Reading Health & Wellbeing Board - Adult Social Care

Independent Living TEC Project - update

July 2024

Context

Funding source:

- The Department of Health Digitising Social Care (DiSC) programme and Adult Social Care Digital Transformation Fund (ASC DTF)

The purpose of the funding:

- Upscale research projects
- Continue to build case for further change and innovation.

Outcome:

- Reading is one of four organisations and awarded £1,085,505 funding for 18 months:
  - £566,749 in year 1 (1/10/23 to 31/3/24) and
  - £518,756 in year 2 (1/4/24 to 31/3/25)

The focus:

- Care Technologies that can be used by an individual, their carer or care provider.
- To support quality of life and the provision of high quality, safe and personalised care.
- Requirement for an evaluation partner to validate findings – working with Henley Business School (part of Reading University).
- Working with 4 providers:
  - Howz (pattern of life remote monitoring system)
  - Lilli (pattern of life remote monitoring system)
  - Brain in Hand (App to support people manage anxiety)
  - AutonoMe (App to support people to gain skills for independent living).

Reading Borough Council
Working better with you

Purpose and objectives of project

The purpose:

The Independent Living Care Technology Solutions Project aims to evaluate the potential impact of innovative, disruptive technology to address **Adult Social Care and Health priorities of an aging population**, **growing demand**, **increased complexity of need** and the pressures that they exert on an already stretched resource.

The objectives:

- To test the capability of the TEC - E.g. How the TEC can support change? What are its limitations on individual user and aggregated 'big' data levels? The extent of the TEC's 'pro-active' capability to flag risks, enable timely low-level interventions and facilitate less focus on crisis management.
- Test scalability, make the case for long-term investment (increased target from 60 to 600 users).
- To understand the bigger picture – E.g. what is the art of the possible? What else can TEC offer or deliver to ASC and what are the integration possibilities? What can TEC offer in relation to the wider environmental opportunities for the council such as safe housing or live temperature and mold checks?

Reading Borough Council
Working better with you

Project timeline

Milestone number	Milestone	Phase	Target start date
1	Provider contract signed and sealed	Phase 0 Implementation	22/01/24
2	Contract start		15/01/24
3	Implementation		15/01/24
4	Go-live	Phase 1 Go live	04/03/24
5	Delivery of TEC and support for 200 live users		16/06/24
6	Delivery of TEC and support for 400 live users	Phase 2 Ongoing installations	22/09/24
7	Delivery of TEC and support for 600 live users	Phase 3 Ongoing Installations	29/12/24
8	Evaluation report	Phase 4 Evaluation	Jan 2025 to May 2025

ading
gh Council
Working better with you

Project progress

- Project went live on 4th March
- Full team has been in place since 4th April
- Target of 14 installs per week – project is behind schedule, but steps are being taken to turn it around and increase installations.

Referrals	Pattern of Life	App
Referrals to date	**398**	**13**
Installs completed to date	76	13
Outcome o/s	12	0
Referrals closed without install	310	0

Uninstalls - reasons TEC was uninstalled	Pattern o f Life	App
Deceased	6	0
Not appropriate at this stage	3	0
Person has opted out	5	3
Moved to 24 Res or Nursing	1	0
Person in crisis / admitted to hospital	1	0
Total	**16**	**3**

Pattern of Life Installs				
Provider	**Installs to date**	**Live Users**	**Target**	**Target out come**
Howz	20	12	112	-92
Lilli	56	48	112	-56
Total	**76**	**60**	**224**	**-148**

Reading Borough Council
Working better with you

Case Study – 679899 Howz installation

Overview
Concerns raised about user's safety at home (both from family and social worker). Following hospital admission Howz TEC installed which supported decision making.

Context
At point of installation, the service user was fiercely independent, but had little insight into their care needs. They declined all support and was at high risk due to reduced cognition.

Challenges
Service user's presentation made them wary and suspicious of visitors and interventions.
There was a partner also presenting with concerning behavior who was visiting and who could have impacted upon the data.

Solution
ILP team was able to work with family and the service user to install the Howz system after completing a Mental Capacity Assessment (MCA) and best interest decision around the installation of the TEC.

Impact
While installed, the Howz system allowed positive ri[illegible] and helped the social worker and family to make informed decisions when they could no longer be managed safely at home.
Despite efforts, unfortunately the user deteriorated further at home and is now in 24hr care following an admission with increased confusion, aggression and hallucinations.
The TEC empowered family by giving them data to help inform their decision making and enabled a trial at home before considering more restrictive options. The data gave evidence for future care decisions and enabled those involved to make decisions in his best interests about where he would be safest. Family were very appreciative of the opportunity and insight the TEC gave them.

Quotes
'I've just had a call from …service user's son who… informed me that he has been so impressed with the support that his parent has received from Adult Social Care, he stated that you both have gone above and beyond to support his… return home which has been challenging at times. He said his…parent… has always wanted to remain as independent as possible in their own home environment and while we are still exploring and assessing the right package of care and telecare – he felt very strongly that his parent is being given the best possible opportunity.'

Case Study - 264774 Howz installation

Overview
Service user was referred by ASC Advice and Wellbeing Hub duty worker due to recent hospital admission and family concerns about wandering at night. Daughter moved in temporarily and 24hr care was being considered. For the short period of time the service user managed at home, the ILP team was able to provide increased peace of mind and support for family whilst they awaited a care assessment / social work input.

Context
18.4.24 - ILP OT arranged installation and home visit with family to install Howz kit, family had access to the Howz App.
12.5.24 - User had a fall, data reviewed and case review done with Howz team. Data showing very little rest if at all with user and concerns around their safety at home as a result of this. It was considered also whether there was a potential health cause for them getting no rest (Eg possible Infection/delirium/cognitive event) .
ILP OT escalated to front door duty team for urgent review – user admitted to RBH.
13.5.24 - Admission to RBH – case notes updated with Howz info and allocated worker informed also of concerns prior to admission.
20.5.24 - Discharged with reablement via Community Reablement Team (CRT).
24.5.24 - Unfortunately, before the user was seen at home by their allocated worker they were re-admitted to hospital with a possible stroke
20.6.24 – Service user is still in hospital on acute stroke unit, awaiting 24hr residential placement.

Solution
The ILP team installed the Howz system to help inform future care assessment whilst on the waiting list and to empower and support family who were the main carers at this point.

Impact
ILP team was able to escalate the concerns from Howz data to the duty team and inform the allocated worker of the information prior to admission. ILP OT was able to provide detailed reports with information on the user's rest cycle, night-time behavior and overall movement and behavior at home to help inform decision making and risk management going forwards.
For the short period of time the service user managed at home, the ILP team was able to provide increased peace of mind and support for family whilst they awaited a care assessment / social work input.
They were able to use the friends and family App to help them support the user and it enabled the user's ex-wife to feel able to move back out when initially installed.

Challenges
The service user was not allocated a worker until after hosp admission due to being on waiting list.
Despite information being available on Mosaic and linking in with S/W ASC were unable to go out and visit for a social work assessment before the user was admitted to hospital again.

Case Study - 619051 Brain in Hand installation

Overview
Service user with increased anxiety. Has been using the Brain in Hand App for approximately 2 months. Person is supported by a Personal Assistant (PA) funded via Direct Payments. App has had positive impact – reduction in calls to social worker, GP and dentist.

Context
- 24 year old person living independently with Autism and Obsessive-Compulsive Disorder (OCD).
- Has a PA who provides practical and emotional support (14 hours support weekly).
- Able to manage tasks independently when having a good day.
- Able to seek out help and support when needed.
- In weeks prior to installation of App user's anxiety started to escalate and was impacting all areas of daily life.

Solution
Brain in Hand - first discussed with user on 6/2/24.

Challenges
Prior to installation:
- Anxieties increasing and impacting day to day life.
- No active referral for mental health services in place – waiting for re-referral from GP

Impact
Since using Brain in Hand the calls to their social worker have stopped which would suggest a reduction in their anxiety. The user has also reduced the number of calls they make to their GP and dentist. They have established a regular routine of showering and accessing the community.

Quotes
The practitioner was asked whether the App is a 'nice to have' or has made an impact on the level of care and support the user receives. Response: '*The user's provision has not reduced, but it appears the App has had a positive impact on their well being. They are now actually doing things that they previously weren't. They are engaging in activities of daily living that are meaningful and have more of a routine. For example, they are showering regularly and going out more. So far, the engagement and impact suggested that there could be long term benefits to the user's well being*'.

Case Study - 624137 AutonoMe installation

Overview
Service user at college full time but struggling to transfer skills learnt there to home situation. AutonoMe has provided them with an opportunity / tool to embed skills in their home environment.

Context
21 year old, who lives with their mother. They are living with autism, epilepsy and global/development delay. Their mum was their carer, and she is working full time. Service user requires prompting from their mum with self-care activities. Approval has been given for a Direct Payment of 16 hours per week to fund a Personal Assistant and 28 days respite. User started Henley College in September 2023, 5 days a week, (3 years course). PA will support with collecting from college.
User is seeking employment and aims to live independently.

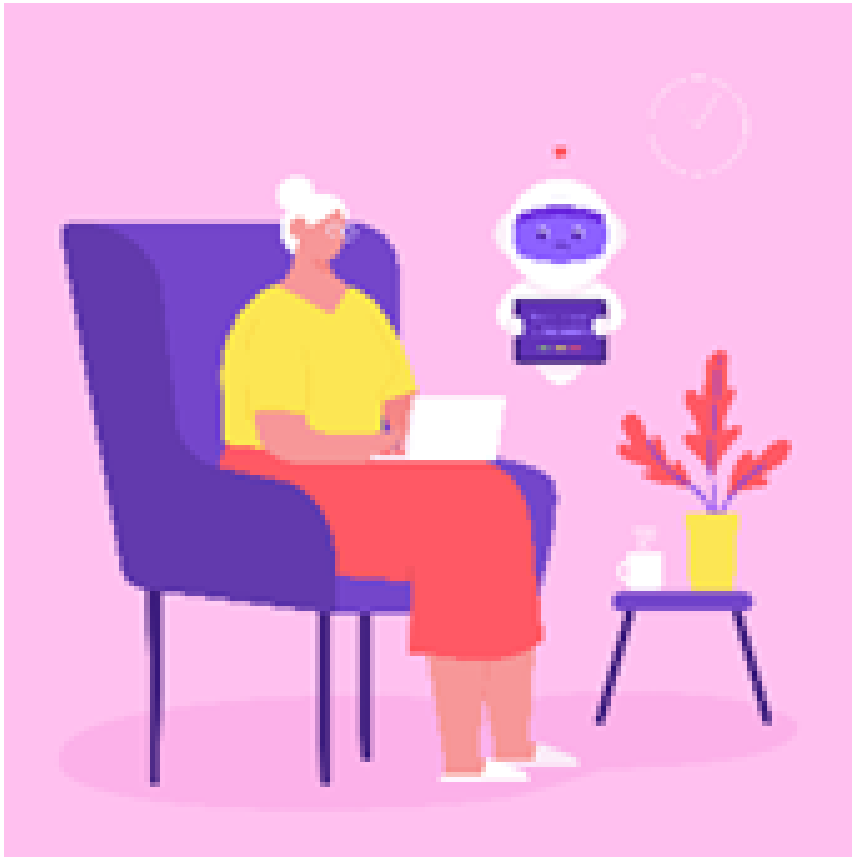
Challenges
Service user has sleep apnea impacting on their sleep quality. Service user is doing well in college and building skills, but their schedule was busy already so OT needed to avoid adding any solutions that may overwhelm them.

Solution
The service user is learning skills at college. Their OT suggested that AutonoMe could be useful for service user to trial the app and transfer the things they are learning at college to their home environment. AutonoMe App installed.

Impact
AutonoMe still in place and the service user absolutely loves it. They showed all their friends and has even encouraged a friend to make a referral to AutonoMe.
Service user requires prompting from their mum with self-care activities, but they are now developing activities of daily living such as cooking.
The user's long-term plan (about 18 months) is to move into more independent housing with friends and a care provider. Case to be monitored by ILP team to ensure that AutonoMe is optimised to support the process and track outcomes.

Quotes
OT showed the service user (and their mum) the Autonome App and they showed interest and was able to choose a video to watch. The service user's mother said, "*This is spooky because these are the things he is learning with college*".

Further information



To find out more about the fund and projects being delivered elsewhere in the UK please see the articles below:

https://socialcare.blog.gov.uk/2023/10/05/the-adult-social-care-technology-fund-bid-update/

https://beta.digitisingsocialcare.co.uk/news/successful-bids-adult-social-care-technology-fund-announced

To read about an exciting example of what sensor-based pattern-of-life TEC can do, open the article below:

https://inews.co.uk/news/health/elderly-living-temperatures-low-5c-indoors-2673055

Reading Borough Council
Working better with you

Handover to Carole Lee

12 Week TEC Project

12-Week TEC Pilot Review

Carole Lee, Principal Occupational Therapist and
Chidinma Nwahiri, Technology Enabled Care Lead

Think TEC

Reading Borough Council
Working better with you

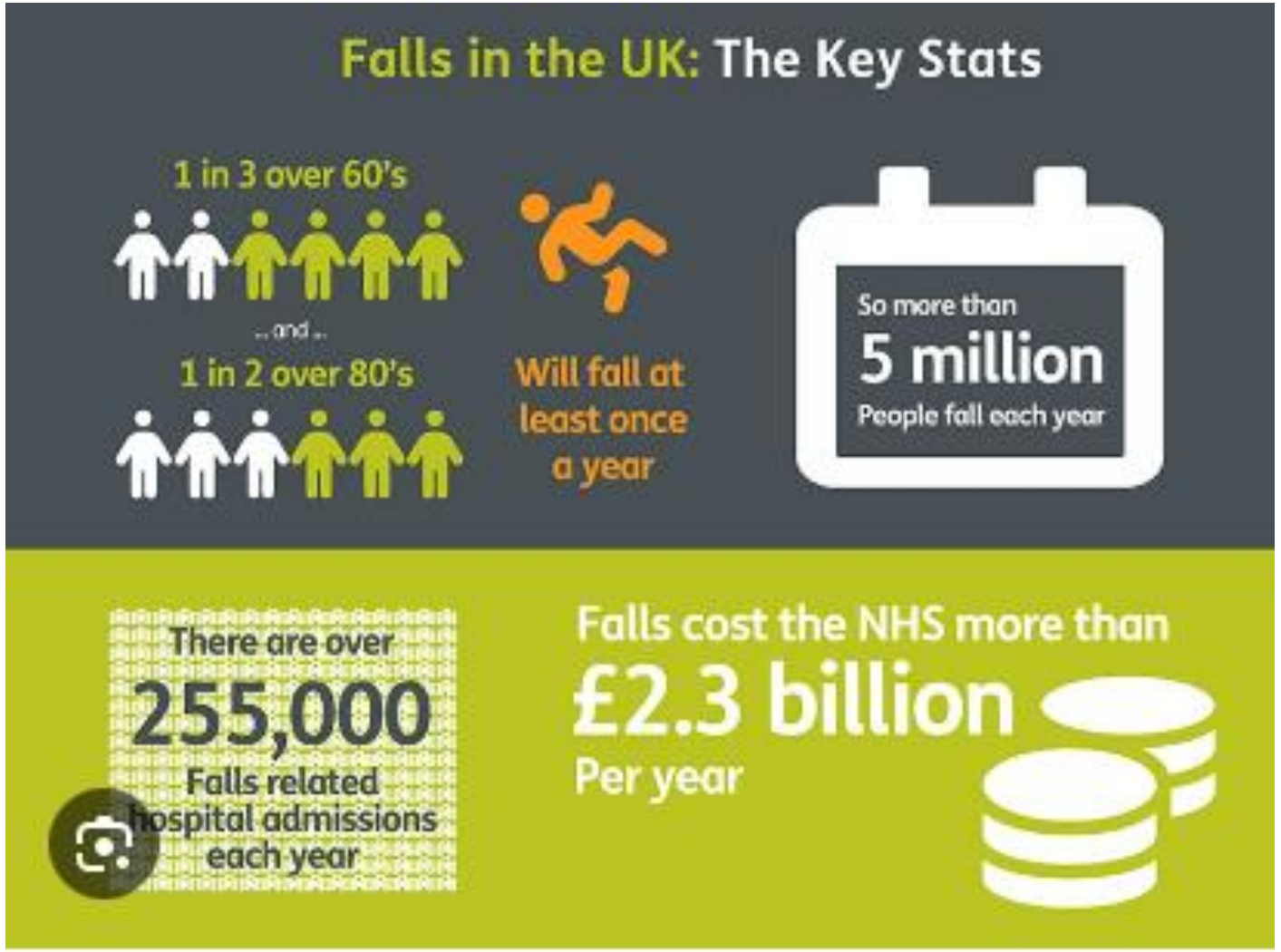
Team Reading

“Try before you buy”

This is a 12-month project to provide and evaluate the impact of TEC in the community for those people who are at risk of falls , isolated or anxious and who would benefit from the reassurance of a pendant and call centre response

Funded through a 60k Better Care Fund Grant

Early Prevention Falls and Frailty offer

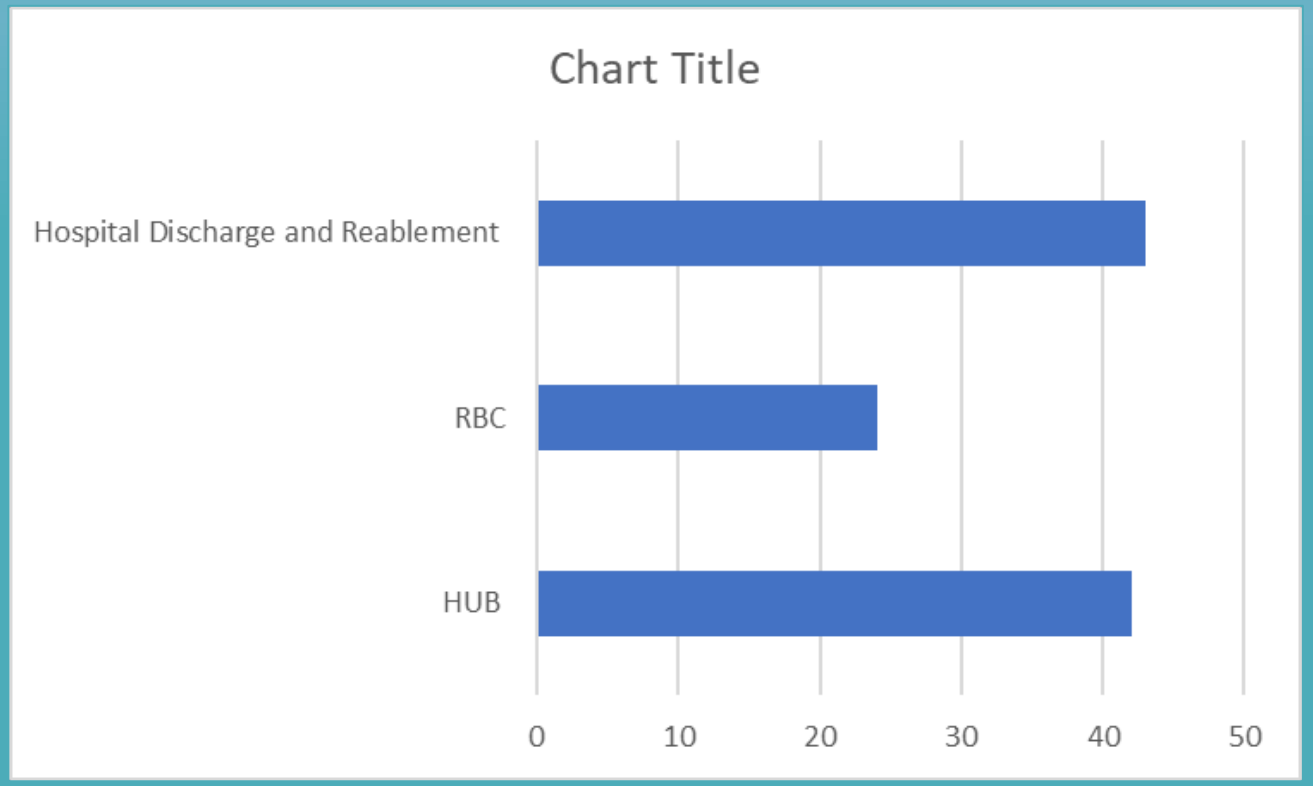


Main Aims:

- To support residents who need support to remain safely in their own homes.
- To enable fast track discharge from hospital
- Encourage a self-funder model for older people who may be unsure of the benefits of Tec
- To reduce falls, and hospital admissions
- Reduce anxiety and feeling unsafe in the community
- Low threshold for criteria

Referrals

- Average of 10 referrals a month
- 109 in last 12 months (data to be confirmed once all reports from NRS available)
- 31 workers from RBC and Health have referred



12 Week Package

RBC will offer up to 12 weeks free monitoring and responder services to all individuals referred to this scheme. There will be no cost to the individual for equipment or the initial 12 weeks monitoring.

Delivered through the Councils Equipment and Tec provider NRS Health Care

Following the free 12-week period NRS Health Care will contact the individual at week 8 to discuss if they would like to continue privately with NRS , or find an alternative provider of their own choosing

What is included ?

- TEC Trusted Assessor face to face assessment
- Loan of the following equipment :
- Fall detector, Vibby Oak, Home Unit Novo IP/GSM, Sensor smoke detector, Sensor temperature detector, Sensor carbon monoxide detector.
- Access to a 24-hour monitoring centre
- Access to 24 responder service who will visit and are trained to triage falls.
- Where there is no injury, they are trained to lift people off the floor avoiding the need for an ambulance call and avoidable visit to A&E

Average cost per person

- Service Users 59
- Equipment spend £23,038.68
- Recycled -£2,256.60
- Total £20,782.08
- Average cost per person £352

Outcomes for those people returning TEC (delays in information reports and transfers due to cyber-attack)

Number cancelled before installation or change in need 9

Progressed to private pay 10

Returned to NRS 16

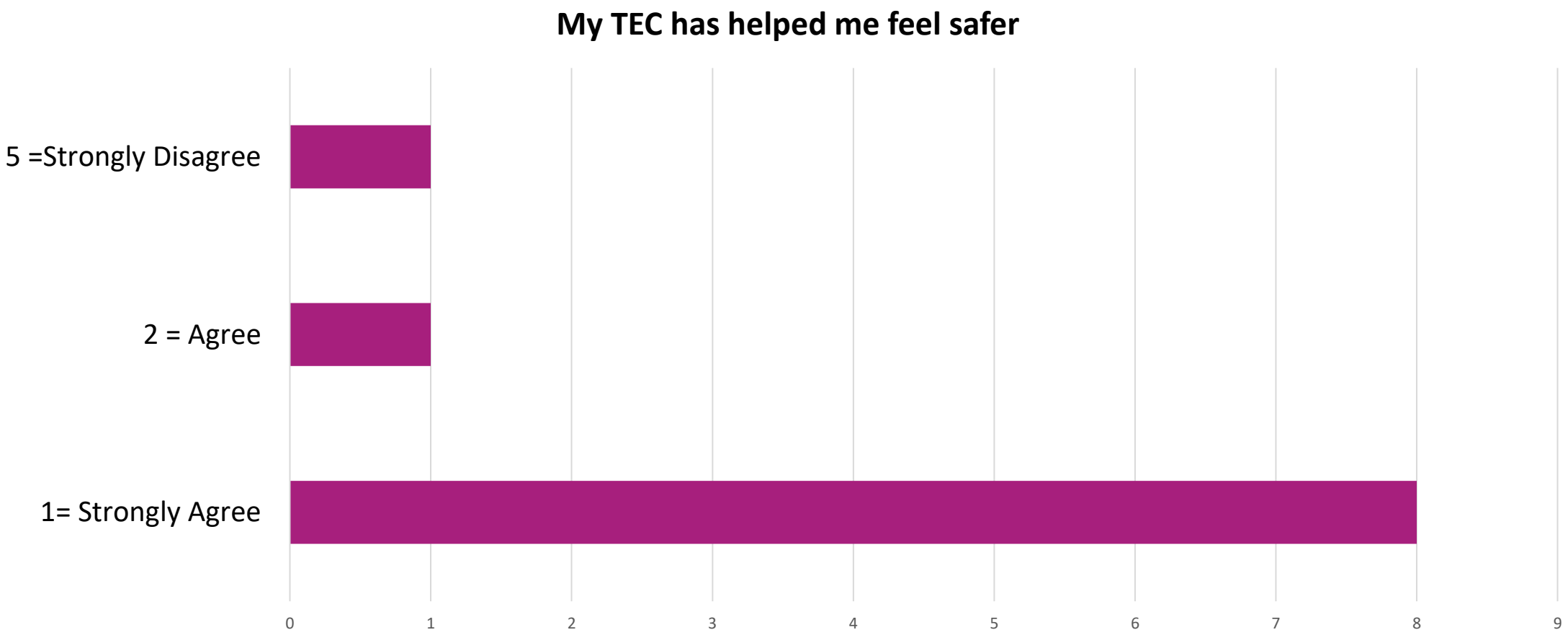
Transferred to RBC funding due to Care and Support needs under Care Act 4

In progress 74

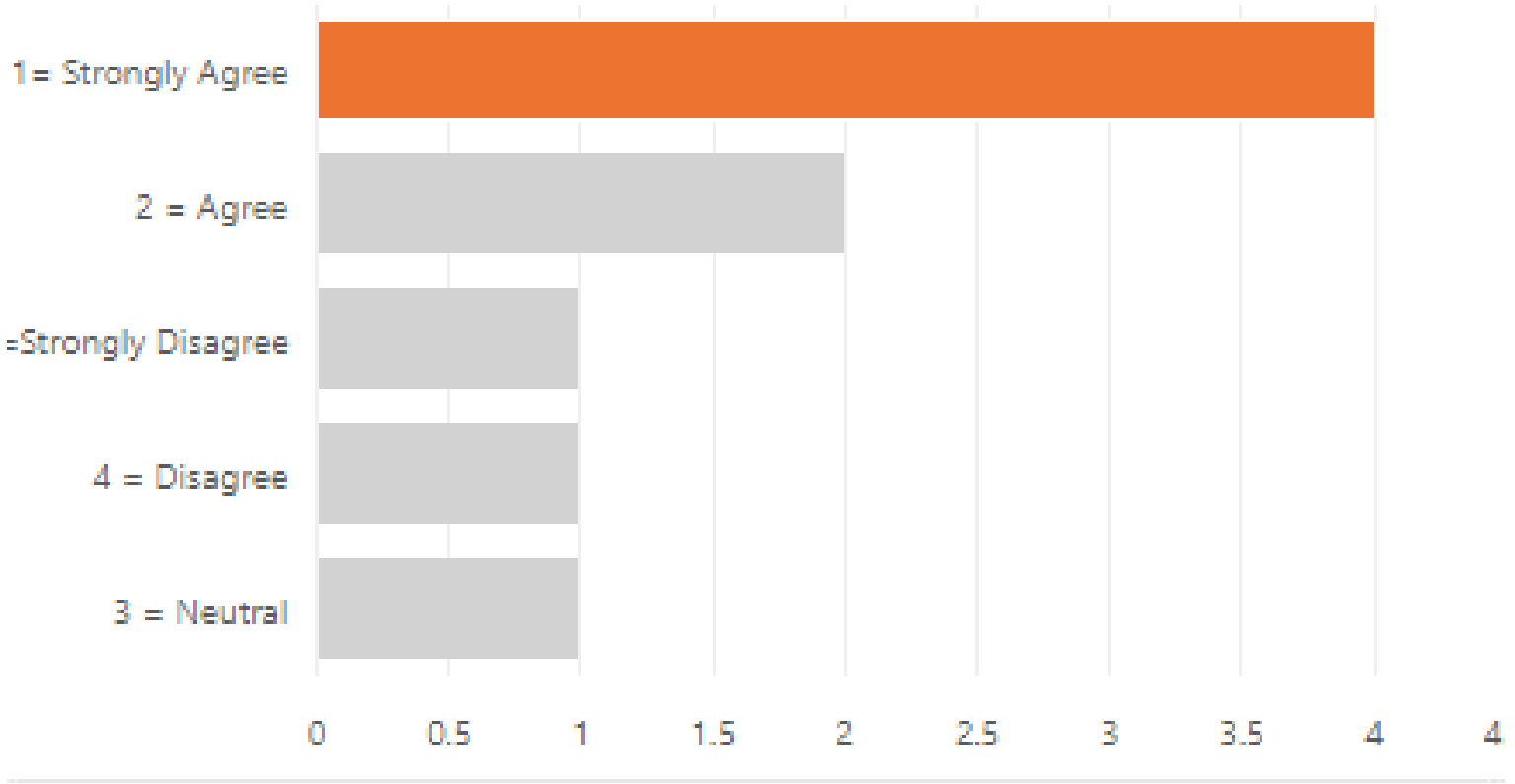
Of the 16 who returned their Tec 25 % had experienced a fall, with 4 ambulance calls out and 3 hospital admissions , one person passed away in hospital and 1 has moved to a nursing home.

42% of those returning NRS TEC said they had arranged alternative TEC

Feedback from those people who transferred to NRS private pay



Found the Transfer Process Simple ?



Private Pay Service user feedback

- Found migration to Private Pay straightforward. It would be better if they did not have to pay for it
- D had nothing to add other than happy with the service received
- E was pleased with the service provided, and only commented on her regret that her husband can’t join her on her trips outside the home.
- Provide pendant version as wrist strap irritates, able to contact family via WhatsApp if requires help.
- Appointment/delivery communication could be easier in her opinion.
- I'm satisfied with what I have now.

Feedback from those who returned TEC

Would come out of modest pension and was another cost. Didn't like having the pendant around neck, discussed wrist worn option.

Cost was not an issue, just didn't like wearing it

Affordability was not the issue. Reportedly W did not wear it, she has Dementia, family encouraged but was not successful in getting her to use it

Thought it was expensive, RRC did research the market and found it to be 2x the price of other options

Feedback from Hospital Occupational Therapists

I have found the project and process really good. There have been several patients who know they are self-funders and were reluctant to try, and the option of a few weeks grace has been successful.

Picking from the 3 options on Iris is very easy and makes sure that you are not missing any items. The form is straight forward to complete.

The only issues I had was initially putting in the order and NRS staff queried if I was able to make that order. Also the first few who were going onto the paid system were contacted to say it was being collected as the pay system was not yet in place – patients panicked a bit but it was resolved quickly.

The importance of finding someone quickly if they fall at home..

When a person is unable to get up off the floor for an hour or more after falling, it is termed a ‘long lie’ fall.

Even if a fall itself doesn’t cause an injury, the consequences of a ‘long lie’ can be devastating.

Simple Falls TEC can alert a call centre to the fall and enable people to get to the person quickly to give them the help they need

W is a 60-year-old LADY who was admitted to hospital in December having been found in her home after a four day long lay , when her elderly father was unable to reach her he called the police and paramedics who found her on the floor .

W had a fractured hip and developed pressure sores on her bottom and heels from lying a long time on the cold hard floor unable to move

W was prior to her fall independent with her care but did have a history of falls, had previously declined a pedant alarm due to costs in the past and was not open to services at time of the fall . Has a mobile phone but not accessible at time of fall .

Impact

Distress and change to her everyday needs , has gone from walking independently with a stick to wheelchair user , requiring specialist moulded seating due to contractures in her legs and 4 calls a day double up care calls and hoisted .

Ambulance call out

Cost – NHS 2 weeks in RBH

D2A Riverview placement for 12 Weeks plus

Ongoing care package of £887 a week total of £47,124 a year to ASC

Equipment cost £8,765

Barriers and lessons learnt

- NRS delays due to IT system issues – resulting in no reports or costing since Easter
- Improvement in processes and experience once trusted assessor element was available .
- NRS private pay not fully launched to public
- Pathway between NRS Berkshire and NRS Private Pay needs improvements
- Direct communication with NRS Private Pay –escalated to lead commissioner
- NHS workers unable to order directly require RBC pin
- Needs to be made available earlier i.e. voluntary sector , GP surgeries , Get Berkshire Active
- By the time the person reaches ASC or Health Services they are likely to have care and support needs and require funded TEC or already impacted by a fall
- Further work required to embed criteria
- Need to evaluate all referrals before we can fully understand how paying for TEC impacts uptake

Future

60K will fund approximately 170 people to access TEC

Will be available as a product on NRS for other services to access

Direct referrals from general public or other professionals who just want TEC – no TEC Team Capacity or ongoing funding . Sit on Hub waiting lists

If you would like to know more about this pilot please speak to Carole Lee POT or Chidinma Nwahiri TEC Team Lead

Any questions

If you have any further questions about the Independent Living Project, please contact Kate Wigley, Transformation Project Manager at Kate.Wigley@Reading.gov.uk

If you have any further questions about the 12 Week Technology Enabled Care (TEC) Project, please contact Carole Lee, Principal Occupational Therapist Carole.Lee@Reading.gov.uk

Reading Borough Council
Working better with you