

Transforming Homecare calls to Improve Customer Satisfaction

SUMMARY PAGE

SRO: Raj Mack, Head of Business Engagement

WHAT ARE WE ANNOUNCING?

An aging population is putting increasing pressure on social care budgets, including home care visits. Local Authorities in England spend £14bn per annum on social care, 38p in every £1 they spend, and are under increasing strain (<https://www.theguardian.com/society/2018/jun/12/adult-social-care-services-collapse-survey-england-council>).

Birmingham City, Worcestershire and Solihull Council's collectively spend over £100m a year providing a homecare service for around 10,044 citizens. The aim of this project was to explore if technology could be used to transform some of these home-care visits – for example for medication, food and drink reminders. This would enable citizens to retain their independence at home whilst enabling council resources to focus on those in most need.

Aston University and Goldfish were commissioned to work with the Councils and form a project team. The University provided a template for the questionnaires that were discussed and adapted by the group for completion by three groups;

- Older Adults
- Informal Carers
- Professional Carers

These questionnaires have been collated into a user research report to understand how citizens and their informal and formal carer's felt about this change in service and what support would need to be provided to enable a change in service.

The project team also looked at examples of where technology has been used elsewhere to support homecare and what robust evidence of its effectiveness exists. Aston University then created a desktop research report to support this review.

During our research it became clear:

- 1- That user needs and willingness to use technology varied so much that there was no one solution and it is not possible to design a 'one size fits all' service map for using technology;
- 2- No one product has emerged in the market as a clear leader (probably for this very reason). Even well known products such as Alexa have drawbacks. Equally any recommendation of one particular product would quickly be out of date;
- 3- Although there were some obvious potential benefits there was limited robust assessment of the savings from technology

Therefore we are proposing following up this Discovery project with two further projects: to build a robust methodology to assess technology which can be used by all councils and NHS; and setting up a national not-for-profit organisation in collaboration with other councils and NHS to provide this assessment.

HOW MUCH DID IT COST AND WHAT WILL IT DELIVER?

The LDF provided £69k of funding for the Discovery Project.

- A total cost of £54k was discharged across this project phase for commissioning the services of Aston University, for the provision of a report on the research of both citizens and technology and with Goldfish to act as an independent project manager. Each council provided a number of staff that contributed their time to this project which matches the £44k invested by the LDF.
- £10k was allocated for a Service Map which was not required during this phase as technology could not be clearly identified and therefore this allocation has not been spent.

The two proposed Alpha projects would be funded by the LDF and potentially other funders (such as some NHS funds or WM5G) and would be matched in kind through staff from each partner organisation.

For each partner involved in this pilot a potential saving of between 15% to 20% of £100m would realise savings of £15m or £20m. This saving could be realised by reducing the face to face visits down from providers and purchasing and maintaining technology. Although there would be an upfront cost and potential monitoring charges for technology each face to face visit costs £7 for an half an hour visit would be saved.

Every Council and most CCG's purchase home care services and therefore across the UK this could be a significant saving, whilst supporting citizens to remain independent at home for as long as possible. This has been a clear steer from citizens whilst undertaking our research.

However, there is still inconclusive evidence to assist councils, NHS or care providers to determine which technologies are the most effective, or a robust framework to enable citizen selection.

The objectives are to establish a robust framework that will enable local authorities to:

- Identify the cohort of citizenship whose circumstances and attitudes to technology would enable technology to help them remain in their own home
- Identify and assess the appropriate technologies that could provide better outcomes, for example replacing some routine face-to-face visits
- Match individuals to the most appropriate technology

WHY DO WE WANT TO DO IT?

We want to examine how technology can transform home care and other public sector services and bring it into the 21st century. Councils, NHS and providers in conjunction with individuals have a common aim - to enable people to remain independent in their own homes with the right support from both technology and people, with the possibility that they will not enter social care provision. We want to focus resources on those in most need.

KEY MILESTONES

Submit bid for Alpha project funding - late June/July 2019
Implementation – August 2019 – December 2019

Transforming Homecare calls to Improve Customer Satisfaction

STRATEGIC OUTLINE CASE (SOC)

STAKEHOLDER REVIEW – *Who has cleared the case?*

STAKEHOLDER

Raj Mack, Head of Business Engagement

STRATEGIC CASE – *What we're doing, and why*

From all the research undertaken during our discovery phase we are now proposing two Alpha Projects;

The first alpha phase would continue with Homecare services and would look at the creation of a methodology on assessing both the suitability of care recipients for technology and the effectiveness of particular technology solutions. Then match the two and result in a reduction in the need for some face to face visits. This methodology would be shared with other councils and hopefully generate savings across the UK.

The second Alpha Project would take this methodology and embed it into a not-for-profit organisation, which would undertake ongoing large scale testing of all technology both existing and emerging. It would create a large data-set of care assessments which could ultimately be used to create an AI system to provide suggestions for technology that could be best deployed to meet the citizen's outcomes. Most Councils we have conversed with through our discovery phase have all been undertaking similar or identical activities, which must be costing the public sector many times over rather than in one holistic approach.

Both these Alphas, but particularly the not-for-profit, have the potential to transform how technology in the UK is tested, deployed and maximised in care to achieve positive outcomes for everyone. As well as enabling individuals to stay independent in their own homes for longer, technology could free up resources in homecare and potential other budgets in both the NHS and Local Authorities (the three participating councils spend a £105m pa) by replacing routine visits, for example, to remind people to take medications with technology prompts, whilst ensuring that they are active and moving around their home frequently. This also provides confidence and assurance to family members.

FINANCIAL CASE - *How much it will cost, and how it'll be funded*

We are reasonably confident that savings can be achieved which would more than cover the cost of any technology, making the project self-funding. One of the outcomes of the Discovery project was that there has been little robust assessment of savings but there is significant anecdotal evidence from other councils as to likely savings:

Cumbria

Cumbria found when they implemented Strata Pathways, which helps NHS Trusts to automatically and electronically make referrals to social care services, efficiency **savings were estimated to be about £400,000** and the time needed to make a referral has been reduced.

Bath and Northeast Somerset

They are piloting a range of assistive technology (AT) apps and devices within their re-enablement and rehabilitation service. Projected savings - 0.8% reduction in residential admissions (£165,000 p/a) and contribute to reduction in non-elective admissions (£187,000 p/a) with an estimated saving of £2,000 per annum per user means that the pilot will save the council £180,000 over 5 years. After rolling out the project to 75% of supported living service users, the **estimated savings over 10 years would be £5.1 million**.

Essex

Piloting video calls as part of care packages amongst individuals in the short-term support and re-enablement service. Projected Savings: **40% reduction in physical visits projected (saving dependent on scalability)**.

Gloucestershire

In one property, the waking night care provision was able to be removed 4 weeks after installing of AT, resulting in **savings of £839.79 per week**. In the second property, waking night provision was able to be reduced to sleep-in night provision, resulting in **savings of £559.79 per week**. **Annual savings in 2015/16 amounted to £72,178 and cumulative savings since the pilot began of £319,337** (accounting for maintenance and set-up costs of the AT).

East and West Sussex

TeleCheck is a service used in East Sussex that provides proactive calls reminding service users to eat, drink and take medication, and to provide contact and reassurance. The council demonstrated an approximate **cost avoidance value of about £32 per client per week** and from 2016 were seeking to **expand its telecare user base to 14,000 by 2020/21**. Overall, East Sussex has demonstrated an approximate cost avoidance value of £32 per client per week and has **estimated preventative annual savings of £589,000** through the better use of technology enabled Care.

ECONOMIC CASE

Benefits Case

In addition to the financial benefits to local authorities there are wider economic benefits to be the UK from using technology to improve homecare:

- In 2015, more than 350,000 older people in England were estimated to use home care services, 257,000 of whom had their care paid for by their local authority.
- The United Kingdom Homecare Association (UKHCA) estimates that around 249 million hours of home care are delivered in England each year (Kings Fund report) with an average hourly cosy of between £13.70- £18.22 – at an estimated cost of c. £4bn
- The number of unpaid carers in England is currently estimated to be 5.4 million people. The majority of informal carers (some 3.45 million people) in 2011 provided between one hour and 19 hours of unpaid care a week in 2011. More than one million people provided 50 or more hours of unpaid care a week. (National Audit Office)
- By 2037, it is anticipated that the number of carers will increase to 9 million. (carers UK)
- 72% of carers responding to Carers UK's State of Caring Survey said they had suffered mental ill health as a result of caring. (Carers UK)
- Estimates of the value of informal care are as high as nearly £100 billion per year to the national economy (NAO).

MANAGEMENT CASE

A Project Delivery team, consisting of all the participating councils will monitor the progress of each project. A couple of Universities will be approached to provide an academic and independent assessment of the projects and create the methodologies required. Each project will have a dedicated Project Manager. Both projects will be managed on a dedicated Trello board, in an open and collaborative approach. The delivery team will hold weekly project meetings to ensure KPIs are met.

COMMERCIAL CASE

Work will be carried out by participating councils, NHS and providers with procurement by tender of specialist support from sub-contractors, with relevant expertise.