KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD

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DIGITISATION AND TECHNOLOLGY IN CARE HOMES AND THE WIDER CARE SECTOR

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Summary

This report will provide an overview of three digital programmes of work:

1) **Digital Care Homes Accelerating Digital Pathways for Care Homes**
NHS Kent and Medway CCG, delivered by the Design and Learning Centre (in collaboration with the Kent Surrey Sussex Academic Health Science Network and the Medway Innovation Hub) and Wessex Academic Health Science Network.

2) **Telecare / Telemedicine Network**
Medway Council has established a Telecare/Telemedicine Network with key partners including NHS Kent and Medway CCG.

3) **Kent, Alcove and RETHINK Alliance (Kara)**
Assistive digital technology solution implemented by Kent County Council's Adult Social Care (ASC) Directorate to support vulnerable residents of Kent in response to the Covid-19 pandemic.

This report will be accompanied by a presentation.

1. Budget and Policy Framework

1.1 The digital transformation of health and social care delivery has been identified as a priority in recent years. However, another driving force for the digital transformation are the immediate pressures caused by COVID-19, increasing demand for rapid change to protect lives and maintain standards in healthcare and social care support and delivery. For many social care providers embracing technology has been a challenge because introducing new technologies and processes in care settings is disruptive especially given the existing demands on care staff to manage workloads and continually integrate new ways of working. In addition, financial pressures and small profit margins, with a lack of understanding on the benefits and return on investment.

1.2 There has been rapid digital transformation across Kent and Medway as a result of the COVID-19 pandemic. This has led to new ways of working with different technologies being made available across social care and health. There was an early recognition that this would impact on all citizens and care professionals of Kent and Medway and that it was important that our citizens should benefit from this technology and not be excluded due to lack of digital literacy and digital infrastructure, with a focus on vulnerable groups such as the elderly. This was considered to be particularly important in care homes and the wider care sector.

1.3 This paper demonstrates a whole system approach to improving the digital skills and use of new technologies aimed specifically at the social care sector that makes virtual consultations between citizens and health and care staff safer and more effective, reducing social isolation whilst ensuring a person centred approach such as through the ESTHER Philosophy of Care. The investments and adoption of these new ways of working will be made more sustainable and resilient through the programs of the Digital Care Home and Kent Alcove and Rethink Alliance (Kara).

1.4 A recent NHSX bid for £500K was successful to support this work, recognising how the NHS and Social Care is working together to keep our citizens safer, facilitated by the Design and Learning Centre for Clinical and Social Innovation, hosted by Kent County Council. NHSX is a new NHS unit driving forward the digital transformation of health and social care.

1.5 This update is within the Councils' policy and budget frameworks.

2. Background – Digital Care Homes

2.1 Supporting Care Homes during COVID

2.1.1 Kent and Medway has responded by working together during COVID through the Kent and Medway Care Home Cell. This includes membership from NHS, Councils, health and care organisations and care home providers.

2.1.2 The Digital First Primary Care programme has transformed digital uptake and utilisation in 205 practices across Kent and Medway. In July there were 6000 GP on-line consultations per week from initiation in March and 2000 GPs and

practice staff enabled to work remotely throughout COVID to ensure continuity of services.

2.1.3   This paper outlines three exciting local projects to "Implementing phase 3 of the NHS response to the COVID-19 pandemic" and supporting social care services so that we can continue our digital journey.

These three projects provide a signficiant opportunity to build a digital bridge to improve access to health and care for care homes and support Kent and Medway residents.

2.2   Drivers for Digital Care Homes

2.2.1   A driving force for the digital transformation are the immediate pressures caused by COVID-19, increasing demand for rapid change to protect lives and maintain standards in healthcare and social care support and delivery.

2.2.2   For many social care providers embracing technology has been a challenge because introducing new technologies and processes in care settings is disruptive especially given the existing demands on care staff to manage workloads and continually integrate new ways of working. In addition, financial pressures and small profit margins may lead to homes not believing they will get a return on investment.

2.2.3   The Health and Social Care Recovery Cell has identified that the care sector has embraced technology in response to COVID-19, but there are still issues with lack of digital skills and digital literacy. We can only provide the best care if we can fully exploit the potential of digital and other technologies.

2.3   Digital Care Homes - Accelerating Digital Pathways for Care Homes

2.3.1   With winter pressures coming there is a timely opportunity to expand the use of digital technology to provide remote care and monitoring to patients who are residents in care homes, including for those with COVID-19 symptoms.

2.3.2   Kent and Medway have won £500K national funding from NHSX for the digital care homes programme.

2.3.3   This is a national programme to scale up digital solutions at regional and national levels.

2.3.4   Kent and Medway CCG has also invested in 150 iPads to improve access to digital care for their residents. These have not yet been distributed but will be allocated to the most needy care homes.

2.3.5   This project will create a digital bridge to care homes and promote equal access to health and care. We will do this by using simple technology that works!

2.3.6   This will build on and connect to significant investment in technology during COVID-19, including £2.3m spent in Digital First Primary Care and build upon GPs' confidence to create a digital bridge to care homes.

2.3.7   The project will scale up to support 415 of 600 care homes in Kent and Medway; supporting 12,000 residents (at anyone time) and 30,000 staff. Plus 100 homes in Surrey, Hampshire and the Isle of Wight (IoW).

2.3.8   Investment from the NHSX bid - £500K investment (£722 per care home) to drive utilisation of technology. This includes delivery of:

- Digital literacy programme to develop digital skills in care homes
- Business change management to enable care home utilisation of range of digital tools
- Digital dashboard with data insights and an evaluation framework.

Benefits of a digital bridge for care homes

2.3.9   Participating care homes' staff will be trained by The Design and Learning Centre on how to use the iPads and support digital literacy.

2.3.10 The support programme will help care homes to:

- use video consultations and online consultations so your patients can access primary care remotely.
- improve care coordination - the aim is to support care homes to move to using virtual multi-disciplinary teams (MDTs) through online meetings (such as Microsoft Teams) with GPs, health and care teams.
- support communication between care homes and practices by making sure care homes use NHS mail.

Impact and sustainability

2.3.11 Our Kent and Medway transformation programmes aim to prevent 20% Hospital admissions for frail and older people with a re-investment plan into community services.

2.3.12 Proposed Return on Investment aims to prevent a higher proportion of care home admissions during winter as part of this work. There is an opportunity to prevent 12% of care home admissions in 6 months. This is equivalent to reducing the need for one or more escalation wards over winter and reduces costs by c£2m.

Governance

2.3.13 Wilf Williams (Senior Responsible Officer and Accountable Officer, Kent and Medway CCG) will be accountable for the programme supported by the Kent and Medway Project Board. Proposed membership includes: NHS Kent and Medway CCG; NHS Trusts; Integrated Care Partnership; NHS England; Kent County Council; Medway Council; Primary Care (represented by Kent Local Medical Committee); Care homes represented by Kent Integrated Care Alliance.

2.3.14 The Design and Learning Centre will support the delivery of the project (together with innovation partners: Kent Surrey Sussex Academic Health

Science Network (KSS AHSN) and Medway Innovation Hub) in collaboration with Wessex AHSN. As a regional project the Project Board may be required to report to regional governance arrangements led by NHS England.

2.4   The Design and Learning Centre work that will enable and support Digital Care Homes

2.4.1   The Design and Learning Centre (DLC) for Clinical and Social Innovation facilitates new ways of working with a focus on workforce and technology. The aim of the DLC is to co-design better, safer, efficient and cost-effective solutions for delivery of health and social care. The primary objective is to improve the quality of care and outcomes for the 1.8 million citizens of Kent and Medway. The DLC achieves this by disseminating good practice across health and social care, driving technology and innovation, developing and adapting new models of care. The DLC has a strong belief in co-production and engaging people with a desire to expand and extend this through community engagement to seek views and influence service design.

2.4.2   The DLC has developed a Care Sector Learning Hub (The Hub) on behalf of KCC and the Kent and Medway Sustainabiity Partnership (STP) Local Workforce Action Board to respond to the workforce challenges within the care sector. The Hub supports the care sector to develop registered managers, improve quality in care, identify recruitment and retention solutions, provide training opportunities and seek out innovation. All this activity ensures that the social care market is of quality, sustainable and adaptive enough to change as required by the Care Act 2014.

2.4.3   The DLC works in collaboration with the Kent Surrey Sussex Acadmic Health Science Network (KSS AHSN) and the Medway Innovation Hub as the Innovation Collaborative for the Kent and Medway STP and evolving Integrated Care System (ICS). This innovation collaborative is delivering the Digital Care Home programme with partners including Ketn Integrated Care Alliance (KICA) and Skills for Care.

2.4.4   This initiative will use the Health Education England (HEE) Digital Capability Framework to assess the current position and target support to develop digital skills, capability and confidence to use these tools across all care homes. The literacy programme will deliver training on digital solutions such as increasing utilsation of virtual consultations or assessments.

2.4.5   The programme builds on the AHSN's well connected care homes programme. This achieved £756,144 in savings with 8 care homes, testing new digital health interventions to enhance the appropriateness of healthcare received by care home residents and improve the skills of care home staff. The Collaborative has access to grant funding to test with care homes in Kent and Medway in order to inform larger scale implementation which compliments the NHSX programme.

2.4.6   This programme of work to date has released a digital guide and a number of webinars to the care sector.

2.4.7   Wider benefits of a Digital Care Home :

- Reducing the risk of COVID-19 transmission
- Reducing social isolation by residents connecting with family and friends and participating in virtual activities, as staff will feel more confident with digital and help residents use devices.
- Improving practice in care homes.
- Improved communication through virtual pathways with the Health and Social Care system – GP consultations, Multi Disciplinary Teams, Deprivation of Liberty Safeguards assessments, social care reviews. By moving from audio to video discussions the practitioners will be able to see the person and make more informed decisions.
- More efficient way of working, making care homes more resilient.
- Reducing travel, associated costs and staff time. This has a positive impact on reducing the carbon footprint.
- Telemedicine has the potential to improve the quality and efficiency of care delivered by care homes, community health services, specialist services, and local government partners. It can be used to support virtual ward models of care and for triage, assessment, and even direct supervision of treatment.

2.4.8   The Care Home work will also be supported by other relevant DLC programmes such as:

- Empowercare: An Interreg funded project which is developing Digital Ambassadors to support people access and use digital, develop digital skills and a mobile technology lab which will show people and services all the different digital solutions.

- The ESTHER approach is a Swedish care model, adopted in Kent and Medway. ESTHER can be any person who requires the coordination and integration between services. By collaborating between providers and always putting the person at the centre of service delivered, people have a much better and more seamless experience of care. The ESTHER approach embeds continuous improvement at all levels, focussing on what matters to the person and is embedded in the Kent and Medway Local and Primary Care Strategy.

- The Design and Learning Centre on behalf of the STP developed and launched the Help to Care app. The product is simple and easy to use so carers can quickly refer to the app for advice to inform their decision making. The tool supports care workers and carers to recognise changes in an individual's condition by monitoring them and recognising any deterioration in their wellbeing along with providing standard training.

2.5   **Next Steps**

2.5.1   Digital Care Homes is the initial priority but once delivered the programme will be extended across the care sector and consideration for how this can applied to prisons and homeless.

2.5.2   Consideration of how we can upskill key care workers, as well as citizens, to monitor the citizen to better inform the care conversation including blood pressure, pulse oximetry, temperature, pulse, urine testing and even possibly use of electronic stethoscopes, ECG and blood sugar monitoring.

3.   Telecare / Telemedicine Network

3.1   Medway Council has established a Telecare/Telemedicine Network. This network has engaged with partners from Health and Social Care including the CCG, Medway Innovation Hub, Primary Care, Medway Community Healthcare, Medway Foundation Trust and other key partners and Council colleagues. This network is growing and will be developing terms of reference with the key aim of supporting the sharing of information to ensure oversight of any new digital initiatives in response to the Covid Pandemic and to develop a joined up approach to technology enabled care and support in Medway. This group will also support the development of a future business case for investment in Medway to support further developments in Telecare/Telemedicine. Medway Council have also supported the Kent and Medway CCG initiatives, ensuring care homes are compliant with the use of NHS Mail and have secure digital access. In Medway specifically there is very keen interest across 2 PCNs (Prmary Care Networks) to start pilots on tele-monitoring solutions including pulse oximetry, blood pressure and temperature.

4.   Kara

4.1   Background

4.1.1   In mid-March as the country was signalling a move into lockdown and significant social and service restrictions, KCC engaged with Alcove (hardware and software provider) and RETHINK partners (cultural change and communication support) to progress the deployment of 2,000 video Carephones to support the most vulnerable members of in the county to stay connected to care and support services and loved ones during a period of significant challenge.

4.1.2   The objective of the project is:

"To implement a new integrated digital assistive technology solution within KCC ASC with 2,000 units rolled out to enable delivery of a virtual care service to support vulnerable individuals in response to the COVID-19 crisis, promoting independence and minimising impact on Kent Social Care delivery."

4.1.3 The specific focus and priorities were:
- Maintaining the care and support of vulnerable and older adults who might be adversely affected by COVID-19. This relates to not only vulnerable people who would be self-isolating and /or shielding but also to care providers who may have a reduce workforce due to undertaking similar actions themselves.
- Immediate benefits included specific outcomes: increased capability to undertake daily living tasks independently, increased security / safety, increased confidence, increased well-being.
- Benefits realised from this initiative could be used to inform a longer-term digital strategy for the authority.
- Other benefits noted were:
  - o ASC ability to continue to meet wider need whilst maintaining statutory duty
  - o Increased care staff productivity - through remote check-in, reducing travel time and unnecessary visits; fewer staff can provide more care
  - o Reduced risk of cross contamination - remote care delivery limits hands on care to essential tasks
  - o Reduced social isolation - individuals are able to maintain contact with friends, family, and services through the technology while they are self-isolating
  - o Essential supplies maintained for vulnerable individuals - technology can respond to needs and arrange deliveries.

4.1.4 It was noted that there may be additional benefits through using the technology to connect vulnerable people to NHS services / support and to their local community offer / volunteers. It was also noted that a key driver was anticipated reduction in care capacity (particularly domiciliary care) due to staff sickness and staff isolating.

4.2 Technology Overview

4.2.1 The devices being deployed across the county are standard 10-inch Samsung tablets installed with a SIM card and specific Alcove Connect (provider) software. This software turns these devices into a Carephone enabling video and voice calls. As the Carephones have a SIM card it reduces inequlaties for those reciepients who do not have access to a secure Wi-Fi connection, in their care or residential setting. The SIM card also enables the technology to be implemented remotely reducing the risk of contracting or spreading the virus.

4.2.2 The telephone number attached to the device SIM card is also added onto an 'allowlist'. This means it is only known by Alcove and whoever the person issued a device wants to contact via their Carephone. This negates the person receiving any unsolicited calls from anyone they have not given permission to call them, including cold callers. Those that have been given permission to contact the person with a Carephone, will appear on the device as a tile. This means that when the person with the Carephone wants to call a friend or family member, they just need to press the persons name and / or image and it will initiate the device. The Carephone does not have a keypad and therefore cannot be used like a normal telephone.

4.2.3   The video or voice calls are not recorded and are therefore confidential. The only information recorded in the portal about the call is the date, time, duration and the person who made or received the call.

4.3   Project Progress

4.3.1   When the Carephone was first purchased, it was tested as a small pilot in Thanet with a strict criterion of anyone over the age of 70 years old, in a community setting and in receipt of 10 hours of care and support or less. It quickly became apparent there were other areas of Adult Social Care and Health that would benefit from this initiative, particularly during the peak of the pandemic. Appendix 1 provides an overview of the engagement.

4.3.2   From the lessons learnt from the earlier pilot in Thanet, it became clear that due to the pace of this initiative and with anxiety levels raised due to the developing pandemic, it was difficult to explain the service to people over the phone with no pre-existing relationships or promotional material issued. Therefore, the assistance of contracted care providers and practitioners, who have the pre-existing relationship with people, was utilised to have the conversation with the proposed recipient of the Carephone to explain the approach.

4.3.3   Of the 2,000 devices purchased, nearly 1,000 devices have been sent out with nearly 300 actively being utilised. There is a bigger gap between the number of devices sent to the number of devices active because larger batches have been assigned to certain providers due to the processes for identifying suitable users in a timely manner. For example, Hilton are continuing to see people once they are discharge from hospital and as they typically provide a short term service, during their assessments anyone identified as going through to an enablement service (e.g. KEaH) or on to a formal care package will be issued with a device.

4.3.4   There are continuing dialogues with existing and new providers as well as ASC operational teams, other areas of the Council and other public sector partners in order to explore other opportunities in which this technology could be utilised. Once this initiative has been in place for a few more months, there will be a benefits realisation piece of work undertaken to assess the impact and where it was most successful. The information collected from this piece of work will be from the perspective of the service user as well as professionals delivering services through the Carephone. It will then be fed into KCC's wider digital strategy for the future to see if this is something that should be continued, even in a non-Covid situation.

4.   Finance, legal and risk management implications

4.1   The Kent and Medway Joint Health and Wellbeing Board has been established as an advisory joint sub-committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board under Section 198(c) of the Health and Social Care Act 2012.

4.2   The Joint Board operates to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated

manner and seeks to ensure collective leadership to improve health and well-being outcomes across both local authority areas, to enable shared discussion and consensus about the STP across the Kent and Medway footprint in an open and transparent way.

4.3   The Joint Board is advisory and may make recommendations to the Kent and Medway Health and Wellbeing Boards. There are no direct financial implications arising from the report. The initiatives may inform future commissioning and service delivery decisions of the relevant health and social care organisations which will be approved through appropriate governance processes. As such there are no risk management implications.

5.   Recommendations

5.1   The Kent and Medway Joint Health and Wellbeing Board is asked to:

   a) note the work in progress that has occurred during the COVID-19 pandemic to make health and care services safer for vulnerable groups of citizens in care homes and the wider health and care sector as described in the report.

   b) note and support the program of dissemination of digitisation and use of technology in care homes and the wider care sector which can also reduce isolation and loneliness as described in the report.

   c) note the research and evaluation of this program, as described in the report.

   d) note the technology linked to the Kara project which has the capabilities to support care homes to become digitally enabled and has the ability to be flexibly deployed at pace.

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Appendices

Appendix 1 - KARA Project – Engagement

Background Papers

None

Appendix 1 KARA Project – Engagement

This resulted in the revision of the criteria to open the initiative up to anyone over the age of 16 years old and with no limitation on the number of hours of care and support. These are the different cohorts that are currently being engaged:

- **Anyone known to ASC with a formal care provider in place**
  - This is typically someone in receipt of domiciliary care. Here, over 60 different providers have been engaged and onboarded onto the initiative.

- **Hospital Discharges**
  - Working with the Short Term Pathway teams within ASC as well as colleagues other colleagues in the Integrated Discharge Teams. Providers such as Hilton are actively engaged in the project and pending discussions with Virgin Care and EKHUFT.

- **Anyone known to ASC with no formal provider in place**
  - This is mainly those known to our Mental Health teams as well as those within Sensory and Autism services. Some ASC Practitioners have also been trained on how to use the technology to make calls to people with a Carephone.

- **Voluntary Sector**
  - This is a potential preventative measure so it could be individuals that have previously been known to ASC and not necessarily an active service user. Organisations such as Age UK, Live Well Kent and Shaw Trust have also been briefed on the initiative and are making referrals into the project.

- **Enablement Services**
  - This is working with enablement services across the whole of ASCH including older people, learning disability and mental health.

- **Purchasing Team**
  - This is linked to the first cohort, however, there were instances where care and support calls were being cancelled by people in order to prevent crossing of thresholds. There was an opportunity to see if the Carephone could be used to provide that care and support albeit in a different way.

- **Unpaid Carers**
  - Working with providers such as Crossroads to support unpaid carers access essential services and networks

- **Residential**
  - There is an ongoing pilot to assess the support this initiative provides to the Deprivation of Liberty Safeguards (DoLS) team to undertake Best Interest Assessments (BIA) remotely as well as Practitioners to undertake assessments, all without crossing thresholds. There are also discussions about moving further into care homes across the county

with a view to providing dedicated devices to a home so that other health professionals could utilise the service..

Throughout all of the key areas list above, the project has utilised data and information from other public sector partners and providers to identify and target people that were highlighted as being the most vulnerable during the pandemic.