

REPORT TITLE: Commissioning a Technology Enabled Care Service

Cabinet Date	20 September 2023
Cabinet Member	Cllr Carole Allaway-Martin, Adult Social Care Commissioning and Cllr Stephan Fifield, Adult Social Care Delivery
Key Decision	Yes
Purpose of Report	This report outlines the Council's need to continue to provide a Technology Enabled Care Service and seeks approval to conduct a competitive procurement process to deliver that service.
Recommendations	<p>That Cabinet delegates authority to the Executive Director of Adult Social Care, Wellbeing and Communities, in consultation with the Cabinet Members for Adult Social Care Commissioning and Adult Social Care Delivery to:</p> <ol style="list-style-type: none"> 1. Serve notice to the existing service provider via the Section 75 agreement of the NHS Act 2006. 2. Conduct a competitive procurement process in respect of a contract for the supply of a Technology Enabled Care Equipment Service (TEC Service). The proposed contract shall continue for an initial period of 5 years with an option to extend its term for a further period of not more than 2 years; 3. Award such a contract to the preferred provider; and 4. Determine whether to exercise the option to extend the term of such contract for a further period of 2 years on its fifth anniversary.
Reasons for Recommendations	<ol style="list-style-type: none"> 1. Providing a TEC Service is essential to meeting people's needs and to meet the Council's duties under the Care Act. Assistive technology and digital innovation can help more people to sustain or regain independent living and promote their own wellbeing. 2. The current TEC contract will cease at the end of the current financial year. Procurement of a new TEC Service will ensure ongoing service provision, while providing closer alignment to the Adult Social Care Technology Strategy; utilising technology to enhance the quality of care that people receive and to support carers and the health and social care workforce in meeting current and future needs through a more proactive approach.

3. The National Digital Switchover will be completed by the end of 2025. This will render the existing analogue equipment obsolete. Procuring and implementing a new digital TEC Service ahead of this date will provide opportunities to de-risk the transition of the County's equipment switch, enable greater transformation through reimagining the TEC care model using new digital technologies to increase engagement service users, their families and carers and maximise the number of people who can benefit from this support.
4. Extensive research and review, through soft market testing and benchmarking of other social care TEC services and their providers, indicate that external market providers are best placed to deliver a service which can respond to rising demographic pressures and competitively manage the supply of equipment and services offered in the emerging TEC market to provide maximum value.

Resource Implications

The Council's current spend on Telecare Services (which the proposed TEC Service will replace) is circa £1.2m per year.

This is comprised of £1m of direct funding from Gloucestershire County Council (GCC) and a further £200k from Better Care Fund monies, from NHS Gloucestershire Integrated Care Board (ICB).

There is an estimated £204k worth of Telecare inventory currently held by the service, which is recharged from the Integrated Community Equipment Service, part of Gloucestershire Health and Care NHS Foundation Trust. This cost is 100% met from GCC budgets.

The diagram below shows the estimated costs and benefits for a five year and a seven year contract. The top row indicates number of service users receiving TEC support.

	2,500	3,000	4,000
Annual	£770,000	£1,000,000	£1,200,000
5 Years	£3,850,000	£5,000,000	£6,000,000
7 Years	£5,390,000	£7,000,000	£8,400,000
Annual System Benefits, Savings & Cost Avoidance	£1,100,000	£1,350,000	£1,800,000

	<p>The estimated annual costs for a contracted managed service of a similar size indicate that the efficiencies and economies of scale that can be delivered by an external provider could provide a service for more people within the current or a slightly reduced budget envelope. However, the more end users supported by the service the greater the potential to increase the cost avoidance benefits through preventing, reducing or delaying the need for more costly care packages. There is also significant benefit to wider system partners through the prevention and reduction of falls and resultant costly ambulance conveyances, A & E attendances and hospital admissions.</p> <p>For example, with an increase of 500 active service users the service could be supported with an annual budget of circa £1m that would deliver a cashable saving of £200k against the current budget, plus a potential system cost avoidance benefit of £1.3m.</p> <p>Note, realisation of the benefits will be predicated on a delivery model that has a responder service that meets TEC Services Association (TSA) standards and pro-active response to behavioural analytics that supports prevention.</p> <p>Digital Switchover for existing clients will need to commence prior to the award of the new contract to ensure it is completed by 2025. The cost of switching over the first 800 clients will cost circa £250k. The funding for the initial switchover will be from the Community Capacity Grant, plus additional support from the countywide Disabled Facilities Grant fund.</p>
<p>Background Documents</p>	<p>Integration and Innovation: working together to improve health and social care for all - 2021 White Paper</p> <p>People at the Heart of Care, Adult Social Care Reform - 2021 White Paper</p> <p>Gloucestershire County Council Adult Social Care Technology Strategy 2022 - 2025</p> <p>Gloucestershire County Council Strategy 2022 - 2026 – Building Back Better in Gloucestershire</p> <p>Gloucestershire Joint Health & Wellbeing Strategy 2020 – 2030</p> <p>One Gloucestershire Interim Integrated Care Strategy 2022</p> <p>Housing with Care Strategy 2020</p>
<p>Statutory Authority</p>	<p>Care Act 2014</p>
<p>Divisional Councillor(s)</p>	<p>All</p>

Officer	Name: Gary Mack, Head of Integrated Commissioning: Enhanced Independence, Rehabilitation and Technology Telephone: 07867 199195 Email: gary.mack@nhs.net
Timeline	The new contract is required to be in place for the commencement of the new financial year 2024/2025.

Executive Summary

This paper sets out the rationale for the Council to continue to provide Technology Enabled Care (TEC) across Gloucestershire, for redesigning the model of care, along with a full options appraisal and a recommendation for commissioning the new service.

'Technology Enabled Care' is a wide-ranging term that covers Telecare, assistive technology and any other type of technology relating to promoting wellbeing and independence including data capture and analysis through digital Technology Enabled Care for proactive interventions. These enable the unwell, disabled, or elderly to receive care at home and continue to live independently. The current service supports around 2,500 people.

By the end of 2025, the traditional telephone network will be switched off and replaced with digital infrastructure affecting every landline in the country. All TEC Services will need to move from analogue to digital to meet the requirements for the national 'Digital Switchover'.

This provides an opportunity to redesign the service, taking account of the current and future needs of the people of Gloucestershire and advancements in the digital equipment, enabling a move from a reactive service to a more proactive data enabled service.

A full independent service review was undertaken in 2021 and presented to Cabinet in January 2022. The future model has been developed from the outputs from this and other previous reviews. To deliver significant benefits, there is an increasing need to focus on early intervention and prevention supported by data from sensors and digital equipment with behaviour patterns analysis to drive the effective interventions. It is anticipated that a responder service will be delivered as part of the contract with a new supplier, similar to other Local Authorities who have procured new managed service provision for TEC services.

Signposting to the TEC Service will be through the 3 Tier Social Care Model. Self-help and navigation to self-assessment will be promoted where care support needs are low, whilst more complex needs will be assessed by a trained TEC assessor to keep people independent for as long as possible or regain independence, whilst managing risk.

If the Council does nothing to transform the current Telecare provision, the budget for the proposed new TEC Service contract will need to increase beyond the £1.2m, as a minimum, in line with demographic growth. As the Gloucestershire population increases, particularly those aged 65 and over, so too will demand for the service. Accordingly, within 2 years, doing nothing will drive an increase to circa £1.4m by 2026 in line with MTFP growth assumptions.,

Provision by GCC is currently fully funded and provided free of charge to all clients, subject to assessment by Telecare Assessors who prescribe devices as part of a wider care package. Self-funded packages could be an option within a new managed service, other Councils within the UK provide a mixture of fully funded and self-funded provision working in partnership with their suppliers and managed service provider.

A full options analysis has been undertaken and the recommendation from this is to develop a hybrid model with elements of in-house and outsourced services (**Option 4**).

This would enable the Council to i) maintain the scope and activity within the contract through the assessment process and ii) to de-risk the equipment supply by outsourcing this to a preferred provider. External market providers are best placed to deliver a service which can respond to rising demographic pressures competitively, and with agility manage the supply of equipment and services offered in the emerging TEC market to provide maximum value. Due to the pressures of the Digital Switchover across the UK this may also create shortages of digital equipment.

Context

1. The current delivery of Gloucestershire's Telecare Service is provided across GCC and Gloucestershire Health and Care NHS Foundation Trust (GHC). While predominantly funded by GCC, this service is managed and delivered by GHC, providers of NHS physical health, mental health and learning disability services in the county.

At any one time, the service supports around 2,500 people to live independently in their own homes through the provision, installation and monitoring of traditional, analogue devices such as lifeline buttons and alarms. This is the service to be commissioned.

2. Over time, the service has become increasingly focused on supporting hospital discharges making it less able to respond to providing the preventative interventions outlined in the White Paper 'People at the Heart of Care, Adult Social Care Reform, 2021' where a strong emphasis is placed on the use of technologies in social care to enhance the quality of care, free up time for meaningful human interactions, and create stronger connections between people and their friends, family and care networks.
3. The majority (83%) of current clients are aged 65+; an increasing proportion of whom are aged 85 and over. A full independent service review undertaken in 2021, presented to Cabinet in January 2022, showed that demand and activity has remained relatively static. This claim was qualified by highlighting that some data quality issues arose due to system migrations, and a backlog in data cleansing of deceased clients.
4. The number of new Telecare service users per week has declined from an average of 20 per week in 2020 to a current mean of 8 starts per week in 2023 with the median age of active clients of 83 years of age.

Technology Enabled Care

5. Technology Enabled Care is a wide-ranging term that covers Telecare, assistive technology and any other type of technology relating to promoting wellbeing and independence. It also includes data capture and analysis through digital TEC to identify where proactive intervention may lead to downstream cost avoidance across the wider care system. These technologies enable the unwell, disabled, or elderly to receive care at home so that they can continue to live independently. Further information is outlined below and a detailed specification will be available as part of the procurement.

Telecare Equipment:

1. Remote monitoring and emergency alarms.
2. Sensors, such as bed and chair occupancy sensors, Passive Infrared (PIR) movement sensors, enuresis sensors, epilepsy sensors.
3. Wearable alarms and fall sensors replacing old style analogue pendants.
4. Other environmental sensors to promote a safe environment.

Assistive Technology:

5. Technology to support with activities such as switching lights on and off, temperature control, cooking and preparing meals, medication and appointment reminders and to enable social activities and interaction.
 6. Devices to control access to the individual's premises.
 7. Consumer technology such as smart home hubs and voice activated virtual personal assistants.
 8. Technologies targeted at people with conditions including dementia and or long-term health conditions.
 9. Communication devices to support people who have communication difficulties.
6. Equipment currently supplied to clients are reactive 'alarm' type devices predominately consisting of analogue base units, environmental sensors for smoke, carbon monoxide and floods alongside personal alarm triggers and fall detectors. These will become obsolete by 2025 as the nation switches to digital networks (the Digital Switchover) impacting user safety and independence. A digital switchover programme for all analogue devices is currently being developed to ensure no current service user is put at risk.

Gloucestershire's Additional Telecare Service Landscape

7. Alongside the County offer, District Councils offer a similar analogue equipment and 24-hour monitoring service, note, these all have separate ARC (Alarm Response Centre) service contracts. The district models are similar to the countywide service; however, they focus on early help and hospital admission prevention using family, friends and carer responders. The District services do not offer a responder service preventing all eligible residents from using them. The County service is expected to cover this gap.
8. A 24/7 Countywide Responder Service is in place for people who do not have a first line responder or relative available. This is provided by Gloucestershire Fire and Rescue Service (GFRS) and does not include provision for falls pick-up currently. A list of users is provided to an independent ARC, which escalates a response to the GFRS control room when an alarm is triggered. A GFRS volunteer retained fire fighter responder is then mobilised to attend and conduct an 'eyes on' assessment resulting in resolving the issue (including false alarms) to close the case or escalating to GHC Rapid Response or South Western Ambulance Service NHS Foundation Trust (SWAST) where further clinical needs are identified. This service may be available from future service providers.
9. Following a service review in 2022, the volume of GFRS responses have been in decline from 4.8 calls per day in 2019 to circa 1.5 calls per day in June 2023, driven by

the reducing number of volunteer responders available for despatch to individuals that may require help. Activity is relatively even across 7 days of the week; however, calls peak outside normal working hours. Extensive work was undertaken in 2022 to extend the GFRS response service to include falls pick-up; however, due to the need to prioritise developing and improving GFRS core statutory responsibilities GFRS decided to put this on hold in early 2023.

Drivers for Transformation and Change

- 10.** By the end of 2025, the traditional telephone network will be switched off, affecting every landline in the country. Going forward, all TEC Services will need to be enabled to meet the requirements for the Digital Switchover, the national transition from analogue to digital infrastructure. The move to digital TEC will provide the opportunity to move from reactive to proactive Telecare and provide an integrated suite of TEC to enable vulnerable residents to remain in their own home environment.
- 11.** Digital broadband rollout across Gloucestershire commenced in 2012 under the Fastershire programme; this is delivering access to 'superfast' connections in 5 Stages, including deep rural areas. This change will mean most of the current analogue devices which are used to deliver services under the Council's current Telecare arrangement will cease to be reliable or usable.

The actual replacement of the analogue Telecare equipment is not covered by the Fastershire programme, it is therefore essential that a digital equipment switchover programme is put in place in good time, to ensure people continue to be supported to live safely and independently by adopting new digital technology. In addition, it is important that a decision is taken on the procedure for replacing faulty analogue equipment from commencement of the Digital Switchover to the end of the current financial year.

- 12.** The opportunities provided by digital technologies is one of the key drivers for the new procurement to enable the Council to consider how to better exploit new technologies and how to best provide them in Gloucestershire.
- 13.** The transition to digital networks provides an opportunity to redesign the service specification to take account of the current and future needs of the people of Gloucestershire and advancements in the digital equipment and service offers now available in the market.
- 14.** The use of digital products such as sensors and behavioural alerts, driven from data patterns and analysis, will enable early proactive interventions to resolve issues at an early stage before escalation is required, with possible admittance to hospital or care. Providing significant benefits to the wider care system.
- 15.** More competitive equipment and service costs will enable the Council to maximise the number of people who can benefit from this service.
- 16.** Our proposed approach to this procurement will support the delivery of the Gloucestershire County Council Adult Social Care Technology Strategy and its clear vision to make Gloucestershire a Smart Place, digitally connecting Community,

County and Council, putting the power in people's hands including its ambitious aims to deliver digital connectivity and provision that is innovative and efficient. In particular, it will meet the Council's desire to facilitate digital exploitation and innovation, with a stronger more networked society that enables smarter public services.

The Adult Social Care Technology Strategy

17. This strategy sets out ambitions for the potential of technology to transform care and change lives more locally. It aims for technology to be a part of everyday life for vulnerable people in Gloucestershire, and part of everyday practice for Adult Social Care professionals. The procurement of a digitally driven TEC Service will be a key enabler to delivering these ambitions and to delivering Adult Social Care duties under the Care Act, with a focus on technology that empowers individuals to live independently for longer, maximising wellbeing and reducing pressure and demand on the wider health and social care system.
18. We must ensure that technology reduces rather than exacerbates loneliness and isolation, and that it supports the mental health and wellbeing of people and carers. And while not all people will want to use technology as part of their care or daily life, we must make sure that professionals and care teams have the right education, digital tools and data to provide the outstanding, safe care that all people deserve.

Better Alignment to the Current Social Care Model

19. A digital service will strengthen the asset based social care model that has been embedded in Gloucestershire over the past 5 years by enabling automated collection of data to support better understanding and execution of preventative interventions, the reduction of reactive interventions and reliance on social care teams and delaying further care requirements in the wider care system.

Proposal - Future Model

20. The future model takes into account the outputs from previous Telecare reviews.
21. The future TEC model will increasingly need to focus on early intervention and prevention if it is to deliver the significant benefits that are on offer. The use of generated data from sensors and digital equipment, and the analysis of behaviour patterns to understand and drive effective interventions must be at the heart of this service. People will be signposted to the TEC Service through the layers of the 3 Tier Social Care Model from conversations with professionals in a range of services across the care system. They will promote self-help and navigation to self-assessment where support needs are low but there is the possibility of early diagnosis of dementia, frailty, or specific social needs, such as isolation and living in deep rural areas. More complex needs will be identified in a range of settings and assessed by a trained TEC assessor for digital support that may be delivered on a short or long-term basis to support positive risk taking and as a key enabler to keep people independent for as long as possible or regain independence.
22. The introduction of some level of self-assessment, through an app and self-pay models, particularly for people with lower levels of needs, will enable them to sustain a

greater level of independence, increasing early prevention, reducing demand on emergency services (social care and hospitals) through earlier and more effective interventions, evidenced through the data analysis and delay the onset of greater care needs. This could be signposted through other local resources, such as the Gloucestershire Your Circle portal, voluntary organisations and libraries.

23. The self-assessment process would be linked to some level of self-funded provision which could be met by the current District model or through a managed service provider. This will be consistent with the principles and lower levels of the 3 Tier Social Care Model employed in Gloucestershire but would need to be aligned to current work on the GCC Adult Social Care Charging Policy to ensure people are not disadvantaged.
24. This approach will promote earlier access to technologies for people with need whilst maximising the financial envelope, e.g. support doing more with the same or less investment. During soft market testing in 2022 the majority of providers confirmed that they utilise a self-pay approach as part of their service delivery models.
25. There will be a more effective responder service developed across the county to provide a rapid 'eyes on' response where alarms or alerts have been activated to the ARC. This will be a critical component of the service, as it will widen the possibility for the use of digital technologies to support people, particularly where they have no family, friends or carers close by to respond in response to a problem. The responder service will be expected to meet the current TEC Services Association (TSA) industry standards with trained responders on site within 1 hour; this will support the wider system delivery against the NHS 2 hour Urgent and Emergency Care (UEC) national target. This response will be important in reducing the impact of long-lies where a fall has occurred, where evidence suggests outcomes and costs are improved when there is rapid response and action.
26. The development and introduction of a simplified or interactive digital assessment process and future TEC provision being focussed largely on standardised equipment packs will be key to minimise assessor training requirements and support better cost management. The standardisation of packs that can be enhanced over time with interoperable devices will increase the confidence for assessors in prescribing digital devices and support a 'digital first' mind-set, reducing digital inequalities. A key requirement of any future supplier will be to optimise and streamline the end-to-end referral/assessment process and enhance the customer journey, ultimately increasing the rate of assessments and preventative use of TEC.

Delivery

27. We know that delivering this future model and the transition to greater use of TEC will be complex and will need a plan that commences before the new contract with the delivery of the Digital Switchover, transitioning to a transformed TEC Service and a mechanism to widen the opportunity new technologies and innovation can offer for our residents. Therefore, we will plan to effect this change in stages as illustrated below:

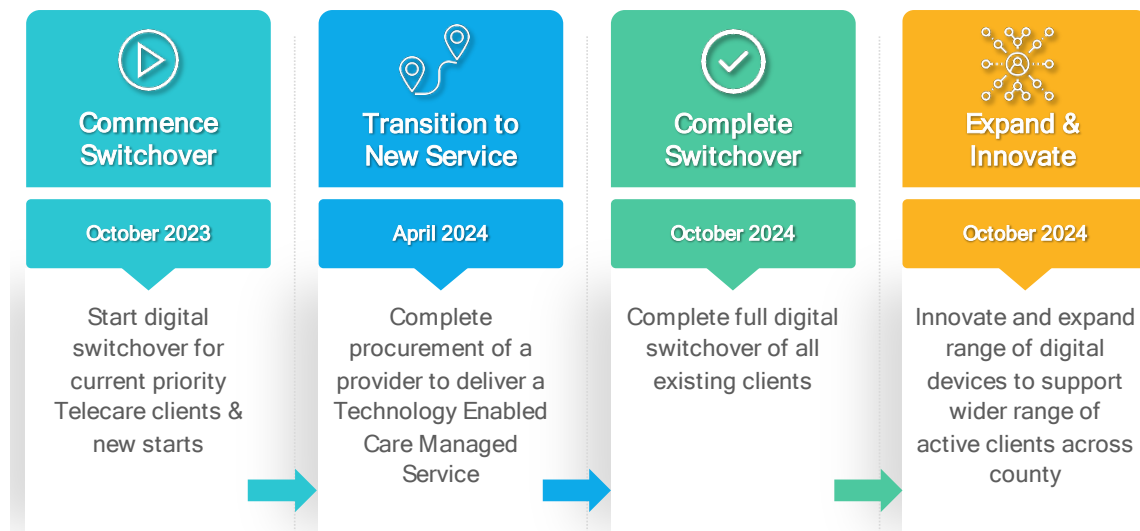


Fig. 1 High-level Stages of Delivering Digital TEC

28. To support our planning for the significant challenges and changes proposed by the White Paper and the Adult Social Care Technology Strategy, a comprehensive independent review of our current Telecare Service was undertaken in December 2021 by Caja Ltd. The recommendations were reported to commissioners in January 2022. The review was undertaken in the context of local services and wider system changes being delivered across the Gloucestershire Integrated Care System (ICS) and in the Adult Transformation Programme. It included: funding, demand, use of technology and data, staffing and delivery options.
29. Soft market testing was carried out in October 2022, gauging feedback from TEC and service providers ranging from national to smaller emerging organisations within the market. There was a positive response from a wide range of potential providers indicating that a wide range of services could be delivered, ranging from assessing people for TEC, through provision of devices, monitoring and varying levels of responder services. Providers noted their ideal service delivery model would be for GCC to retain the assessment and prescribing element 'in-house,' closely aligned to the local social care delivery model and promoting a 'TEC first' care planning process. A robust plan to deliver a culture change programme to inform frontline workers about TEC as a viable alternative or enhancement to traditional packages of care will need to be delivered alongside this. All providers that engaged in the process indicated that coproduction with individuals and their families and carers is central to their service model and crucial to successful service delivery uptake and ongoing use.

Funding and Charging

30. The funding of TEC is not mandated within the provisions of the Care Act and policies differ between local authorities in the UK. If the Council does nothing to invest and transform current Telecare provision, the budget for the proposed new TEC Services contract will need to increase beyond the £1.2m, as a minimum, in line with demographic growth. Accordingly, within 2 years the do nothing option will need to increase to circa £1.4m by 2026. However, the transition to digital devices and the opportunity to better exploit data to increase the focus on preventing, reducing and delaying the need for more intensive care packages will likely need to expand the

number of people Gloucestershire supports. Ideally this expansion will be done through more efficient delivery and supporting more people within the current funding envelope.

31. Somewhat unusually, provision by GCC is currently fully funded and provided free of charge to all clients, subject to assessment by Telecare Assessors who generally prescribe devices as part of a wider care package. The current annual budget for the Telecare is £1.2m with the majority of funding (£1m) provided by GCC; the remaining funding is from the Better Care Fund via the ICB. Telecare pendant equipment provided by the District Councils is provided on a self-funded basis only, where the equipment is rented mainly through third party providers to people who choose to pay for and arrange their own Telecare services. Self-funded packages could be an option within a new managed service, as there are other councils within the UK providing a mixture of fully funded and self-funded provision working in partnership with their suppliers and managed service provider.
32. Analysis of the National Adult Social Care Finance Report illustrates that Gloucestershire is spending more per 1,000 population on Assistive Equipment and Technology than neighbouring councils in the South West. There are different models of delivery across the region including in-house and outsourced managed services; however, it is likely that the cost of in-house provision and pay costs in the service are driving the higher levels of spend. Counties using outsourced models such as Dorset are benefiting from some economies of scale from their provider.

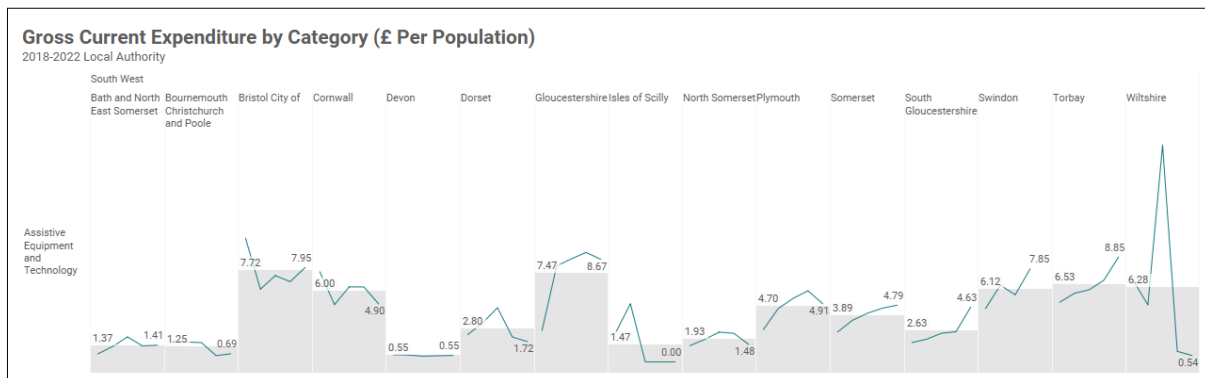


Fig 1. South West Region Benchmark Local Authority Expenditure on Assistive Equipment & Technology (Spend/Head of Population)

33. The migration to digital devices ahead of Digital Switchover is likely to involve a significant capital investment by the Council over the next year simply to maintain the current level of provision for circa 2,500 active clients. The Telecare Review indicated that in 2022 the Telecare Service held an inventory value of equipment with an estimated value is £1.06m; however, inventory management was poor and is currently being transformed within the Gloucestershire Industrial Services (GIS) Transformation and migration to the TCES Inventory Management System. The current estimated value of stock and in field equipment is £204k.
34. The current analogue devices will become largely obsolete once the Digital Switchover has taken place. The Council will therefore need to invest early in procuring alternative, digital devices to ensure completion by 2025. To maximise the benefits of digital devices supporting a more preventative and proactive service the

cohorts and volume of people supported are likely to change. As indicated above in the Delivery section, the Digital Switchover can be undertaken in stages with around 500 high priority clients commencing migration through the current in-house service by the end of 2023 with the remainder and expansion of the service being undertaken by a new provider commencing in financial year 2024/2025.

35. The current GFRS Responder Service is in decline and currently costs around £40k per year, in addition to the core budget; however, an additional £35k was invested towards service development in 2022. To reignite the GFRS Responder Service and extend it to support falls pick-up it will require significant investment; however, this option is now considered to be high risk by commissioners due to competing commitments in GFRS that would result in slow implementation.
36. The Responder Service is to be reviewed as part of the Urgent and Emergency Care Programme (UEC Programme), there is a commitment to keeping a responder service regardless of the appointment of the new service provider.
37. There is currently work underway in GCC to review the Adult Social Care Charging Policy, there will be an opportunity to signpost some people to self-funded provision either through a new provider or through referral to a District Council. This will be both consistent with the 3 Tier Social Care Model implemented through the 'Making a Difference' Programme and with the Care Act. The signposting and self-pay model will also provide additional opportunities to benefit from technologies earlier and help Prevent, Reduce and Delay the requirement for fully funded and more intensive care packages. Any future Charging Policy will be subject to a decision made by the Cabinet independent to the appointment of a new service provider.

Demand

38. The Telecare Service currently supports in the region of 2,500 clients across the county, the majority of whom are older people. Gloucestershire's population of people aged 65+ is forecast to grow by 10% over the next 5 - 6 years, so the TEC Service will need to be able to respond to this pressure.
39. Fig 1 below shows the forecast demand on the TEC Service by 2024 assuming that at least current levels of provision are maintained:

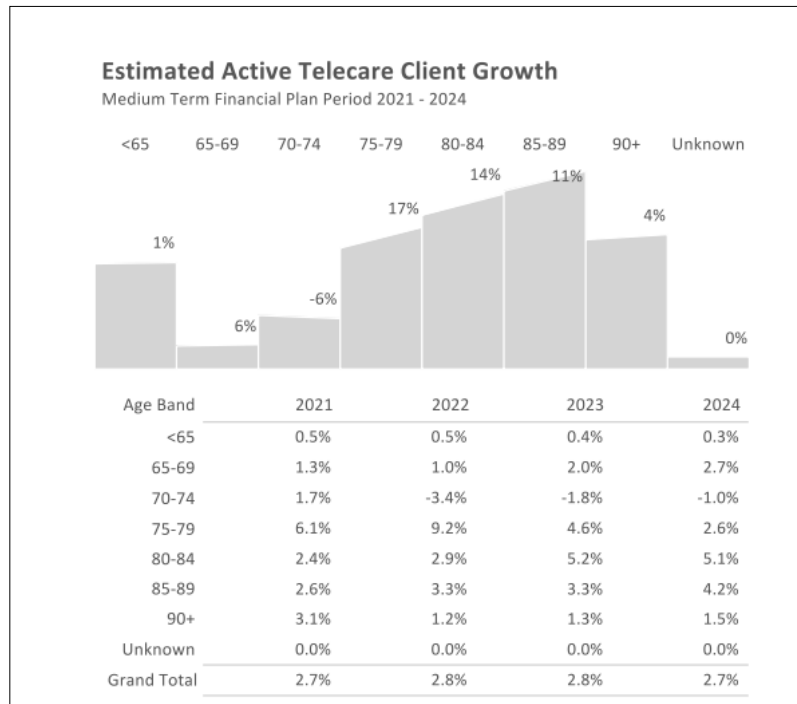


Fig. 2 Estimated Telecare Demographic Growth

40. Data also shows us that just 1% of people currently receiving Telecare support are working age adults with disabilities, which indicates a degree of unmet need for this population. This presents a real opportunity to exploit technology to support wider needs and potentially enable independence.

Use of Technology

41. The technology currently offered by the Telecare Service is largely traditional, analogue (button and box). Analysis of the equipment types installed by the service reveals that the devices are largely standard and relatively basic in nature and very similar to devices supplied through the District Councils. During the period 2015 – 2020, the most frequently installed equipment type was a Telecare Base Unit (16.9%), followed by Fall Detection (15%) and Smoke Detection (12%). These are likely to be found in combination. Time reminders are the next most common (7.6%). This is not aligned to the ambitions outlined in either the White Paper or the GCC Adult Social Care Technology Strategy.

Staffing

42. The service is operationally managed by GHC; however, the current workforce is employed by both GCC and GHC and there are 30 employees that amount to 24 FTEs across GCC and GHC; however, 10 posts are currently held vacant awaiting decisions on the future delivery of the service. The current establishment includes a variety of roles, including assessors, engineers, administrative staff and management.
43. The staff described in paragraph 42 above who are currently engaged in the provision of Telecare services will need to be briefed and engaged with on a regular basis. It is likely that some TUPE transfer of current staff to a new service provider will be required, including the prospect of admission into the two separate pension

schemes. However, it is unlikely that all the roles will be required by an outsourced provider; the TUPE staffing and financial risk has been mitigated by holding some roles vacant in the current Telecare Team and during the interim period, some staff may make their own decisions regarding their future. While the expectation within TUPE would be for all employees mainly or solely working within Telecare to transfer, if the new employer were to indicate the potential of redundancies upon transfer, we do have a number of vacancies across GCC and would work with the new organisation to consider these should the need arise.

44. A consultation plan will be developed with the Council's HR services and adhered to, with the following considerations:
- Unions will be notified at the appropriate time.
 - All staff will have group and one to one meetings with HR and management representatives.

Developing the Future Model

45. To understand what Gloucestershire needs from a future TEC Service, a series of workshops were held during the independent review in August and September 2021. Key stakeholders included operational staff, leadership and management, commissioners, District Councils, Gloucestershire Fire & Rescue Service, and providers. The sessions were designed to gather insight into the current context and service, what the future provision might look like and the benefits of a future service. Facilitators used prompts to ensure attendees could share detailed views on their experience of the current service and systems, how investment could work in the future, understanding of the technology market, what outcomes are important and what standards need to be adhered to.
46. This engagement with stakeholders showed that there is a recognition that the current service provision needs to change in order to meet the needs of vulnerable people, to fulfil the Council's Care Act duties and to respond to a rapidly changing technology environment. Delivering a TEC Service which responds to these findings will therefore require significant change to the service model and the types of technology made available to people.
47. Outsourcing or partially outsourcing the service will enable the Council to work alongside a forward-looking innovative partner(s) who is able to re-focus the service in line with the pace of technology advancements and new strengths based and preventative models of social care. Ideally the partnership will develop during the life of the proposed TEC Service contract. There are suitable procurement options through an open competition Invitation to Tender or inviting proposals from a smaller segment of the provider market through a suitable framework, such as the ESPO Technology Enabled Care Products and Services Framework. Key functions of future provision could be broken into lots that could reduce the risk of procuring a single provider, this could be grouped around Assessment, Equipment Provision, Recycling and Innovation, Data Management and Processing and ARC and Responder Services; however, this approach will be less attractive to bidders and is likely to cost more through reducing economies of scale.

Procurement Considerations

48. GCC should seek a strategic and innovative provider to work alongside the One Gloucestershire health and social care system, to deliver and embed a cultural and attitudinal change programme that focusses on utilising TEC as the first line of response in meeting eligible care needs.
49. This approach will prevent, reduce and/or delay the escalation of an individual's care needs. At its core this will be a service that supports people to stay independent at home for as long as possible. This will need considerable promotion with professionals and a training and awareness programme to embed the cultural shift, so that TEC is considered as a central part of a blended TEC package. Currently TEC is mainly prescribed after a first fall or discharge from hospital; the aim will be to over time prescribe TEC earlier to prevent or reduce secondary care events occurring. Any partner awarded the contract will need to support and engage GCC and the wider system on this transformation journey.
50. Procurement of the service could be undertaken using a recognised framework such as the Government G-Cloud framework or the ESPO Technology Enabled Care Products and Services framework.
51. The TEC service may need investment during the lifetime of the let contract, particularly as the pace of technology advances. In particular:
 1. The change over from analogue to digital may have a significant impact upon the early months of the contract. Whilst some of the Digital Switchover will have taken place prior to the letting of the contract, there will be legacy costs that the new service provider may want to negotiate. This will likely be in relation to staffing levels and disposal of existing devices. This could be mitigated through redeployment of staff not required in any TUPE agreement and disposal of existing devices through the current GIS Mitcheldean depot.
 2. There are risks around the need to scrap old Telecare equipment during this time, although a capital programme will be in place, The current inventory of analogue devices will become obsolete in 2025 and incompatible with digital connectivity. Dependent on the volume of switchover completed in-house prior to the new contract go-live, the contractor may need increased resources in the first year to ensure all existing clients are switched over by the end of 2024, at the same time as managing the take-on of new clients.

Future Costs

52. Future service costs have been calculated based on a range of TEC bundles that at their most basic will be a basic digital box and button; however, fully interoperable and expandable through open digital standards so they can be increased easily over time or made more bespoke at initial and future assessment. Larger bundles for more complex cases, may provide for example up to 6 additional sensors for motion detection, door sensors, smoke and CO₂ and through the data these provide enabling a more pro-active early intervention service.

53. In addition to the equipment costs most new devices require a SIM card that provides emergency back-up or connectivity where there is no fibre to the property; this attracts a monthly on-going charge, in addition to the costs of the service provider managing the service and providing ARC and Responder Services.
54. Future costs have been estimated based on an estimated cost per service user of £307 per annum with an average service duration of 3 years. Note, this does not exclude the potential to install devices in care homes and supported living accommodation, at some point in the future. Therefore, modelling suggests that a new TEC Service could support up to 4,000 users within the current £1.2m resource envelope and circa 3,000 users with a budget of £1m. The existing 2,500 users would cost around £770k. This is illustrated below at Fig 3; however, it should be noted that these cost estimates are order of magnitude only based on market intelligence and the soft market test. Providers who expressed an interest during the market engagement employ a range of different technologies, delivery models and commercial arrangements.

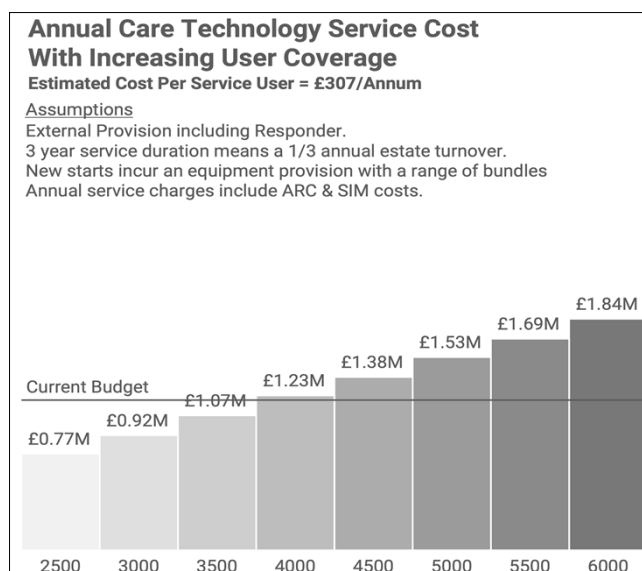


Fig. 3 Annual Service Costs & Volume of Supported Users

55. The costs and volume of users illustrated above assumes that there is no change to the current charging policy and that all packages are fully funded; however, the ambition is to implement a model that includes some self-assessment and pay, aligned to the 3 Tier Social Care Model. An estimated 30% self-pay contribution changes the service profile significantly with the TEC Service supporting up to 6,000 users within the current £1.2m budget and circa 4,500 users for under £1m.

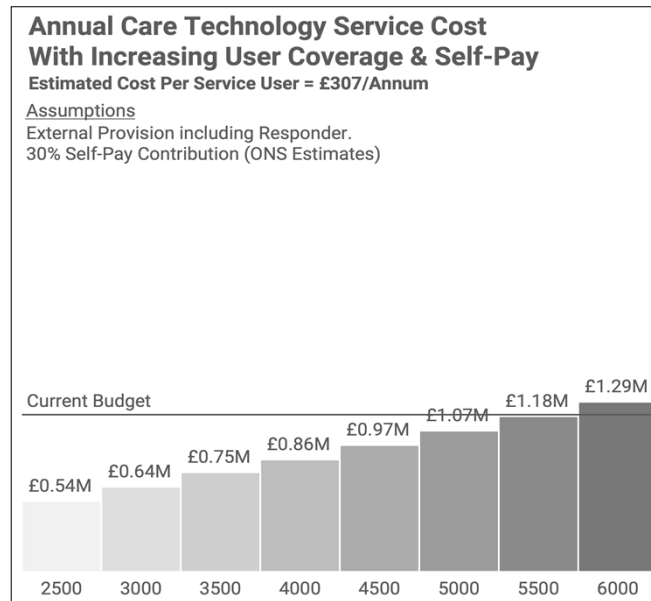


Fig. 4 Annual Service Costs & Volume of Supported Users (Incl. self-pay)

56. It should be noted that the above estimated costs are without the impact of potential benefits to both GCC and NHS partners being included, and these are detailed below.

Anticipated Benefits

57. Simulation models have been used to estimate the expected range of benefits resulting from the provision of digital TEC. Estimating these benefits is complex and realising these benefits is predicated on an effective responder service being in place and using the data from digital devices to provide proactive care.

The two main benefit categories modelled are:

1. The reduction in size of Social Care packages prescribed
2. The reduction in hospital admissions from falls with long lies (when a person has fallen and spends a long time on the floor waiting for assistance)

58. Combined, these models yield annual cost avoidance or savings of around £450 per TEC user. At present, these models contain some level of uncertainty and omit some of the expected preventative benefits, e.g. from monitoring changes in a person's condition and behaviour and early intervention. The approach to modelling benefits is a recognised Monte Carlo methodology, using local care costs and NHS reference costs that ranges benefits from best case, worse case and most likely case scenarios. The modelling outputs are illustrated below:

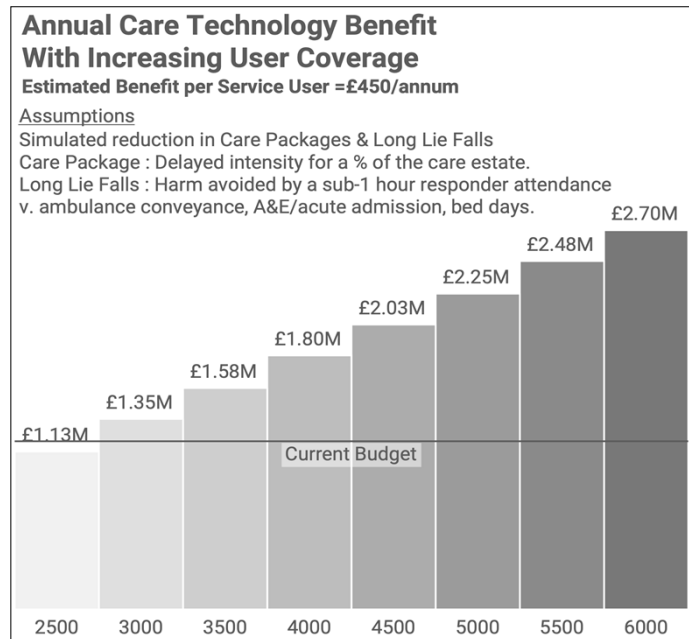


Fig. 5 Simulated Benefits for Digital TEC Provision

59. The graph above illustrates that the models are sensitive to the number of users receiving benefits within the available funding envelope (£1.2m shown here). This illustrates at 3,000 users the system benefits are likely to deliver a return that exceeds the cost of commissioning the service.
60. For example, a service that supports 4,500 users, including 30% on a self-pay basis will cost GCC in the region of £970k per year, but deliver system benefits of circa £2.03m, of which £675k will be attributed to GCC care savings and £1.3m will be attributed to the ICB for cost avoidance on falls and admissions related to long lies.
61. This assumes the main output of TEC is information which leads to an earlier intervention of some form. However, a decision to intervene, and a suitable intervention are required to realise a benefit from that information. Across a TEC estate, some users will receive more of that benefit than others. Where the ability to intervene is constrained, so too will be the benefit of TEC.

Digital Switchover

62. Due to the urgency of commencing a digital switchover process, driven by the 2025 deadline; GCC will need to commence replacement of analogue and the roll-out of digital devices during the current year prior to awarding the contract for a new provider; this will minimise the risk of vulnerable users being left without a service. It is highly recommended that this process starts in Q3 of financial year 2023/2024 and aims to prioritise at least 800 of the most at-risk users, as well as accommodating new and normal churn of users across the service. This would need to be completed within current funding arrangements and has assumed for now that the switchover will be on a like-for-like basis, moving analogue provision to a digital equivalent. Note, any re-assessment of the user would be undertaken at a later date.

Based upon the current knowledge of the asset register the estimated cost for replacement digital devices for the first cohort of 800 (between October 2023 and

March 2024) will be circa £250k, plus any additional planning and implementation costs. At installation of the replacement digital TEC there may be some uplift in prescription, on assessment of the risk by the installer.

63. To support a more proactive future service, the digital TEC used for the switchover would need to be interoperable, support open standards and preferably provide behavioural data to enable early interventions and wider care system savings.

Future Options

64. An options analysis has been carried out to identify the preferred way forward. The preferred option is to develop a hybrid model with elements of in-house and outsourced services to enable the Council to i) maintain the scope and activity within the contract through the assessment process and ii) to de-risk the equipment supply by outsourcing this to a preferred provider. The detail of the options considered are set out below.

65. **Option 1 – Do nothing.**

This is not considered a viable option as the current service is neither providing an offer that is aligned to the principles of new models of care or economically providing maximum benefit against the resources committed. The current inventory of analogue devices will be obsolete and incompatible with UK Digital Switchover in 2025 and leave current users unsupported.

For these reasons, Option 1 is **NOT** recommended to Cabinet.

66. **Option 2 – Retain the TEC service in-house and transform the delivery model and optimise the end-to-end process whilst undertaking the required Digital Switchover.**

This option would ensure that the council retains full operational control of the TEC service and maintains in-house expertise. However, significant transformation of the service will be required for it to be efficient and provide value for money. The future service will need to deliver a preventative approach that makes more use of technologies to predict and alert changes in client behaviour. There would also be a cost to managing such change in addition to upskilling the workforce and capital investment in new equipment. The capital cost of Digital Switchover will be significant, and any in-house model would require GCC or ICS to fund these costs. GCC would be responsible for managing and maintaining and upgrading inventory stock levels and dealing with supply chain issues and associated costs.

For these reasons, Option 2 is **NOT** recommended to Cabinet.

67. **Option 3 – Outsource all TEC services.**

This would involve a process of going out to tender for a fully managed service that will offer end to end support for people in Gloucestershire in relation to TEC Services. A soft market engagement exercise undertaken in 2022 to test the appetite of potential suppliers and the scope of what could be provided gained interest from 22

suppliers with 5 that were assessed to have the scale and ability to deliver a managed service.

A fully managed service would mean that the Council's appointed TEC service provider would be required to manage supply chain and TEC equipment stock levels along with managing the end-to-end process from assessment through install, monitoring and collection at the end of a service. The provider would also need to offer the full ARC provision and potentially a response service. Current stock is owned by GCC, who also funds all related servicing, maintenance and scrappage costs. Similarly Digital Switchover, including the migration of users from analogue to digital equipment, could be managed externally if a contract is awarded in time, potentially by a provider with previous experience of the digital rollout. Previous insight into self-pay models would be beneficial, which will also offer income to support the service development.

However, with this option, GCC would lose both operational control of the TEC service and its in-house expertise. Due to the immaturity of TEC services in the marketplace other local authorities have outlined issues relating to main service providers over-prescribing equipment to service users driving overspend. The soft market testing indicated a relatively immature market which whilst offering an 'end to end' solution, may not be able to deliver the full service as required.

For these reasons, Option 3 is **NOT** recommended to Cabinet.

68. Option 4 - Hybrid delivery model.

This combines elements of Options 2 & 3. The proposed delivery model would involve the assessment and prescribing service element of the TEC Services moving from GHC to GCC, whilst the supply and logistics elements of the service would be supplied by an external provider along with ARC and responder services. This will provide a more person-centred service than currently provided, that can be joined up with the Council's Brokerage and Social Work teams to provide more oversight of individuals' needs, offering a more holistic and strengths based approach to care planning.

Based on the current cost of £770k for 2,500 service users and the current split of costs:

- Assessments - £221k, (this is driven by 5 x Band 4 occupational therapists (OT), 1 x Band 5 administrator, plus training and supervision)
- ARC - £96k
- Responder Service - £80k
- Current managed service - £373k (including installation etc.)

The future model would see costs allocated in a similar way. Assessments will be transferred to the Council and there is an assumption that the level of OT support will be reduced as the Council moves to a more digitally supported assessments and trusted assessor model. The ARC and Responder Service are likely to be rolled into the new service provider.

There is potential that this option is not attractive to the market, meaning there are limited responses. However, after conducting soft market testing, it was noted that many providers are open to delivering a hybrid service as opposed to a fully managed one. This will involve a cultural change programme across the health and social care system to move from a reactive model to a more holistic, preventative model, as well as ensuring the elements of the service are seamless and fully integrated from a user perspective. This option will require some or all staff to be considered for a TUPE transfer which may include pension liabilities for any new employer and may therefore deter some from considering applying.

For these reasons, Option 4 is recommended to Cabinet.

Risks

- 69.** With the Digital Switchover 2025 deadline quickly approaching it is imperative that the Council does not put individuals receiving TEC services at risk of harm if the analogue equipment is not changed to digital alternatives. Individuals using obsolete, unstable items may not be able to live as independently for as long as possible, which impacts on family members/carers, professionals and the system. A significant capital investment is also required for this change. A carefully devised plan is required to mitigate against the risk of not meeting Digital Switchover deadlines and planning is already underway to commence the Digital Switchover prior to the letting of the new contract. This should include liaison with telephone companies on their respective timeframes for switchover, a comprehensive audit of analogue equipment that is used by Gloucestershire people and opportunities for switching (e.g. through maintenance visits), review and prioritisation of high-risk current analogue users. It is expected that the provider will take over active management of this plan from commencement of the contract, working closely with GCC.
- 70.** The funding of the switchover will come from £250k being provided from the Community Capacity Grant, plus additional support from the countywide Disabled Facilities Grant fund.
- 71.** Digital connectivity, especially in the more rural areas of Gloucestershire can be challenging, so we will continue to identify areas of low or non-connectivity and feed this information into the Fastershire programme (an initiative to improve broadband speeds in Gloucestershire and Herefordshire), as well as seeking technologies which are responsive to our environment. Measures will be put in place to ensure that any technology used in the provision of TEC Services will take account of and respond to Gloucestershire's geographical challenges.
- 72.** Moving technology to the forefront of interventions will require a significant cultural shift. The Council's specification contained in its Invitation to Tender for the proposed new TEC Services contract will therefore set out the need for training and an ongoing awareness programme for Council staff and those working in the independent sector to upskill the workforce and include technologies in care planning.
- 73.** The TEC services market is immature and fragmented, making identifying future useful technologies challenging in terms of scale, availability and longevity. The cost of investment in some technologies is also considerable, but there is a lack of robust

evidence of return on investment. To overcome this, it is recommended that the successful provider would be ‘technology agnostic’ able to provide interchangeable devices and digital technologies from a variety of suppliers, whilst ensuring that the TEC Services are able to benefit from emerging technologies where appropriate.

74. Procurement risks are low in terms of going out to tender in line with regulations but there could be a risk of not finding a provider who can deliver the core GCC requirement within the available funding unless it is clearly specified with the option for additional services and innovation. The procurement process needs to take account of the competing demands on potential suppliers by other Local Authorities facing similar timelines (e.g. the deadline for Digital Switchover) and therefore need to take into account the ability and capacity of a provider to deliver. If GCC delay tendering for this work we may find that there is a reduced number of providers able to provide the scope and scale we require.
75. There are currently unknown or non-existent data sharing arrangements between GCC, GPC and ICB relating to the current iteration of the Telecare Model. Relevant information sharing agreement(s) in the form of a Specific Information Sharing Agreement (SISA) will need to be produced as a result when the new model is agreed. There is lack of clarity regarding the data controllership arrangements that are to be present in the hybrid model.

Financial Implications

76. Provides the opportunity to deliver the existing service for less and/or increase the number of service users. The top row indicates number of service users receiving TEC support.

	2,500	3,000	4,000
Annual	£770,000	£1,000,000	£1,200,000
5 Years	£3,850,000	£5,000,000	£6,000,000
7 Years	£5,390,000	£7,000,000	£8,400,000
<hr style="border-top: 1px dashed #90EE90;"/>			
Annual System Benefits, Savings & Cost Avoidance	£1,100,000	£1,350,000	£1,800,000

1

The estimated annual costs for a contracted managed service indicate that the efficiencies and economies of scale that can be delivered by an external provider could provide a service for more people within the current or a slightly reduced budget envelope. However, the more end users supported by the service the greater the potential to increase the cost avoidance benefits through preventing, reducing or delaying the need for more costly care packages. There is also significant benefit to

wider system partners through the prevention and reduction of falls and resultant costly ambulance conveyances, A & E attendances and hospital admissions.

For example, an increase of 500 active users could be supported with an annual budget of circa £1m that would deliver a cashable saving of £200k against the current budget, plus a potential system cost avoidance benefit of £1.3m.

Climate Change Implications

77. Greater use of technology has potential positive implications on climate change. The ability to monitor people's condition remotely, for example, would save unnecessary journeys in a geographically large county.

Ecological implications

78. Has an Ecological Impact Assessment (EclA) been produced? Yes

The EclA environmental and social measures in respect of Commissioning of a Technology Enabled Care Service were determined to be as follows:

- Significant and/or long-term positive impact identified. No changes needed.
- Slight or short-term positive impact identified. No changes needed but could be reviewed to improve.
- Not applicable or no cause for concern.

Equality implications

79. Has an Equalities Impact Assessment (EqIA) been completed? Yes. This identified that this service and the proposed approach to delivering it is anticipated to have a positive impact on people with protected characteristics.
80. Cabinet Members should read and consider the Equalities Impact Assessment in order to satisfy themselves as decision makers that due regard has been given.

Data Protection Impact Assessment (DPIA) Implications

81. A DPIA will be coproduced with Information Management Service (IMS) colleagues from both GCC and GHC. Data protection and information management is being considered at the outset of the project to ensure that personal and sensitive data continues to be held and managed safely and lawfully, while exploring how we can make better use of the potential of shared data sets to personalise services and support positive outcomes.

Social Value Implications

82. The implementation of the TEC Service will have positive implications for social value. The changes created aim to, for example, connect people more effectively with their communities, promote their independence and improve wellbeing and skills as well as creating value for the wider health and social care system.

- 83.** The Council will be using a new performance and evidence-based approach to Social Value, based on the National TOMs (Themes, Outcomes and Measures) which has been developed for the Council by the Social Value Portal. Tenderers will be required to propose credible targets against which performance (for the successful Tenderer) will be monitored. Tenderers are free to choose those measures that are proportional and relevant to their business and this specific contract. However, a key success factor for Tenderers will be to demonstrate the ability to deliver against the commitments made.
- 84.** Tenderers will be required to provide the following as part of their tender:
- a) A quantified Quantitative Social Value Proposal; and
 - b) A Qualitative Social Value Proposal providing evidence describing how the social value being proposed will be delivered against each of the measures offered.
- 85.** The Council will make provision for these commitments in its contract with the winning Tenderer which will then be monitored and reported on periodically throughout the term of the contract.
- 86.** The Council recognises that the process of measuring and delivering Social Value requires flexibility and a collaborative approach. Agreed Social Value commitments may require a certain amount of refinement as a result. A key requirement is the willingness of the provider to work openly and transparently with the Authority whilst bearing in mind that the overall value of Social Value commitments made must be delivered.

Full details on the Social Value Portal and the National TOMs framework are available here <https://socialvalueportal.com/national-toms/>

Consultation Feedback

- 87.** A series of focus group sessions have been conducted with key stakeholders and further input collected via a survey. The focus groups included participation from: operational staff, leadership and management, commissioners, District Councils, Gloucestershire Fire & Rescue Service, and providers.
- 88.** The following key themes were identified as important for the future:
- The active caseload needs to increase i.e. more people need to benefit from technology.
 - Prevention needs to be a higher priority to support the principles of the Care Act and shift more of the service to proactive interventions.
 - The service will need to continually evolve and rapidly adopt new technologies and invest in the move from analogue to digital devices.
 - The future cost/charging model needs to be considered and a policy agreed that provides more people with access to TEC, particularly at an earlier stage, whilst both being Care Act compliant and providing good value for money.
 - Commissioning TEC needs to be more strategic and aligned to wider strategy to provide benefits across wider age demographics, improve proactive response

services and integrate across the county, districts and health partners to maximise efficiency and outcomes.

89. An engagement exercise with Gloucestershire residents, including individuals receiving support from the current service, was carried out between April and July 2023. An online survey, *Technology Enabled Care Engagement*, was made available to the public. A hard copy of the survey, replicating the same questions as the online survey, was distributed by GCC teams to people in the community that use Telecare. Drop in sessions were also scheduled at accessible locations in Cheltenham and Gloucester to enable people to complete the survey with additional support if they should require it.
90. The purpose and scope of the survey questions were designed to understand what people wanted from a good service for the future and how it could best support and involve them. The views of respondents to the engagement were:
- TEC should offer support for a range of difficulties, including physical disabilities, sensory difficulties and tackling social isolation.
 - Information about what TEC is offered in the county should be shared with people in a variety of ways, e.g. email, post, face to face etc.
 - One to one and community sessions should be offered to people to keep them informed, but also to ensure the provider understands what makes a good service. Offering opportunities for co-design and coproduction on the offer would be beneficial and welcomed.
 - The majority of respondents noted that the following were very important to them:
 - Quality of life
 - Independence
 - Empowerment, information & advice
 - Safety
 - Social connections
 - Continuity and quality of care
91. For a more detailed description of the engagement carried out, the responses received and how that information has been utilised, please refer to the Equalities Impact Assessment (EqIA) for Commissioning a Technology Enabled Care Service, an accompanying document to this Cabinet Report.

Officer Recommendations

92. It is recommended that Cabinet delegates authority to the Executive Director of Adult Social Care, Wellbeing and Communities, in consultation with the Cabinet Members for Adult Social Care Commissioning and Adult Social Care Delivery, to implement Option 4 set out in paragraph 68 above and, more particularly, the Recommendations contained in the corresponding section of this report.

Performance Management/Follow-up

93. The commissioned service would be subject to regular monitoring as part of contract governance and management, with a comprehensive set of performance indicators and dashboards implemented to measure not only contract performance but also align

to social outcomes frameworks, any relevant trade associations and industry standard Service Level Agreement performance measures, including alignment to local NHS Urgent & Emergency Care Response standards.