

Transcript: Suffolk care technology

Sam Bassett, Digital Care and Innovation Lead, Suffolk County Council: Our care technology journey started about four years ago.

Suffolk County Council had never historically had a very successful uptake or relationship around care technology - or in 'old money', assistive technology. But we recognised that we were in a place where people were expecting to try to access those kind technologies from us.

Three and a half to four years ago I drafted our first digital care strategy. For about a year we muddled on with accessing various different types of consumer grade care technology without any formal structure around it, but it was quite clear to us that there were obvious benefits from an outcome perspective and capacity and cost perspective.

We made the decision to invest into a formal service. We went out to procure and we awarded our care technology partnership last April, and we operationalized in July which is what is now the Cassius Partnership.

We had quite a broad vision that we put out to the market and we did quite a lot of engagement work with the care technology sector and the market more broadly before we defined our specification to make sure that what we were asking was reasonable.

We wanted a completely digital infrastructure, we wanted a data led service so it's really important to have resilience and capacity and flexibility around data management and integrations, we wanted a partnership, so we wanted a true partnership with the suppliers who we commissioned, so rather than it being a traditional relationship we wanted to utilise the expertise from the market.

We recognised that although we had some good ambition, and we thought we had a reasonable vision around what we wanted to deliver we weren't necessarily experts for all facets of commissioning or the service or the sector, so we wanted to work directly in partnership and use the expertise from people who are embedded in this space and are the market leaders.

We ended up commissioning Alcove as our prime contractor. Alcove are a software and data company who utilise third party technology. They've got a really resilient and the most mature data platform on the market. And the beauty of having tech agnostic approach and having somebody who's really good at data and software means that we can go and procure whatever we want and we can integrate it into a single ecosystem, a single platform, a single app to send notifications, to take in data, to push out data.

So Alcove are our prime contractor and also manage our infrastructure around delivery, installation, everything else. We've got Rethink Partners who are culture change capacity,

they support with engagement, particularly at system levels. We've got a monitoring function and we have a response service that will pick people up if they've had a fall and go and support them if they are wandering in the community and many, many, other things and that's provided by Medequip.

It's our model for social work practice to try to encourage and grow resilient natural networks. So for example, if I was given a device I might give permission for my Mum or Dad to see what's happening with me and they might download on their app, on a smartphone or they might get a text message if they don't have a smartphone, when something sits outside of a parameter or when something might need some escalation or action.

So for example, if I had a sensor kit in my home, and if I hadn't turned on the kettle in the morning, and I always normally turn it on at 8:00 o'clock in the morning, my Mum might then get a notification: 'Sam hasn't turned the kettle on this morning, you might want to check on him.'

If we don't have that opportunity with someone's natural network, then we can push it into our monitoring response function, but our priority is to try to grow someone's own resilient network.

So we have this end to end point of referral, installation, management, and then if somebody has no network they don't have their own friends or family or somebody in the community who can support them, who will be a responder on the other end of a smartphone to know when somebody might need help, we've got a monitoring function and we have a response service.

All of frontline referring staff in the business have all undertaken mandatory training around our care technology service. All practitioners should have a fundamental understanding about what they could prescribe, so as they identify an opportunity, they would simply just record it as they would normally do in their assessment forms and they can access the champion in their team, they can engage with if they need some advice, [there is] lots of nice collateral.

They can call into Alcove and get some advice from their installers around what might be appropriate, because objectively assessing somebody, you don't always necessarily understand the minutiae of how something might fit into somebody's home or way of living, so it is really invaluable to again speak to people who will be going in and doing that installation, to understand environmentally, behaviourally, what might be the right solution for them.

Alcove will go and do a check in with the person after seven days to make sure that the tech is working as intended to give us some confidence which then informs our follow up initial review of that person.

So it's all encompassed as part of normal practice. We've tried to coproduce it with the business to make sure that it is not seen as something separate, that it is completely aligned to their normal processes.

All of our devices that have connectivity are stood up using mobile data. We do connect to people's own Internet connections if they have them, but typically a lot of cohorts of people we would be engaging with don't have their own Internet - although it's increasingly changing.

Mobile data has actually been a quite resilient infrastructure for us to piggyback onto. Most of our infrastructures is based around roaming connections so they will jump from the most appropriate and strongest signal strength provider.

We do do connection testing at the point of installation to make sure that we the right resilient level of connection. It's not been too problematic even in somewhere as rural as Suffolk. We've probably got about 95 or more percent coverage using mobile data.

Most troublesome is if it's an old house [and] has really thick walls and that includes internal connectivity if we're standing stuff up using Bluetooth connections internally. There's a kind of a limit, a range on that, so we are exploring some other options.

Our infrastructure is completely digital. We do have some assets which are similar to what might be perceived as more traditional. So for example, we do have wearables. We have falls and GPS monitors, they're all digital. Some of them look like a pendant. We have smart watches, we have buttons, we have lanyards, belt worn, lots and lots of different permutations. And some of those have a function to go into our monitoring centre if somebody doesn't have their own network.

So we do have the same kind of security and the same kind of infrastructure which we know works for some people in the 'old model'. But we also have the efficiencies and the benefits of being digital and proactively managing our estate and understanding exactly from the data how people are using those devices, which mitigates against the risk of what is in the traditional analogue sense fundamentally quite an inefficient service.

So practitioners can go into - with the right permissions - our portal, to look at any information about the person that they are working with or supporting, to better inform their care planning, particularly at the point of review.

What we're looking to do as a service over the next year or two is to really develop that data-led practice element, so aligning to our model of devolving that practice piece into the business, so they are all experts at it.

The bit around data it is probably the most difficult thing to translate to get people to understand the opportunity and that will be partly cultural and it will be partly in terms of technical things like integration.

We're looking to integrate into our case management system, we're looking to present that data and those insights to our practitioners and our workers in a way which is easy to consume. I think that's a really important distinction: it's quite easy if you stand up the right

infrastructure to get a significant amount of data, but realistically, getting people to go and look at it is a different challenge.

It's all permission governed, so that people connected to that person, and with that person's permission, will see those data points, it's all subjective and bespoke to that person.

But all of it is held centrally, and we anonymize it, so we can use some interrogation and we do intend to do that in future to try to create some intelligence around it, to identify when people might have indicators leading to, for example, an acute episode like a fall.

And that's a really important part of our ambition and vision, to use that data in a safe way, anonymised way, with the right kind of governance and safeguards, to support people in future in a more preventative way. So if we can start to identify the indicators that might lead to an episode, or to [a] crisis occurring, then we can intervene earlier to try to stop that.

We're trying to push a long term prevention model with a lot of the technology and data that were pushing out, and that will hopefully enable us to provide interventions to stop people falling into crisis, having a fewer episodes, to stay at home for longer and live well.

Suffolk has always aspired to be in a good level of maturity around integration with health colleagues but in terms of the agenda around digital, the platform that we have in Cassius and our care technology partnership has really enabled us to push forward some of that work.

We hadn't actually intended to do that this early on in the service, but the opportunity presented itself, and because of flexibility of our service and our infrastructure, being able to align devices, push them into a central data platform, and having the relevant governance around that process and that service, has enabled us to quickly start work with system partners particularly health colleagues.

In the west of Suffolk with the West Alliance as our partner we have linked up our care technology devices and we've integrated, because our system is flexible, because we're tech agnostic, some health devices, digital health devices, into our estate. It will be led by community workers in integrated neighbourhood teams.

People who are being managed in the community with long term conditions like heart failure or respiratory conditions like COPD, or frailty, and under the care of a community health team, will be able to use those care and help devices to understand, again objectively, how those people are managing and right-size interventions.

Instead of going in all the time to check they're OK, to take their vitals, they'll be able to do it remotely and they will be able to go and visit or intervene when somebody's health might be declining or when an intervention is required.

And the beauty of lining up the care and health devices is that the health devices give you the vital signs and metrics which are prescriptive and diagnostic, the care devices will give us

the environmental and behavioural data to overlay onto that, so that we can holistically understand why something might be happening.

We know that the service is over delivering on all the metrics we try to quantify against. We know it is providing really good outcomes for people because that's part of our core social work practice, to review people to make sure that we manage the risks and their needs in a safe way and actually what we're finding is that care technology is giving us the ability to manage risks differently in the community, which is enabling us to not have to provide a more significant level of formal care which is really good for the person because they can live more independently and freely, and obviously really good for us as a business because it releases capacity in the care market and it gives us some kind of efficiencies around savings and other capacity.

We also know, because we ask everybody how they find the service, and we've got 97% happiness rating. So you could qualify that as a customer satisfaction rating which is incredibly high, especially for a service which is as sensitive and as subjective as social care.

We know that people love it and we know it is delivering really well to their needs. From a business perspective, we have a huge uptake in terms of the service. We started with a really modest portfolio around care technology, we were probably generating about two or three hundred referrals a year. In the first seventeen months now we've got 2300 referrals, we have got about 1500 people actively using the service at this point.

In terms of cost savings and efficiencies to date, since the inception of the service last July, we've generated about £7.75 million in cost avoidance and about £1m in cashable savings from the programme. That is related directly to, in terms of cost avoidance, managing risk differently in the community, and managing people's needs in a more creative and flexible way.

So because we have complete visibility and understanding objectively around how people are managing, we don't have to second guess and put in an arbitrary support network using domcare, or put somebody into a supported placement based on what we perceive to be risk, which might not actually manifest to be something significant or ongoing.

So for example, we might put a sensor kit in or we might give somebody a wearable if we're worried that they might be exiting their property because they've got a cognitive impairment and might be at risk of wandering.

That gives us an ability to understand exactly what they are doing and to link in the right kind of support around them if something needs to happen, rather than putting in a level of care consistently to manage that, 'just in case'.

So yes, it's proving really, really beneficial on all fronts in terms of outcomes and benefits for us.