model and where technology can play a role, whether you look at some of the work that TSA did on the Commission with Adass at the end of last year starting to look at how you can embed technology more in social care, or looking at examples of services that are trying to reach out to people ahead of crisis, that aim of prevention was a strong theme.

Where technology can play a role, and most importantly the data that sits behind a lot of this technology, it is helping us to understand where best to intervene and when best to intervene. Not to create a model where it's there just in case, but actually to start to think more about enabling support.

So a great example would be utilising simple sensors around the home that can tell us about everyday routines but through technology and artificial intelligence. So the systems behind the technology learning a pattern of normal behaviour and then measuring against it. They can raise notifications rather than alerts, simple prompts to say that this person has had a change in a habit. It could be somebody going to the bathroom far more than usual over the last two weeks, is that an early warning sign that somebody might be getting a UTI. Could we flag a link into the GP to ask them to have a conversation with them.

All done most importantly with consent, with an ethical method of delivering services. This isn't about Big Brother watching people and that was part of our conversation. How do you use the data safely with consent and people knowing where their data is going, who controls the data and how do we then delete the data when it's no longer needed in a safe manner.

It is about having insights and evidence to help us know when to step forward but also when it's safe to step back. A great example in the region is the work we're doing with Hertfordshire council, that's been for a couple of years now, utilising such technology linked through to things like their alarm receiving centre, their 24/7 alarm receiving centre. Understanding through the data there's a change of habit for Fred, could we alert a family member just to check on Fred. Or that habit has carried on for several days, should we now alert a practitioner or an OT on their next visit, a district nurse, just to check on Fred to see if there's been a change of routine.

The technology sits in the background and alerts, but most importantly it's the service understanding what they do with that information and when do they intervene, so they're not being intrusive, but they're being safe ahead of crisis. I would certainly see a lot more of that proactive and preventative approach coming forward in the next one to three years and certainly an element that TSA are strongly advocating in our work when we talk to Adass, NHSX or the Department of Health and Social Care.

The Adass Commission report, it's good to see a lot of the content or indeed recommendations have resonated through to the white paper, looking at that blueprint for social care services where technology is provided as part of that support, understanding how we can innovate and better utilise the data. How to ensure we have the right vision and leadership to drive it forward and indeed the right skills in the workforce to then actually deliver it on the ground.

Our view is that there really needs to be what we call a personalised care innovation programme. Something that is on the ground to work with organisations to deliver this at scale. It's not about testing any form of technology, it's about understanding how we embed that service model, how do we help organisations to learn from that when they are commissioning future services.

We're not asking people to commission a technology service or commission a domiciliary care provider service that are totally separate entities. How do we start to use from a personalisation point of view. How do we start to commission services that use that blended model of virtual and physical care, where it's safe to do so. Could we deliver virtual medication visits and provide wellbeing checks whilst we're doing that, because there's a shortage of carers and technology can play a role in filling some of that gap.

The most important thing is how do we support commissioners to work more closely with care providers to really articulate what outcomes can be delivered, how they can both play a role and see technology as part of their support model and how can enabling technology help care providers deliver a more outcomes focused care package.