Item No: 22

Meeting Date: **Wednesday, 21st September 2016**

Glasgow City Integration Joint Board

Report By: David Williams, Chief Officer

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ASSISTIVE TECHNOLOGY TRANSFORMATION PROGRAMME

Purpose of Report:	To inform Integration Joint Board about a recent third party diagnostic of the Health and Social Care Partnership's Assistive Technology Transformation Programme; and, to agree next steps.

Recommendations:	The Integration Joint Board is asked to: a) Note the contents of this report. b) Support the recommendations identified in PA Consulting's diagnostic. c) Direct the Council's Corporate Management Team to identify the best approach to implementing those recommendations and deliver a significant shift in the use of assistive technology in support of vulnerable citizens. d) Direct Health and Social Care Partnership officers to bring forward further reports on progress with implementation of those recommendations.

Implications for IJB:

Financial:	Successful delivery of the assistive technology programme is contingent on already agreed investment from various funding sources identified in this report.

Personnel:	None.

Legal:	There will be procurement considerations should Glasgow City Council Corporate Management Team decide to progress this programme with the support of an external third party consultant.

Economic Impact:	None.

Sustainability:	None.

Sustainable Procurement and Article 19:	None.

Equalities:	None.

Risk Implications:	

Implications for Glasgow City Council:	The Corporate Management Team will be asked to determine the appropriate approach to delivering this programme. This may involve ensuring a robust procurement process, as per above.

Implications for NHS Greater Glasgow & Clyde:	Telehealth is not core to the assistive technology programme outlined in this particular report. However, that may be revisited in future reports in relation to assistive technology applications by the Health and Social Care Partnership.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	✓
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Introduction

1.1 Assistive technology (also referred to as Technology Enabled Care (TEC), telecare and telehealth) is a key priority of the Scottish Government and key to the delivery of the HSCP's Strategic Plan. Specifically, technology can make a critical contribution to delivering the desired shift in the balance of care from hospital and care homes to the community; and, to managing the financial challenges facing the HSCP. This can take the form of technology complementing paid support or sustaining the supportive role of unpaid family carers, or it can mean directly substituting for paid care, always with the wellbeing of the service user the overriding consideration.

1.2 Assistive technology has a potential application across care groups. For example, for older people with dementia the introduction of GPS technology can provide families concerned with so-called 'wandering' with peace of mind that their relative's whereabouts will always be known. For adults with a learning disability living in their own tenancies it may facilitate a more efficient deployment of overnight paid care support by supplementing or replacing some elements of sleepover cover.

1.3 The application of technology is less an end in itself than an enabler of other programmes of transformational service reform. For example, to support the delivery of supported living/ extra care housing for frail older people as an alternative to admission to long term care. This may involve the application of technology with responder services in a way that sustains the family carer relationship for longer and allows the older person to remain living in their own home.

1.4 The strategic importance of assistive technology is reflected in the HSCP's agreed budget, which in the current year has identified investment of £4.26m (£2.1m of which is core funding) drawn from a number of sources, including the Integrated Care Fund (ICF), the Scottish Government's TEC Fund and additional HSCP funding agreed by John Swinney in his budget of December 2015.

2. System Diagnostic – PA Consulting

2.1. Although assistive technology is recognised as a strategic priority and enabler, it has also been recognised that current arrangements have failed to deliver its full potential in Glasgow. Earlier this year the Council's Corporate Management Team approved Social Work Service's recommended response by commissioning PA Consulting, an established authority on assistive technology with a strong track record in England, to undertake a diagnostic of the Council's current telecare arrangements and make recommendations for future improvement that would enable us to deliver on our aspirations for assistive technology. This followed on from an initial diagnostic undertaken by PA Consulting on a pro bono basis in late 2015 that identified the benefits of undertaking a more detailed analysis.

2.2 PA Consulting undertook this in depth diagnostic over a two month period from June to August 2016. This involved a detailed analysis of financial and service data, stakeholder workshops and individual interviews with key Health and Social Care Partnership staff, including social workers, finance and commissioning officers. Cordia as the key provider of telecare services in Glasgow were similarly engaged.

2.3 The executive summary of PA Consulting's report is attached as an appendix to this report.

3. Diagnostic Findings & Recommendations

3.1 PA's report identifies potential improvements in the following areas:

i) Re-designing the telecare operating model.
ii) Establishing a brand for care technology across the city.
iii) Reviewing the funding model for the service, including the charging policy.
iv) Strengthening governance arrangements for the service.
v) Undertaking process re-design.
vi) Conducting significant culture change and engagement activities.

3.2 It identifies associated financial benefits in the region of £5.2 million over the next 5 years through the mainstreaming of assistive technology. However, these figures remain abstract and further testing of their reliability in practice will be required before they can be used to confidently inform future Health and Social Care Partnership budget planning. It should also be emphasised that PA Consulting themselves indicate that 90% of these financial benefits would assume the form of cost avoidance (e.g. the more efficient management of new demand) rather than cashable savings.

3.3 PA's report also provides a detailed implementation plan for the improvement initiatives it identifies in its diagnostic.

4. Conclusion

4.1 Officers accept that the conclusions drawn by PA Consulting in a general sense have validity, namely that the Integration Joint Board requires a strategic, coherent and significant up-scaling of the use of assistive technology in the commissioning of care arrangements around the city's most vulnerable citizens if it is to deliver its strategic priorities within a context of demographic pressures and financial constraints over the forthcoming years.

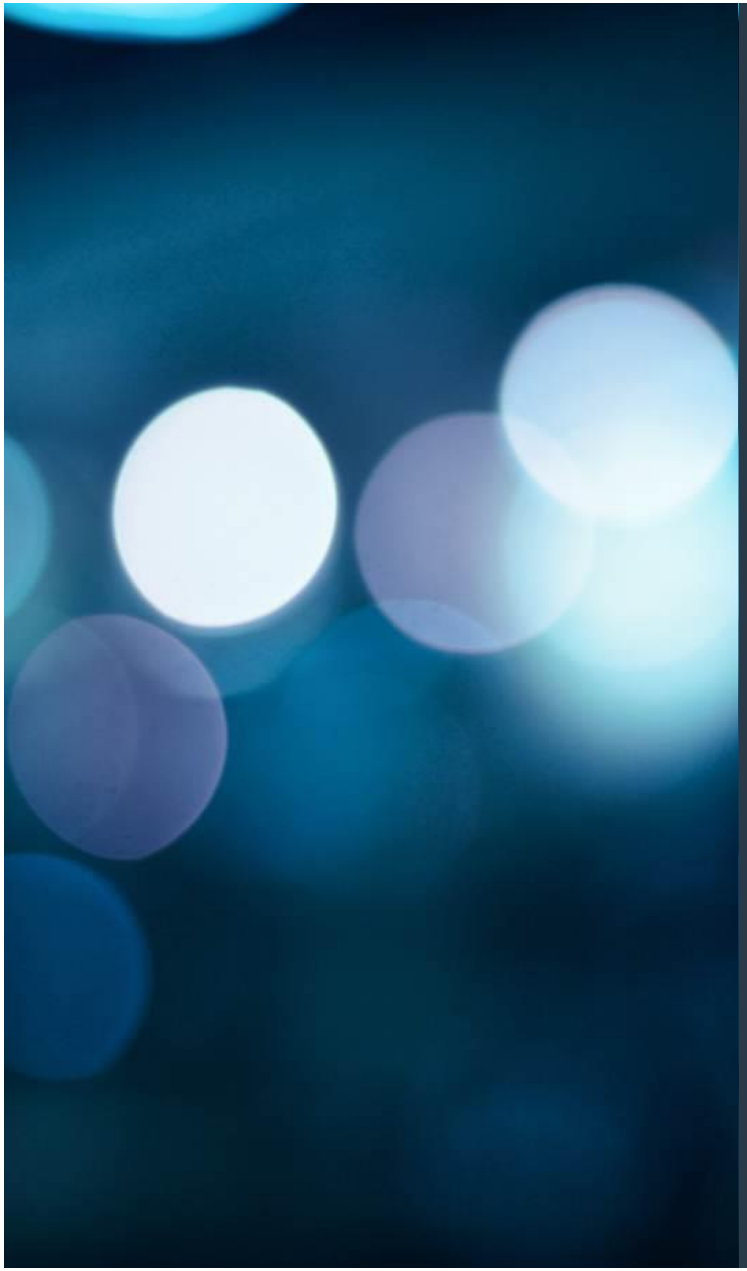
5. Recommendations

5.1 The Integration Joint Board is asked to:

a) Note the contents of this report.
b) Support the recommendations identified in PA Consulting's diagnostic.
c) Direct the Council's Corporate Management Team to identify the best approach to implementing those recommendations and deliver a significant shift in the use of assistive technology in support of vulnerable citizens.
d) Direct HSCP officers to bring forward further reports on progress with implementation of those recommendations.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	210916-22-a
2	Date direction issued by Integration Joint Board	21 September 2016
3	Date from which direction takes effect	21 September 2016
4	Direction to:	Glasgow City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Older People's Services
7	Full text of direction	Glasgow City Council are directed to identify the best approach to implementing the recommendations outlined in the PA Consulting report described in this paper, and to subsequently implement those recommendations.
8	Budget allocated by Integration Joint Board to carry out direction	As directed by the Chief Officer: Finance and Resources
9	Performance monitoring arrangements	Via the agreed performance management and financial monitoring frameworks of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	April 2017



DRAFT FOR DISCUSSION: TRANSFORMING GLASGOW'S CARE OFFER BY MAINSTREAMING TECHNOLOGY

August 2016

This report sets out the case for change for transforming your care technology service and the improvement initiatives required to achieve this transformation

Background

Between August and September 2015 PA Consulting carried out a diagnostic or 'telecare health-check' for Glasgow City Council. This was a short pro-bono piece of work, assessing Glasgow's approach to telecare, showing where the service supports the Council's strategic aims and where it could do more. The work identified a strong service foundation and wide-spread acceptance of the role basic telecare can play in supporting independence, as well as a significant opportunity to grow the delivery of enhanced telecare, creating the opportunity to deliver estimated net savings in excess of £20M over a ten year period.

Following that initial phase of work, GCC and Cordia responded to the diagnostic and have made efforts to increase the profile of the telecare service and drive up referrals. Cordia are delivering the service under challenging circumstances and continue to seek ways to use telecare to support their service users, with both Cordia and GCC making some tactical improvements in processes, however the impact of these changes on the service have been limited. To transform the service and deliver sustainable improvements and substantial savings requires a more fundamental set of end-to-end changes.

In June 2016, GCC commissioned PA Consulting to undertake a more detailed analysis, building on the diagnostic work. We agreed that this phase would focus on identifying the improvement initiatives required to transform the current telecare service; building an evidence base for the savings that these initiatives will deliver for the Council and; supporting a decision by your Integrated Joint Board to proceed with Implementation. This report sets out the output from this phase of work.

Report contents:

Executive summary

Section 1: Case for change including projected savings calculated for a transformed care technology service for Glasgow

Section 2: Care technology improvement initiatives identified and scoped covering:

- Strategy (including operating model, brand, funding model and benefits framework for the new service)
- Governance;
- Process re-design
- Engagement and behaviour change.

Section 3: Implementation plan for the improvement initiatives, and next steps.

Appendix:

A) Delivering financial savings by mainstreaming care technology – how the projections have been developed

B) Output from strategy workshops mapping principles to what a gold-standard service means for stakeholders

Executive summary 1

Glasgow City Council has a responsibility to its population to ensure that care services are directed to the areas where they are needed the most and managed in a way that delivers the best outcomes for service users. Adopting care technology, at scale, is an effective way of caring for social care cohorts, while ensuring best value for public money.

Care technology can encompass a range of solutions from simple devices that connect a user to a monitoring centre, through to complex digital solutions able to support people with complex social or healthcare needs to live independently and with reduced reliance on publicly funded interventions. Your care technology service needs the capability to respond to the accelerating developments within this field over the next decade, identifying, evaluating and deploying at scale the technology solutions that will deliver the greatest benefit to service users and pressurised whole-system budgets. The focus of our work has been on the existing telecare service that is commissioned by the Council and predominantly delivered by Cordia, however a number of the principles we have developed in close consultation with you can form the basis of a much more ambitions care technology service in Glasgow.

Transforming your current service could take it from costing you £2M pa to delivering net benefits of £3.2M by 2020/21 – a turnaround of over £5.2M within 5 years

Glasgow's telecare service (for which many service users are required to pay) currently costs the Council £2M pa. Our conservative calculations show that a transformed service could deliver a net saving of £143K by 2018/19 and £1,668K by 2020/21. A more ambitious but still realistic projection indicates that the net savings could be £1,139K by 2018/19 and £3,240K by 2020/21, which would generate a £20m+ net saving over 10 years. This assumes service provision across the Older People (OP) and Learning Disability (LD) cohorts, and savings achieved through reducing reliance on higher cost forms of care. The current net position reflects that there is very little evidence that the existing service is delivering any financial benefit to the Council. Further details of our analysis are included in the case for change and appendix A.

The economic case we have presented is based on OP and LD cohorts only, but there is also an opportunity for an efficient and effective care technology service to deliver outcomes for other client groups, which would benefit more individuals and provide greater net financial benefit to the Council. Our experience very clearly shows that to offer a credible service to more challenging cohorts and hence access these additional benefits first requires the basic service to operate with demonstrable effectiveness.

The scale of the opportunity to improve outcomes for people in Glasgow is substantial, but efforts need to be targeted.

Telecare helps service users to live more independently for longer, this results in better social care outcomes for individuals; takes the pressure off friends and family and; slows down the escalation of care need, reducing the dependency on more acute social care and healthcare services. Mainstreaming telecare in Glasgow will mean that these outcomes and benefits can be delivered and measured for more service users, supporting a shift in the balance of care, away from more expensive care services and will help to achieve the strategic priorities of the Integrated Joint Board to deliver better outcomes for vulnerable people and reduce cost.

Success will not be achieved by simply handing out more telecare equipment. Care staff must be confident in the wide range of ways that technology can help manage risks and achieve outcomes and then they must be able to easily and quickly refer clients who will benefit from the service. Crucially, you must establish a way to track these benefits to confirm that the service is working as intended and to support future investment and service development decisions.

Executive summary 2

A cultural change is needed – led from the top of the organisation so that care staff routinely consider care technology for all service users.

The engagement and training of referrers is a crucial element of building and sustaining a successful telecare service. This is not about showing staff the equipment that is currently available, but expanding their understanding of the potential of technology enabled care and gaining their confidence in the role that care technology can and should have in supporting their clients. Care staff must come to see that care technology 'goes with the grain' of their profession by enabling independence and reducing risk.

However, engagement efforts will not be effective unless there is visible support for the changes from the top of the organisation. Culture change efforts must be led from the top, reinforced at every level and they must resonate across the Council and the commissioned care providers throughout the City.

Pushing for an increase in referrals when the service is not operating efficiently or consistently will be detrimental to the long-term success of the service, negatively impacting the perception of telecare amongst care staff. A robust and effective telecare service is necessary to build care staff confidence and buy-in. The work we have recommended through the strategy and process initiatives will help create a strong platform from which to engage staff, with a refreshed care technology brand and processes that reduce the barriers for staff to refer to the service and give them confidence that the service will deliver the promise of risk reduction and better life outcomes for clients.

The existing telecare service is functional, but it is struggling to respond to the pressure of increasing demand. A range of 'institutional barriers' hamstring the service and while some improvement efforts are being made, these are silo-based and will not be effective in improving the whole system.

- The funding model, equipment budget (particularly towards the financial year end) and charging policy can all be seen as barriers to service growth. An over-reliance on ad hoc and non-recurrent Scottish Government funding is 'bailing the service out' and masking fundamental weakness in the current service.
- There is a lack of coordination across GCC and Cordia leading to fragmentation, duplication and confusion amongst those referring for telecare.
- The work that Cordia is undertaking to revise the referral process and the referral form is by definition constrained, because Cordia does not control the entirety of the process.
- There is no effective tracking of financial benefits and therefore little evidence of the impact of improvement efforts, undermining the ability of GCC and Cordia to make well-informed future investment decisions about the service.
- Similar functions are being carried out by different organisations at a number of points in the process, causing potential delays and confusion e.g. installation; physical response.
- Engagement efforts are sporadic and limited in scope. Taking experts out of their day job to deliver sessions has had a detrimental impact on operational capacity.

Unless the Council addresses the most significant obstacle of how you commission and fund a redesigned service that is delivered in a spirit of collaboration and focused on clear agreed outcomes, the barriers listed above will continue to impede the service.

Executive summary 3

To truly transform the service requires robust challenge of some fundamental arrangements within and between GCC and Cordia that underpin the service, including the funding model, commissioning approach and end-to-end service model transformation. We recommend that external support is engaged to help drive this collaborative co-design of the future care technology service.

To date service improvements have tended to address elements of the service in isolation, often within the silo of GCC or Cordia. These efforts have not had a significant impact on the service and it continues to exhibit signs of strain under increased demand. Continuing to improve the service with tactical interventions will not achieve the fundamental culture and service change that is really required.

A rapid pace of change is required to deliver the savings as set out in this report to help GCC and Cordia deliver the ambitious savings targets that they face. Slide 44 sets out how the benefits that we suggest are achievable are affected by the speed and effectiveness of the programme of change.

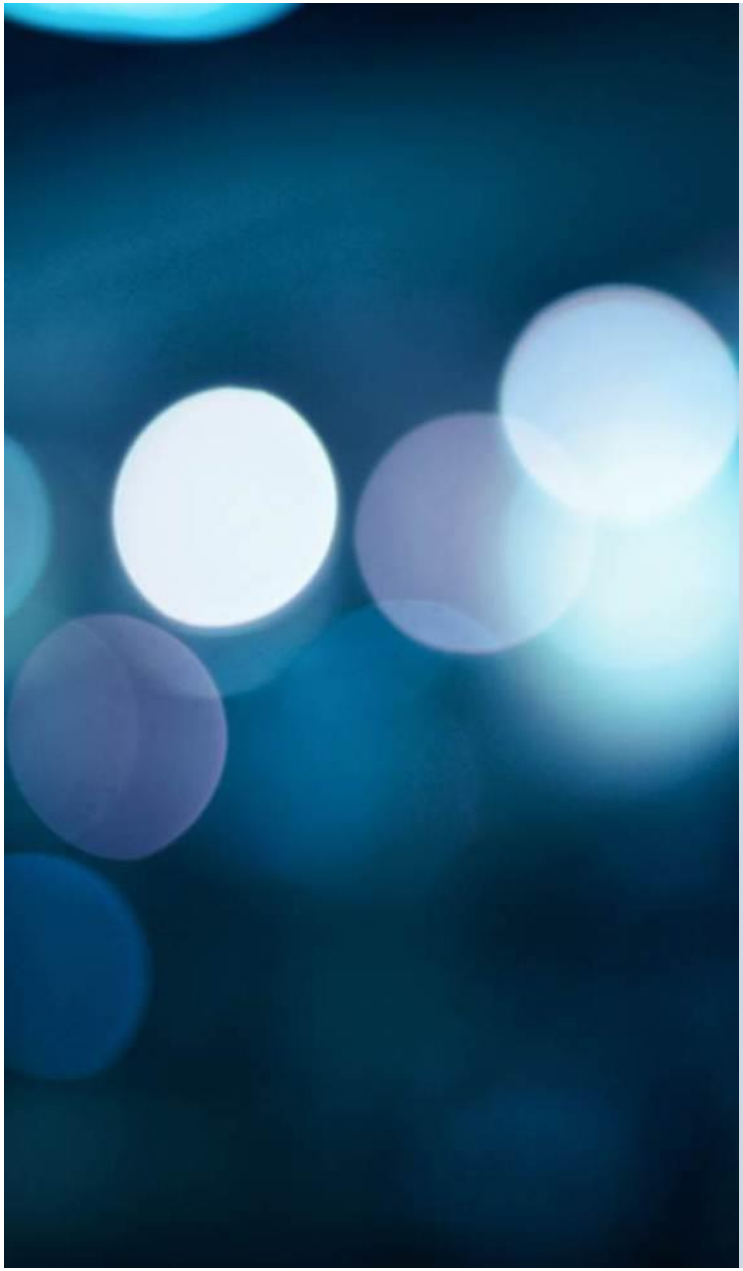
Whilst the short term priority must be to put the current service into a position where it can respond to increasing demand and demonstrate the benefits of what is delivered, we are also cognisant of the need to prepare for a more challenging future. Budgetary pressures rarely abate. The evidence from England, where the austerity programme started to bite sooner than in Scotland, suggest that the demand for savings are followed by more demands for savings; English LAs are now dealing with a circa 60% reduction in funding since 2010. Meanwhile, the positive contribution that technology can make to delivering services more cost-effectively increases as new ideas come to market. The Council must place itself in a position where it can turn to its care technology provider and quickly access solutions that exploit new technology in a way that reduces costs. For the provider to be able to respond, it must have the fundamentals in place – it must be able to deliver a reliable, consistent, benefit-delivering service for the core OP and LD cohorts to build credibility in the telehealth arena or when asked to work with complex and sensitive cohorts like disabled children.

The final advantage of a highly effective care technology service in a city the size of Glasgow is that it has the scale to construct a commercially attractive proposition to deliver services to neighbouring organisations, opening up new income streams to help offset reductions elsewhere.

The analysis that we have undertaken is intended to help commissioners, by providing the insight needed to make the best possible decisions about the future of care technology at Glasgow

In producing this report our findings have been informed through workshops and discussions with your teams, our analysis of your policies, processes and data and our experience of mainstreaming care technology with other large local authorities including Hampshire County Council and Southampton City Council. The calculated benefits provide assurance that transforming care technology at Glasgow will deliver the economic results that have been anticipated from telecare but have proven elusive to achieve and evidence.

We have worked with operational, commissioning and finance teams to develop and agree the details of the benefits model and the assumptions that underpin it. We believe that the findings make a compelling case for transforming the care technology service that will benefit the Council, Cordia and service users and their carers across Glasgow.



THE CASE FOR CHANGE 1

1. **The Case for Change**
2. Improvement Initiatives
   - 2.1 Strategy
   - 2.2 Governance
   - 2.3 Process redesign
   - 2.4 Culture change and engagement
3. Implementation Plan and Next Steps

A. Appendix – financial savings

B. Appendix – output from strategy workshop

Mainstreaming telecare in Glasgow will help to achieve the strategic priorities of the Integrated Joint Board, deliver better outcomes for vulnerable people and reduce cost

Mainstreaming telecare across Glasgow is closely aligned to the Integration Joint Board and the Council's strategic drivers

Glasgow City Council has a responsibility to its population to ensure that care services are directed to the areas where they are needed the most and managed in a way that delivers the best outcomes for service users. Adopting telecare technology – at scale – is an effective ways of caring for social care cohorts, while ensuring that public money is spent cost effectively.

Glasgow City Integration Joint Board (IJB) Strategic Plan 2016 – 2019 sets out that *'People Make Glasgow, and as we deliver our Strategic Plan for health and social care services in Glasgow we will deliver the transformational change needed to support people to live longer, healthier lives in their own homes and communities and which allows Glasgow to flourish.'* This plan must be delivered in an environment of increasing fiscal pressures, including a budget reduction of £40M in Social Care in Glasgow over the next two years. Telecare technology should be a key enabler for you in achieving these goals and ensuring all service users are supported with the most appropriate care package.

The scale of the opportunity to both improve outcomes for Glasgow's vulnerable people and deliver financial benefit is substantial

Telecare technology helps service users to live more independent lives for longer. This results in better social care outcomes for individuals; takes the pressure off friends and family and; slows down the escalation of care need, reducing the dependency on more acute social care and healthcare services. The existing telecare service at Glasgow will already deliver some of these benefits for some users, although to date these have not been measured in a systematic way.

Mainstreaming telecare technology will mean that these outcomes and benefits can be delivered and measured for more service users; supporting a shift in the balance of care, away from more expensive care services. Glasgow's telecare service currently costs £2M pa, we have calculated that a transformed service could deliver a net saving of £100K by 2018/19 and £1,6M by 2020/21 across the Older People (OP) and Learning Disability (LD) cohorts. This will be achieved by reducing reliance on higher cost forms of care.

Work is already underway to increase the use of the current telecare for OP service users in receipt of home care. However, quickly driving further growth in the use of telecare and measuring the benefits of doing so is critical to reducing the dependency on other OP services, particularly residential and nursing home placements across the city. It is also a pre-requisite for other more targeted initiatives, for example: the planned growth of your OP Supported Living service from c300 to c2,200 service users over the next two years; the reduction of sleeping and waking nights for c100 LD service users; and longer term aspirations across a wider range of health and care cohorts and services.

The economic case we have presented is based on OP and LD cohorts only, but there is a significant opportunity for an efficient and effective care technology service to deliver outcomes for other client groups, also benefitting the Council.

The analysis that we have undertaken is intended to help commissioners, by providing the insight needed to make the best possible decisions about the future of Care Technology at Glasgow

In producing this report our findings have been informed by our work with your teams, our analysis of your data and our experience of mainstreaming telecare with other large local authorities including Hampshire County Council and Southampton City Council.

The calculated benefits, which are further illustrated on the next page, provide assurance that transforming telecare technology at Glasgow will deliver the economic results that have traditionally been sought around telecare but are difficult to measure and/or realise.

We have worked with operational, commissioning and finance teams (GCC and Cordia) to develop and agree the details of the benefits model and the assumptions that underpin it. We believe that the findings make a compelling case for transforming the telecare technology service that will benefit the Council, Cordia and service users and their carers across Glasgow.

Telecare currently costs ca £2M pa; we have calculated that the service could be transformed to deliver a net financial benefit to the council of up to £3.2M by 2020/21

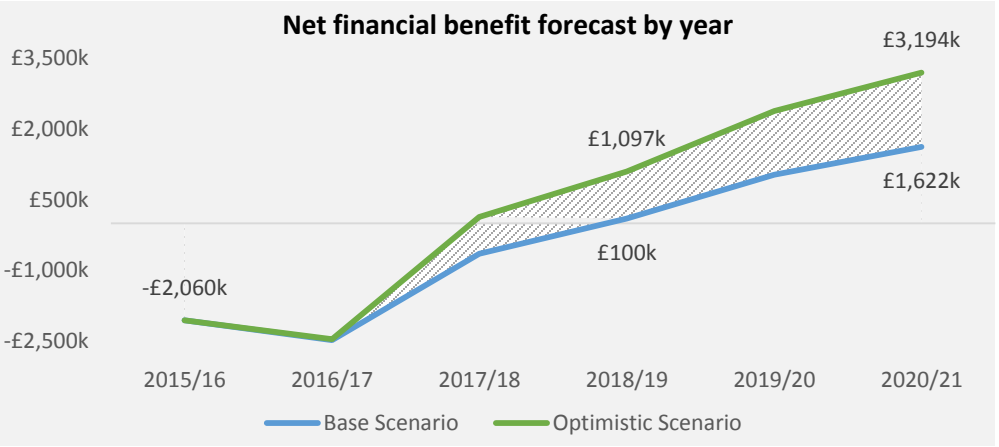
Our analysis and modelling shows that without making substantial changes the current telecare service will continue to cost GCC circa £2M pa. Compared to this, we calculate that a **transformed telecare technology service can deliver an overall net upside of up to £5.2M** by 2020/21:

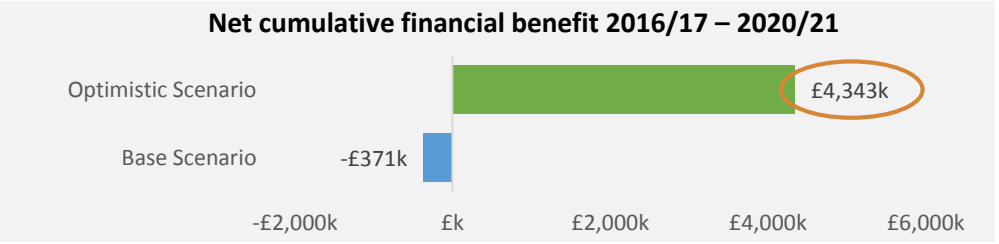
- By 18/19 the service can deliver in-year net benefits between £100k to £1.1M
- By 20/21 GCC can expect in-year net benefits up to £3.2M per annum

Both scenarios modelled are based on the following key assumptions, which have been tested and validated with GCC stakeholders.

- Growing the service client base that deliver financial savings – mainstreaming telecare technology with other Local Authorities and analysing current care cohorts in Glasgow across a range of services, we expect benefits to be derived from service clients that would traditionally receive home care, nursing care, residential care and learning disability services.
- Benefits will be realised through a combination of avoiding or delaying the use of more expensive care services, and removing care services from certain packages of care. Based on Hampshire's results over the past two years direct cost savings amount to 10% of total savings
- Realising the savings depends on consistently capturing and measuring financial benefits and attributing the corresponding reduction in volume to telecare technology
- We have assumed that GCC will continue to collect income from certain service clients

Developments in other Local Authorities show that mainstreaming telecare technology successfully for Older People is a pre-requisite for deploying this in other areas of health and social care, such as Younger Adults, Mental Health, Children, NHS patients. Any financial benefits from those cohorts are not included in the model although it is recognised that there is significant potential in future.





Whilst the base scenario makes largely conservative assumptions in our experience a more optimistic scenario is achievable. This scenario is based on converting more existing home care clients during the first year of transformation, and realising additional direct cost savings from learning disability services. We also believe that significantly more monitoring activity could be handled with the same workforce, reducing per connection cost to ~£2 (which is still comparatively high by market standards).

Please refer to Appendix A for further details on assumptions and methodology used in the model.

Current improvements will have a limited impact on the existing service; bold decisions are required to transform the service and deliver the benefits

The existing telecare service is operational but struggling to respond to the pressure of increasing demand within current resource arrangements

The existing telecare service is broadly delivering as expected from current commissioning arrangements, however there is no evidence, measurement or tracking of benefits and it does not support the wider transformation of services.

Recent increased efforts by GCC and Cordia to raise the profile have led to an increase in demand but this is placing a visible strain on the service, with non-essential process steps being skipped and delays emerging between referrals and installations, impacting the way that the service is perceived by referring staff.

Service improvement efforts are being made by both GCC and Cordia, however there are a number of barriers limiting the impact these initiative will have:

- There is a lack of coordination across GCC and Cordia leading to fragmentation and duplication and increasing confusion amongst those referring to telecare.
- The work that Cordia is undertaking to revise the referral process and the referral form is constrained, because Cordia does not control the entirety of the process e.g. charging requirement, approval for enhanced equipment.
- There is limited benefits tracking and therefore little evidence of the improvements that are being made, undermining the ability of GCC and Cordia to make future investment decisions about the service.
- The funding model, equipment budget and charging policy can all be seen as barriers to service growth. Non-recurrent funding from Scottish Government has helped offset challenges with the funding model but this is not sustainable.
- Similar functions are being carried out by different organisations at a number of points in the process e.g. installation and physical response.
- Engagement efforts have not been consistently planned, targeted or delivered by GCC and Cordia, and have had a detrimental impact on operational capacity.

Unless you address the most significant obstacle of how you commission and fund a redesigned service, the barriers listed above will continue to impede the service.

A new approach to service commissioning and delivery is required

Unlocking the benefits and opportunities cannot simply be a case of expecting to achieve more for less. It will require a concerted transformation effort from GCC and Cordia and a substantial changes to the way that care technology services are commissioned and delivered.

GCC must develop and evaluate different funding models that could support a different commissioning approach. The future model should enable GCC to achieve the Vision, support a sustainable service as it expands and develops and reduce/eliminate the reliance on occasional windfalls from Scottish Government.

Cordia must recognise the scale of opportunity for them and be willing, able and incentivised to make the required changes. As a partner of GCC, they need to demonstrate their flexibility and strengths in adapting to transformation agenda, through innovating their services to respond to change in demand and a change in the resource available. Together Cordia and GCC must establish an outcome-focused, developmental relationship that allows sufficient freedom for innovative service delivery but provides assurance of service quality.

There is a need for collaboration at every level to critique current ways of working; new opportunities need to be explored with a positive mind-set

To achieve the savings identified, work to transform the service needs to begin at, and be supported from, the top of the organisation. Culture change and engagement efforts are needed at every level to address preconceptions and secure trust in what the new model will achieve for all stakeholders.

Mainstreaming telecare is not just about having more people using the technology. Clients who receive it should have the risks and outcomes that telecare can deliver clearly identified at time of referral. There needs to be a concerted effort by GCC and Cordia to re-position telecare in the eyes of health and social care professionals as a service that benefits clients either on its own or as part of a wider care package, and to ensure that the team responsible for the telecare service consists of enthusiastic and respected advocates.

There is a compelling case to transform your care technology service; establishing an effective partnership team will be necessary to deliver the change required

There is a clear strategic and economic case to mainstream care technology, but investment will be required to successfully drive the required transformation

Mainstreaming telecare is a key enabler for the IJB and Adult Service strategies at Glasgow and will contribute to achieving the shift in the balance of care required to address current budget pressures.

The work to deliver the transformation required will need to commence soon and be carried out at pace to address the capacity constraints within the existing telecare service and start delivering savings for both Cordia and GCC.

In our experience of working with other local authorities, the level of sustained effort required to drive transformational change is often underestimated and it is unrealistic to expect this to be achieved solely by existing operational staff who have responsibilities delivering the day-to-day live service.

Recognising the impact that service improvement efforts have already had on the capacity of operational staff at GCC and Cordia, we recommend that to deliver this scale of change an external partner is appointed to work collaboratively with GCC and Cordia, but who can also provide:

- Robust challenge to strategy discussions and drive agreement from all parties, including elected members, senior officers and Cordia executives;
- Expertise in developing a new funding models and the associated benefits frameworks for mainstream telecare services; and
- The capacity and capability to undertake comprehensive service redesign and culture change activities at scale and at pace.

The benefits that we have modelled are predicated on a rapid pace of change. Transformation costs are built into the model and reflected in net savings as we are clear that achieving the recommendations set out in this document without the support and expertise of an external partner will be very challenging.

If you opt to take on the transformation challenge without external support you will need to invest significant and dedicated time from staff from within the Council who have the necessary skills, experience and capability.

Developing and delivering as a partnership team

In delivering the transformation programme, we would advocate joint working between GCC, Cordia and an external partner. We will set out proposed temporary project governance arrangements in the full report.

Establishing a collaborative working arrangement will be a critical first step in achieving the culture change required. It will facilitate local ownership and buy-in, allow the necessary blend of resources to undertake activities as appropriate, facilitate knowledge transfer and support capability development.

Our recommendations, if followed closely, will enable the Council to mainstream telecare across Glasgow and deliver the projected benefits

What needs to be done to achieve the scale of opportunity identified

In the report that follows we have set out a series of recommendations regarding the work required to mainstream telecare and delver the identified scale of benefits.

Our recommendations have been informed by discussions and workshops with GCC commissioning officers, GCC telecare team, Cordia executives, social work and NHS staff and finance teams.

Through the series of workshops we confirmed the Vision and the underpinning principles for telecare across Glasgow, agreed what a service that truly delivered each principle would mean for a range of stakeholders, and captured the core requirements of the new service to achieve this. We also reviewed the existing referral and assessment processes, agreed design principles to underpin future redesign work of these processes, and discussed the engagement challenges and priorities.

The structure of our recommendations in this report

The recommendations are structured around a series of initiatives. The four strategic initiatives identified for implementation are:

a) Redesigning the telecare operating model
b) Establishing a brand for Care Technology across the City;
c) Reviewing the funding model for the service and the charging policy; and
d) Agreeing a benefits framework with agreed quality standards.

The three additional initiatives are focused on:

e) Strengthening governance arrangements for the service;
f) Undertaking process redesign; and
g) Conducting significant culture change and engagement activities.

Setting out how we think you should deliver these activities

In the final section of this report we have set out our recommended implementation plan for delivering the transformational change activities required. That section includes indicative timescales and suggested resource arrangements. These reflect a blend of external and internal expertise and capacity, promoting local ownership and skill development.

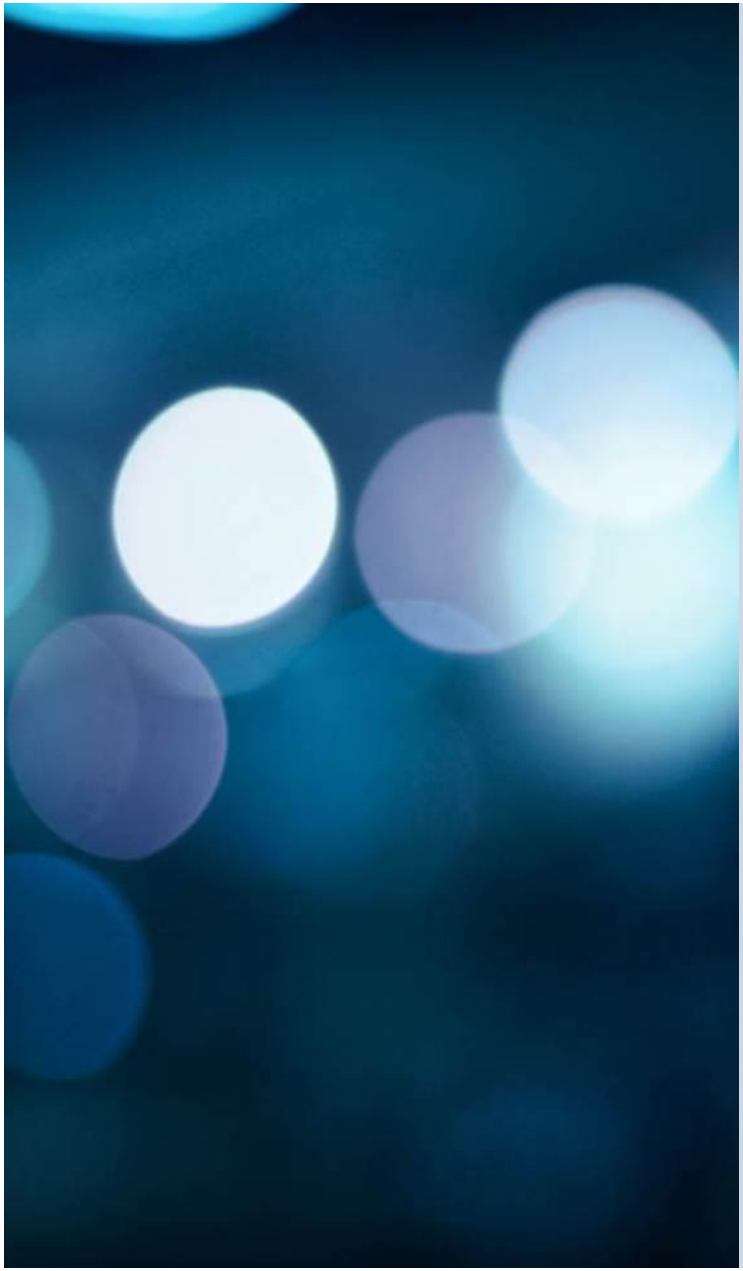
We have also set out proposed governance arrangements that should support the transformation efforts and then be dissolved as the new service is established and moves into ongoing service optimisation, which will be supported by the operational and strategic development governance arrangements as per the recommendations of initiative ‘e’ – strengthening the governance arrangements of the service.

Seizing the opportunity for improve the lives of vulnerable people in Glasgow and sustainably reduce the cost of social care

Care technology in Glasgow is at a crossroads: the service to date has been popular but unambitious, delivering a ‘feel-good factor, but no evidenced benefits. In fact, our analysis, which is the most comprehensive the service has been exposed to, shows that it is currently costing£2M each year to deliver.

As has been the case in England for the past six years, austerity is now starting to bite in Glasgow and this requires a bold and concerted change of direction in the shape of social care. Care technology must be front and centre in that change, driving independence and cost reduction in equal measure.

The question is less about *what* needs doing and more about *how* it can best be done. Our extensive experience of working with care technology teams in dozens of local authorities, including the direct provision in Hampshire of an award winning service that is truly changing the face of the sector means we are able to make clear judgements about what it takes to succeed. With the support of a dedicated specialist external party, there is a strong prospect that Glasgow can fully exploit the opportunity it faces on the necessary timescale.



IMPROVEMENT INITIATIVES: STRATEGY

2.1

1. The Case for Change
2. Improvement Initiatives
   - **2.1 Strategy**
   - 2.2 Governance
   - 2.3 Process redesign
   - 2.4 Culture change and engagement
3. Implementation Plan and Next Steps

A. Appendix – financial savings

B. Appendix – output from strategy workshop

Transforming the telecare service requires changes to core elements of the strategy and service model that are aligned to the Vision and supporting principles

To deliver the scale of benefits detailed on page 5, the existing assistive technology service for GCC needs to be transformed and in this phase our work has focussed on scoping the initiatives that must be implemented to transform service. To ensure that the initiatives developed will deliver the required changes we began by revisiting the vision and principles that were developed in our previous work with you. These were agreed and during workshops we developed with you the core requirements that the future service must fulfil to achieve these principles and what the 'gold-standard' service will mean for different stakeholder groups as a result. The Vision and Principles are repeated below and the output from the workshops and the detail of these delivery requirements is captured in Appendix B.

VISION

Assistive technology, implemented at scale, will enable us to better care for the people of Glasgow by creating safe, smart environments where they are supported to remain independent and where high quality help is available quickly for those who need it.

PRINCIPLES

- The Glasgow assistive technology process and brand will be clear and well understood across health and social care
- The success of the service will be based on the delivery of agreed quality and performance indicators
- Assistive Technology to form part of package of support and achieves identified outcome for service user
- Assistive technology will be promoted at an early stage to all appropriate clients whether older people, people with dementia or people with learning disabilities, mental health or other challenges as an effective and affordable complementary service to direct support
- Assistive technology services will be organised to achieve economies of scale, without hand-offs and other sources of delay and confusion, to maximise the value to customers, the Council, Cordia and the NHS

Developing a sense of ownership for these principles will be crucial in delivering the vision, and to drive the efforts required to transform the service so that it is reflects these principles. Following the workshop we reviewed the delivery requirements and categorised them into four strategic initiatives that will be implemented alongside the governance, engagement and process re-design initiatives. These initiatives are summarised below and detailed over subsequent slides.

A) Redesigning the Assistive Technology operating model	B) Establishing a brand for Assistive Technology across the City	C) Reviewing the funding model for the service and the charging policy	D) Agreeing a benefits framework with agreed quality standards

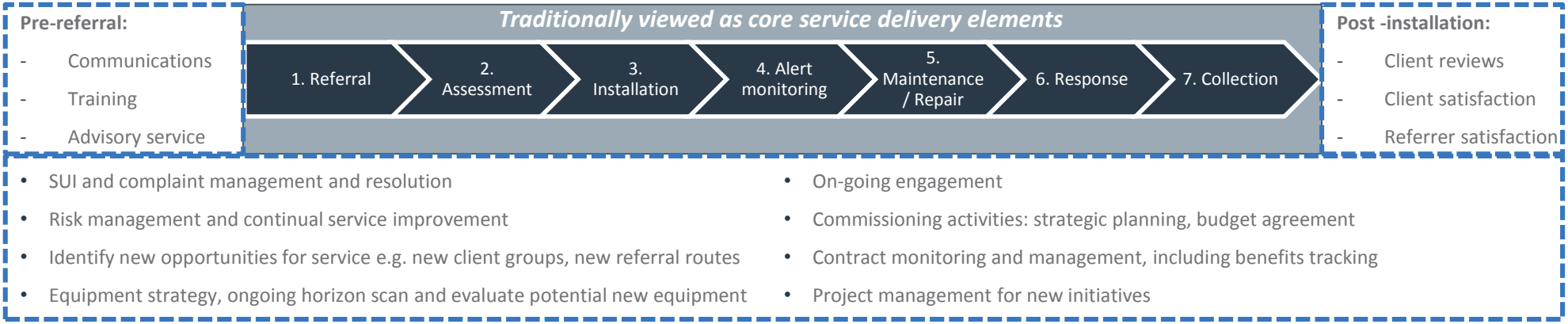
Process Redesign : Culture change and engagement : Governance

A) Redesigning the telecare operating model

The current telecare service has developed over a number of years with some planned expansions, but also a number of ad-hoc additions and bolt-ons in response to increased demand or new funding opportunities from Scottish Government. This has resulted in a service model that has multiple delivery partners, with fragmentation and duplication across many elements.

Reviewing and redesigning the operating model is a fundamental requirement to ensure that is optimal for delivery of the principles and Vision, ensuring that it is structured in a way that future proofs it from demand changes / funding opportunities in a way that won't result in bolt on approach again, and sets the necessary foundations prior to conducing detailed process re-design work .

Whilst traditional telecare operating models consider only the core service delivery elements of referral, assessment, installation, monitoring, repairs, response, and equipment collection, GCC must review and agree the complete operating model for the telecare, including the additional elements as set out in diagram below.



In completing the operating model redesign work, we recommended that you focus on what is required to best to achieve the Vision, then work through what organisation or team is best placed to deliver each element and then agree the contractual arrangements required to incentivise the right behaviours across the service and provide assurance to GCC. This exercise will require robust facilitation and challenge of pre-conceived ideas regarding the status-quo, fair challenge regarding the capabilities of organisations to deliver different elements and impartiality to continually check the emerging service model against the Vision and ensuring it has the resilience and flexibility to adapt to changing demands and opportunities.

The next slide focusses only on the core service delivery elements and provides an example of the first stage of work that we recommend you complete in development of the new operating model.

Example of what you should develop to agree the core elements of the future operating model: Each step designed to deliver an effective, cost efficient end-to-end service

	1. Referral	2. Assessment	3. Installation	4. Alert monitoring	5. Maintenance / Repair	6. Response	7. Collection
1. CURRENT MODEL	• **Health & social care professionals** • **Self-referral**	• **Completed as part of referral** • **Reviewed by GCC**	• **EquipU** • **Tunstall** • **GCC (GPS/JC)**	• **Cordia** • **GPS suppliers**	• **EquipU** • **Tunstall**	• **Cordia** • **North LRS** • **South LRS**	• **EquipU** • **GCC (For JC/GPS)**
2. CONSIDERATIONS FOR FUTURE MODEL	• GCC approach to eligibility • Degree of control and visibility of referrals onto service • Approach to embedding benefits measurement into the referral pathway • Who should make equipment choices? • Transparency / visibility of referral MI • Degree of client interaction / consent before referral	• TC assessments for all referrals? • All assessments completed in home vs. over the phone • Technical skills/capability to conduct TC assessment • Consistency of client journey • Number of client touch-points throughout pathway • Understanding of new products and services • Range of care technology services delivered • Assessment at same time as installation • Transparency / visibility of assessment MI	• Access to technical installation skills • Maintenance of workforce familiarity with new products and service developments • Experience in training clients on how to use AT • Capacity to conduct urgent installations 365 days/year • Easy access to equipment stock • Installation at same time as assessment • Access to existing GCC/ Cordia resource that could be utilised • Scheduling and number of client touch-points through pathway	• Proactive vs. transactional monitoring • Workforce focus on person-centred care • Localised vs. National policies / procedures • Importance of access to clinical skills / capability • Transparency / visibility of monitoring MI • Operating style between delivery partners for response service ('one service' vs. 'pass the baton')	• Maintenance approach (pro-active vs. reactive) • Use of low cost methods for repair/maintenance vs. visit every time • Where are the technical skills located? • How are technical skills continually refreshed? • Capacity to conduct urgent installations 365 days/year • Transparency / visibility of maintenance & repair MI and how this informs decisions re equipment procurement	• Social capital model vs. council-funded service • Capability / capacity / geographic coverage to provide service across county • Availability of other council resources (e.g. supported housing wardens) • Willingness / Capacity of partners (F&RS; Ambulance to collaborate) • Skill set and capacity that does not impact other planned care visits • Transparency / visibility of monitoring MI	• Approach to collections (jiffy bag vs. physical collection vs. care professional collection) • Approach to recycling • Transparency / visibility of equipment collection MI
3. PROPOSED MODEL	**Council funded:** Care professional **Private pay:** Residents	Care technology supplier (included as part of installation)	Care technology supplier	Care technology supplier	Care technology supplier	Care technology supplier	Care technology supplier

B) Establishing a compelling, sustainable brand for Care Technology across the City

The challenges of the existing brand

Throughout our discussions with social work staff, Cordia and commissioning teams it became clear that the existing service does not have a clear or strong brand across the City and there is a lot of confusion regarding what the telecare service actually consists of; e.g. it is just the button and box, other equipment is separate. Glasgow is not unique in experiencing this issue, and the ever expanding lexicon used in the care technology space only serves to confuse and complicate messaging further.

A cornerstone of culture change and engagement is being clear on what you are asking people to buy into, and establishing a clear brand is an effective tool to capture this. In our workshop we discussed some concerns regarding how the service, and the wider Cordia and GCC relationship, is currently perceived by some, and the limitations that this can have on culture change efforts. We discussed that launching a new brand could help cut through some of this residual negativity but that any new brand needed to consider that Cordia's brand is not limited to just GCC.

Establishing a brand that is future proof

We acknowledged the importance of establishing brand values that set out what you want the service to be known for but that you can not be all things to all people and it is important to recognise the constraints (and benefits) of being a public sector organisation when developing your brand values.

We agreed that it would be necessary to establish a brand that will stand the test of time and that does not constrain the future service to just provision of telecare but also allows it to apply to wider technology enable care work including, but not limited to, telehealth. Recognising that existing telecare work is in a more advanced stage than telehealth, it is important that the brand does not impede the pace of change required for telecare but can also apply to future technology enable care initiatives when applicable.

Our recommendations for implementing this initiative

In the next phase of work, we recommend that you work with service partners in undertaking the following activities, and ensure that the necessary corporate communication teams are engaged to ensure the new brand is compliant with their requirements:

- Establish brand values – consider what you want the service to be 'famous' for, be ambitious but realistic as to what can be achieved e.g. responsiveness, trustworthy, speed
- Develop core brand messaging so that there is consistency in the messages you communicate about your brand, consider the style and tone of this messaging. Also need to consider appropriate language (e.g. plain English, easy-read) so that messaging is suitable for a range of stakeholders
- Develop a logo that will be reflected on all service communications and promotional materials
- Develop a tagline, a short and memorable phrase that captures the essence of the brand
- Design templates and agree standards, such as colour palette, logo placement. These do not need to be extensive but clear and easy for people to apply so that there is consistency
- Consider how to integrate your brand into service activities e.g. branding on installation vehicles, how teams answer the phones, e-mail signatures
- Launch the brand as part of planned culture change and engagement activities and ensure that recruitment, training and reward arrangements are used to reinforce brand values
- Establish a programme of on-going research among key stakeholder groups (e.g. user, carers, care professionals) to test their understanding of the brand offer and the extent to which their experience of the service reflects the stated brand values.

B) Establishing a brand for Care Technology across the City

Embedding the brand

Whilst there is a significant task in developing and establishing a brand, the true success will come from ensuring that you are true to the brand and consistent in delivery of the service, so that employees, service partners, users and the general public build trust and recognition in the brand that leads to confidence in the service.

The culture change efforts need to transition people from awareness of the brand and service, to advocates of the service and ultimately to them being ambassadors of the service on your behalf. This ambition is not limited to employees but should extend to referrers, service users and family members, groups who represent the service users that you serve and staff across the Council, NHS, Cordia and other care providers.

Reflecting the brand values in day-to-day service delivery

The brand values will help to shape the behaviours that employees working for the service should display, however to facilitate the culture change required and help to embed the new brand across the service will require conscious effort.

We recommend that you develop examples of what each brand value means in practice for various roles within the service to assist the culture change efforts. Below are a few illustrations:

Integrity: For the delivery partner, this means they will be proactive and tell the commissioner first if there is a problem so that they will not hear it from a service user or a care professional. The provider should not hide any issue away and should keep you updated with immediate resolution efforts and how they will apply lessons learned.

Responsiveness: For the service desk, this means that the enquiries inbox and voicemail should be cleared by the end of each working day. If an enquiry requires further work before it can be closed, the service team will contact the person who raised the enquiry and confirm when they will next contact them in relation to the enquiry.

Using tried and tested methodologies to support the required culture change so that staff from commissioning and delivery teams embody the new brand

The new service requires a refreshed approach to partnership working between Cordia and GCC (and potentially other partners as determined through the operating model work). This culture change will not be easy to achieve and we recommend investing in improving this relationship and establishing controls to maintain a productive relationship across all levels of the operation.

Strategic Relationship Management Plan

We strongly recommend co-developing a Strategic Relationship Management Plan to help reset the relationship between service delivery partners. This methodology is tried and tested, having been used successfully for over a decade in a variety of public sector and private organisations, including PA's Argenti consortium partners' relationship and our relationship with Hampshire County Council.

360 degree feedback - senior staff from each partner (delivery and commissioner)

As part of the service performance framework, capturing feedback from representatives of each service delivery partner and commissioner can help to illustrate how the senior representatives believe the collective are doing at delivering what is expected. This exercise must not be about 'blame' of different parties; if the relationship is correctly established there should be a shared responsibility across all parties to ensure success.

Employee performance management framework

Through working with HR you can ensure that the application of the performance management framework to those staff working for the service is aligned to the expectations of the service. For example, an individual should have objectives that reflect what the service is aiming to achieve and their performance evaluation should consider the extent to which they have embodied the brand values.

C) Reviewing the funding model for the service and the charging policy

There is a requirement to review how care technology will be funded in future

- A major constraint to significant growth of the current service is the capped annual budget for equipment. This limits the number and type of installations and has led to delayed installations near the end of the financial years. The current funding model is not compatible with the transformed service as proposed in this review as it does not support the proposed significant increase in installation numbers.
- We recommend that GCC reviews the commissioning strategy of care technology services in order to focus on outcomes rather than activity (and hence input costs). Moreover, there is an opportunity to align this review with commissioning of home care services due to the interdependency.

Recommended activities to develop the appropriate funding model

1. Set out and help answer several key question that will influence the decisions on funding model, such as :
    - Should AT be jointly funded from health and social care budgets?
    - What level or shared risk/reward are you willing to consider with service partners?
2. Develop funding model options and score these against the overall vision, the guiding principles set out. Secondly, the options can be scored against the level of political and operational risk involved, with the view to minimise these.

- Whilst reviewing the wider funding model is a bigger issue than charging, in reality **how you charge** for care technology will continue to have a big impact on the transformed service.

Consider a review the charging policy within the wider funding model

The universal charging regime with weekly charge of £3.17 per week that is currently in place neither achieves its aims of controlling the service and driving better outcomes, nor does it cover the cost of the service:

- 65% of telecare users are charged
- Level of bad debt estimated at 9.4% of total income
- After accounting for cost of collection and invoicing, the income generated (£588k for 2015/16) does not get close to covering the cost of service delivery
- Charging for a care technology service is known to be a barrier to referral. Interviews held with care workers and stakeholders in Glasgow indicate that a key hurdle for clients and referrers alike was the need to submit detailed personal financial information by default as part of the financial assessment.

Evaluate charging policy options

1) Free of charge for all users: equitable, supports positive message, but given high proportion of community alarms and preventative installations some income would be foregone. Cost savings considered marginal as invoicing overheads may not be reduced.
2) Charge Community Alarm users only: users with community alarms would effectively be offered a private pay model. Some existing service users see their charge removed. Expected income would reduce significantly.
3) Charge only users with no financial benefit to GCC: requires validation of referral eligibility, supports growth of mainstreamed service by removing barrier to user and referrer with eligible need where AT can deliver a cost saving to GCC.
4) Continue charging everyone. Income of £3.17 significantly lower than estimated financial savings that a mainstreamed AT service can deliver. This option may reduce future growth of mainstreamed service

A further dimension to this review is Cordia's willingness to operate a private pay service, recognising both the commercial opportunity to Cordia, and the benefits to the Council (economies of scale of a larger AT service and providing preventative AT service to clients not yet eligible to adult social care).

D) Agreeing a benefits framework and embedding the approach throughout the service and referral pathway

In line with wider Council direction of travel, there is an expectation that in commissioning and delivering the future service there will be focus on the outcomes that the telecare service delivers and the benefits that arise from these outcomes. Through our work with the TSA to help review their standards we recognise that this approach also reflects the shift within industry to focus on outcomes rather than just activity metrics. We know that the existing service is not currently commissioned or delivered in a way that is conducive to benefits tracking and reporting. We therefore recommend that implementation of a new service includes the agreement of a benefits framework.

Benefits realisation and agreeing the benefits framework

Benefits realisation is a mechanism to help the Council to understand the value that telecare is delivering in Glasgow. In creating and using a benefits framework for the service, you can ensure the service is aligned to your strategic and operational objectives. It can help identify areas for further improvement and corrective action. The benefits framework can also be used to inform commissioning arrangements and set appropriate targets to monitor performance, incentivising delivery partners to meet agreed operational and quality standards.

To agree the benefits framework, you will need to:

- Identify the key benefits arising from mainstreaming telecare
- Define how these benefits can be measured over time
- Identify the data sources for these measures
- Ascertain whether this data is currently collected or is 'new' data
- Identify resource and owners of benefit measurement within GCC
- Embed the approach throughout the pathway.

The framework will enable GCC to understand the degree to which the service is delivering the planned benefits at the necessary scale and pace.

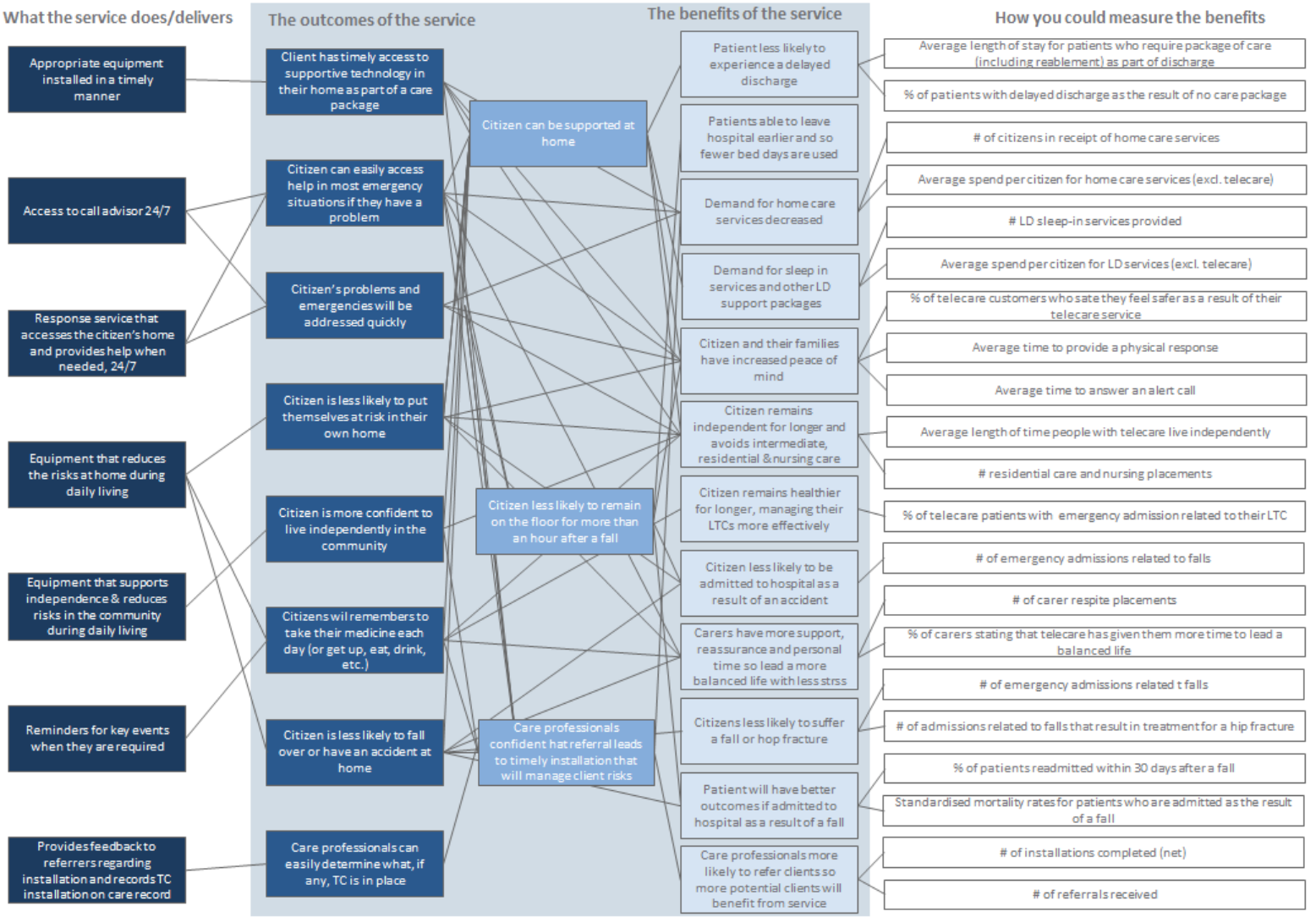
There are important guiding principles to consider when developing a benefits frameworks

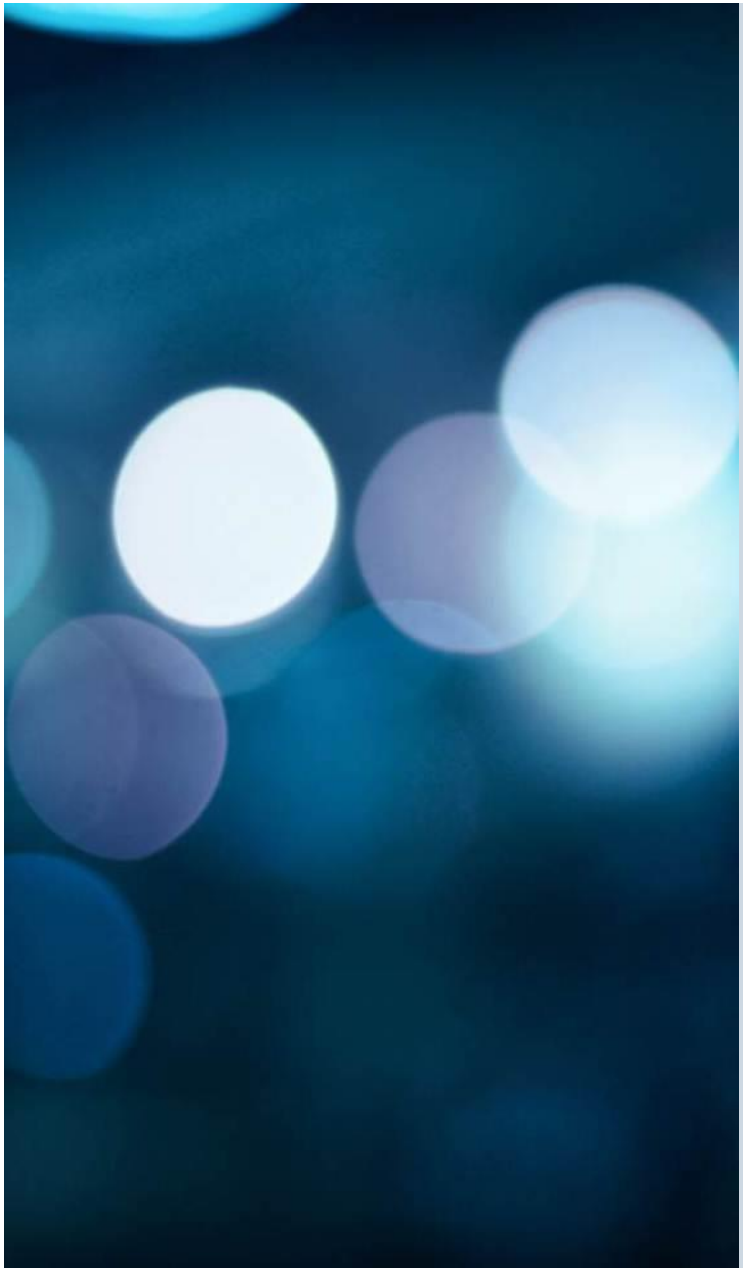
- Keep it simple – limit the number of benefits being tracked to ten or less (this should influence the number of contractual metrics, however does not need to be limited to just the metrics required for monthly reporting on operational progress)
- Focus on what really matters – where the true value lies.
- Keep the scope tight – limit the benefits to those the service can realistically deliver.
- Pick measures carefully – ideally those that untangle the 'system effect'.
- Be pragmatic – sometimes it isn't possible to unpick the 'systems effect'.
- Use a basket of measures for each benefit – but not too many
- Always use existing data where available – and only request new data where absolutely necessary.
- Keep it high level – only drill down when benefits are going in the 'wrong' direction.
- Don't get bogged down in semantics – if it feels right, it is right.
- Have a balance of input and outcome measures

Our initial work to develop a benefits roadmap for GCC telecare service

A benefits roadmap creates a logical sequence between what the service 'does' and the benefit this could deliver. Using our expertise and experience, and from discussions to date with Cordia and GCC, we have prepared an illustrative roadmap for the future GCC telecare service (see next slide). Our recommendation is that this is revisited and jointly developed as part of the benefits programme of work to be undertaken during the implementation phase.

An example of telecare monitoring and response service benefits roadmap for GCC





IMPROVEMENT INITIATIVES: GOVERNANCE 2.2

1. The Case for Change
2. Improvement Initiatives
   - 2.1 Strategy
   - **2.2 Governance**
   - 2.3 Process redesign
   - 2.4 Culture change and engagement
3. Implementation Plan and Next Steps

A. Appendix – financial savings

B. Appendix – output from strategy workshop

Clarifying the governance arrangements is essential to enable the new service to operate effectively

Background and factors to consider for new governance arrangements

The current service has evolved and expanded due to increased demand and in part as a result of non-recurrent funding from Scottish Government. This approach has led to duplication and fragmentation within the service that must be addressed to make the existing service sustainable. However, it is also important that controls are established to ensure that future developments are identified, evaluated and implemented as part of a planned, resourced approach that is aligned with agreed strategic priorities.

The existing governance arrangements for the telecare service are focused on the day-to-day operations of the service, with a monthly meeting for GCC and Cordia to review: performance against agreed metrics; any incidents or complaints and; ad hoc project updates. Whilst this meeting is planned to occur monthly we understand that it is frequently cancelled at short notice resulting in no formal opportunity to jointly review service performance.

A clear limitation of the existing governance arrangement is that there is no established structure for considering pan-system strategic developments (a concern we understand is not exclusive to care technology), as evidenced for example by the challenges in making the decision to bring PA on board to support this phase of work.

Factors to consider for new governance arrangements

In designing the future governance arrangements for the care technology service, the following factors must be considered:

- How to align to the Council's strategic planning cycle, setting out the priorities for next 2-3 years, and how to influence strategic plans of teams across health and social care
- Ensuring that you identify and scope new opportunities for services across Adult Services (not just OP) as well as other service areas e.g. Children's Services
- Use consistent quality measures throughout the service that incentivise service provider(s) to deliver the desired outcomes; these metrics should encompasses operational process, service user outcome measures and the scale of use of AT across different care groups and teams
- Agreeing a benefits framework, embedded within the contractual arrangement, and the production of appropriate reports to allow regular monitoring of agreed metrics
- The level of MI and Finance support required to produce monitoring reports, ensuring access to appropriate data sources to enable transparent service monitoring
- Involvement of stakeholders from different professional groups, including healthcare, which can also serve to help with engagement efforts
- How to ensure that it is clear to stakeholders across the City where new ideas for, or opportunities for technology care funding, should be considered to allow a controlled and coherent approach
- Work must be undertaken to map how the care technology service fits to the existing governance arrangements across GCC, with clarity about where different decisions are taken.

Our recommendations for establishing two Care Technology governance groups: Business As Usual Board and Strategic & Development Board

For the fixed governance to support the future service, our recommendation is to dissolve the existing operational meeting and establish two formal governance groups; one focused on BAU and one on strategy and development. The boxes below provide outline detail with the expectation that these groups are established during the implementation phase.

BAU – requirements and outline ToR

Scope and purpose: To jointly review:

- Performance against agreed quality and operational targets, for example # of live connections, referrals per team, reasons for monitoring centre calls
- Any incidents or complaints
- Requests for new equipment to be added to portfolio
- Exception reporting for any service development initiatives

Frequency: Monthly, potentially bi-monthly when new service reaches steady state

Attendees: To be agreed, but to include Cordia, GCC & NHS

Information requirements: Minutes and actions from last meeting, monthly performance report, summary of incidents or complaints and any already identified lessons learned/actions

Strategic & development – requirements and outline ToR

Scope and purpose: To jointly review, discuss and agree:

- Annual performance reviews, including activity metrics and outcome measures such as service user satisfaction, staff satisfaction, net financial benefits, alignment with Adult Services / Council strategic needs
- Agreement of future targets
- Service development initiatives, including authorization of contact with other partners e.g. NHS, Children's Services
- Commercialisation opportunities for GCC and/or the service provider

Frequency: Bi-annual

Attendees: To be agreed, but to include Cordia, GCC & NHS

Information requirements: Minutes and actions from last meeting, latest monthly performance report and year to date view,

Culture change and establishing a productive partnership

Ensuring any new governance structures are effective will require more than just revising the architecture and writing Terms of Reference, there needs to be a focus on achieving the culture change that will foster more productive collaborative working. In our experience it is important to consciously work towards establishing and maintaining a high performing strategic relationship at all levels of the partnership. Getting this right will drive a culture of integrity and professionalism on an operational level that allows the governance bodies to stamp assurance on things that are exceptional and different. We recommend developing a Strategic Relationship Management Plan for the partnership to support these culture change efforts.

Establishing temporary project infrastructure to drive implementation activities

To get to this stage and recognising the scale of activity required to achieve the change desired, it will also be necessary to establish a transformation project infrastructure that has clear remit and end date, at which point the temporary project infrastructure will be dissolved. Details of the proposed governance structure for the project are included in section 3; Implementation plan.

Governance and benefits framework

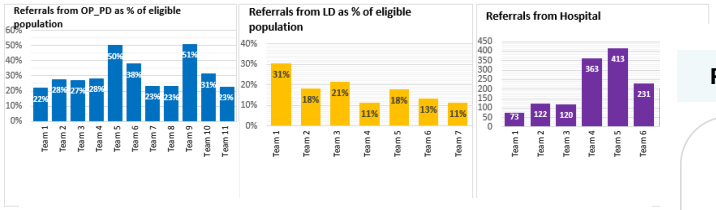
Example management information reports that should be reviewed at the BAU and/or Strategic & Development Board.

We set out the principles for developing a benefits framework in section 2.1. During the implementation phase detailed work should be undertaken using the benefits framework to inform the performance metrics for the GCC telecare service and ensure that they are aligned to your strategic and operational objectives. Performance against these metrics should be reviewed monthly / annually by the relevant governance board to monitor the performance of the service.

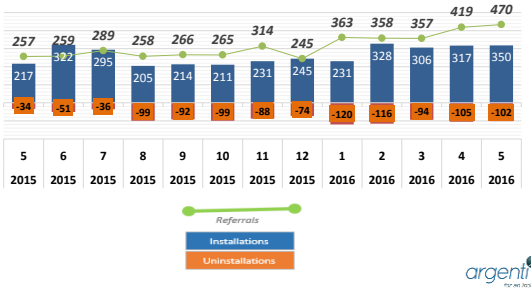
Additional data may be useful to include in monthly reports, for example an analysis of the number of referrals received per team as a proportion of their eligible population. This sort of information can play a significant role in helping to drive and manage the service, for example helping to target engagement efforts.

The data shown below is for illustration purposes only.

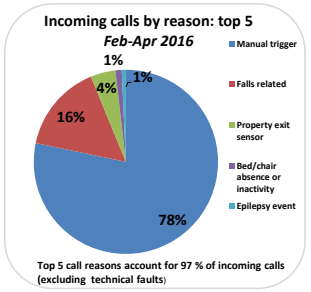
Source of referrals

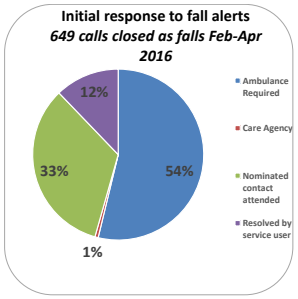


Referral & Install figures - rolling 12 month data



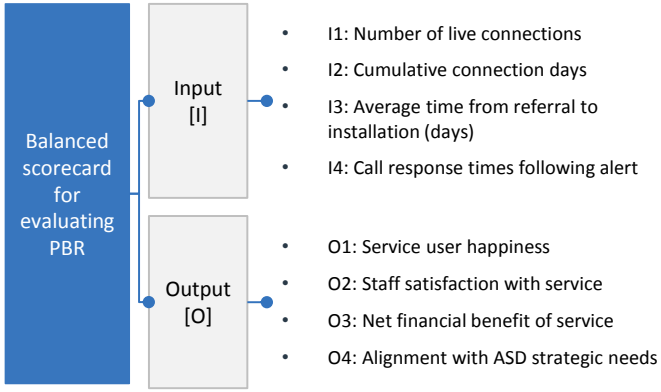
Reason for incoming calls & outcomes from falls

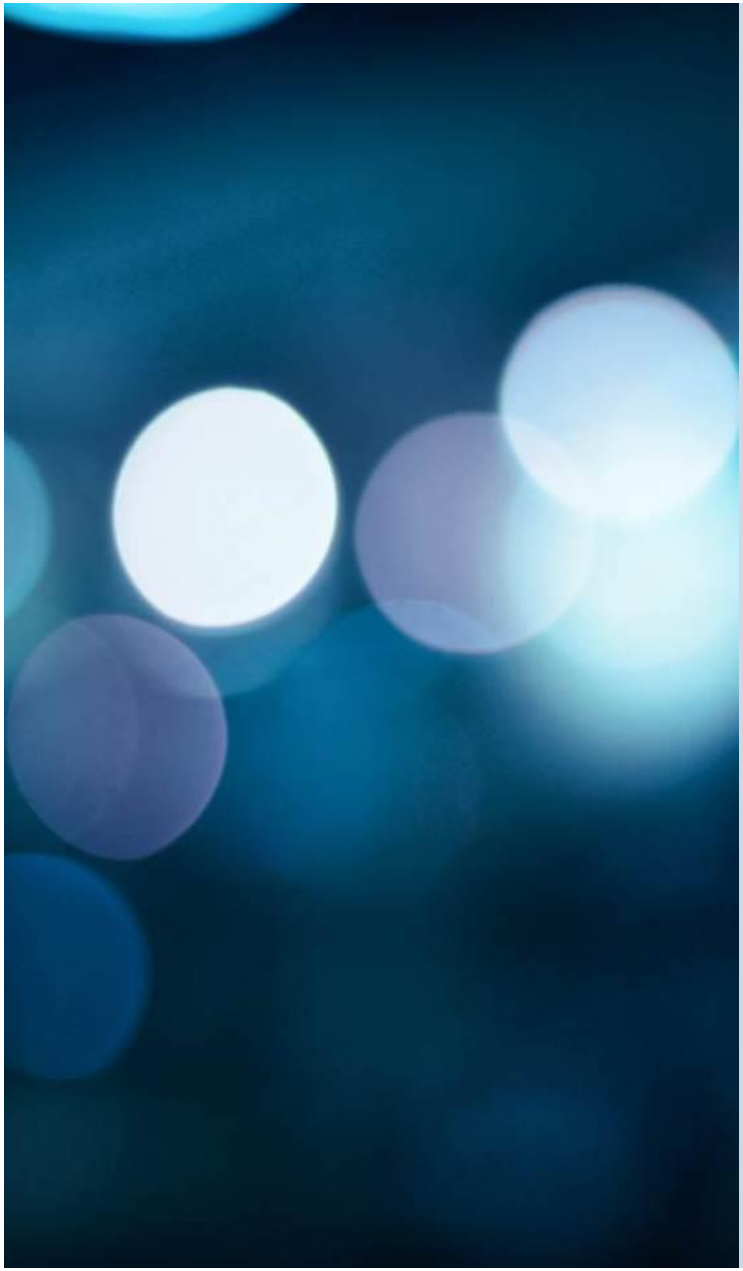




Developing a performance based risk/reward model

You may also wish to consider how you can differently incentivise your providers, or measure the performance of the service, for example including an element of performance based risk/reward. We have included an example of the balanced scorecard used for evaluating PBR for another telecare service.





IMPROVEMENT INITIATIVES: PROCESS REDESIGN 2.3

1. The Case for Change
2. Improvement Initiatives
   - 2.1 Strategy
   - 2.2 Governance
   - **2.3 Process redesign**
   - 2.4 Culture change and engagement
3. Implementation Plan and Next Steps

A. Appendix – financial savings

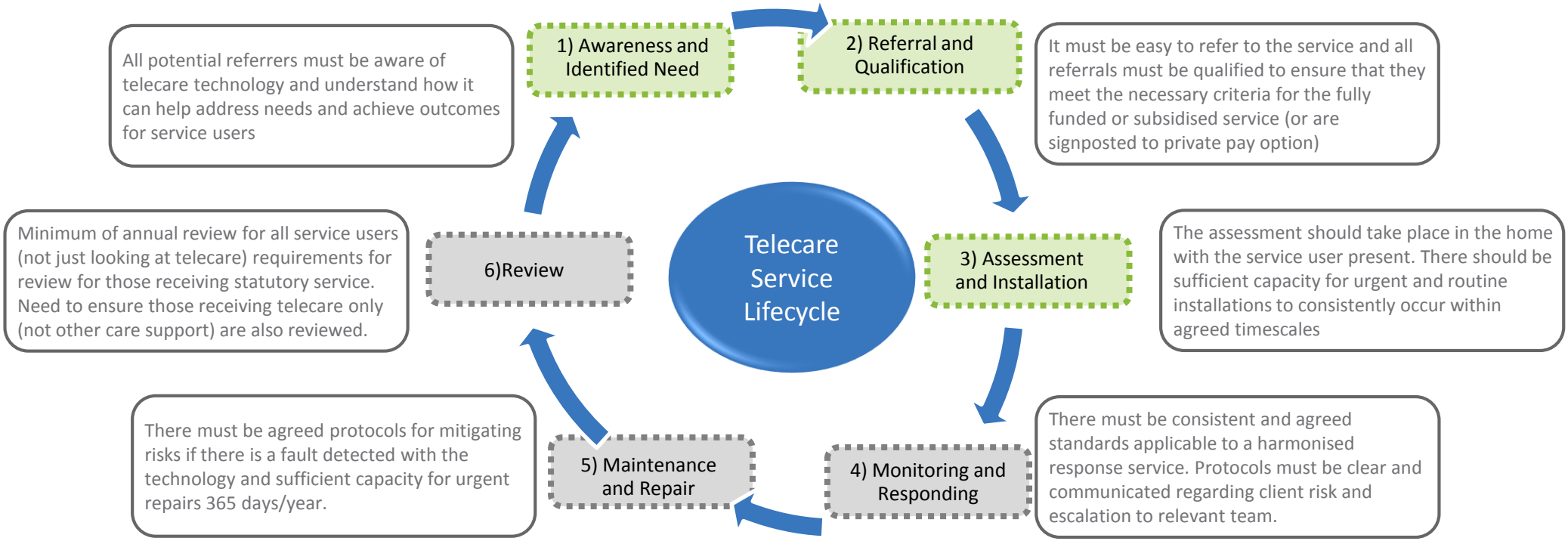
B. Appendix – output from strategy workshop

The future service will require process redesign efforts across all elements of the Telecare Service Lifecycle. The headlines and initial areas of focus are captured below

The revised operating model that will be agreed as part of the strategy initiatives implemented in the next phase will prompt a necessary redesign of the processes conducted within the telecare service. In developing our recommendations in this phase of work we have held a workshop and discussions with representatives of GCC telecare team, GCC social work, NHS representatives and Cordia, where our focus has been on the first three stages of the telecare service lifecycle. In particular reviewing the existing referral process and agreeing design principles that should underpin the future redesign work of the referral, assessment and installation process (see page 24 for these).

Detailed analysis of the elements of the lifecycle owned by Cordia has been out of scope at this stage, however we recommend that this work is undertaken in the next phase to ensure the new end-to-end service is joined-up, efficient and delivering to a high standard.

Core functions of the telecare service lifecycle, with initial recommendations for each element



Design principles to underpin a revised referral, assessment and installation process

There significant scope for improvement within the current referral process, with agreement across the GCC Telecare team, Cordia and social worker staff on issues including: multiple lengthy and complex referral forms; lack of transparency regarding timescales; confusion over what equipment is available and how it works (leading to either discussion with telecare team or abandoned referrals) and; lack of communication or feedback once referral is submitted. The following design principles were agreed during the process workshop to underpin the future process redesign work for referral, assessment and installation processes.

IDENTIFICATION OF NEED & REFERRAL

A. Clients, professionals and their carers / families should have a timely and positive experience interacting with the service

B. The referral form should be as quick and intuitive for practitioners to find, complete and submit. It should be accessible to all referrers. The referral form should only collect information that is absolutely necessary at that time (additional data can be collected at later points). The form needs to be accessible to all relevant practitioners e.g. LD social care staff, NHS Care professionals

C. Sufficient information must be provided to the care technology team so that they can determine eligibility, type of need and logistical details required for an appointment to be arranged

D. Information should be captured and shared efficiently between teams as appropriate

E. Health and care professionals are best equipped to identify individuals' needs, risks and the outcomes they want to achieve.

F. Health and care professionals need to have sufficient understanding of what care technology is available and have confidence in what needs it can help address/outcomes it can help achieve and trust that it will address the client risks that they are referring for

G. Supporting information and guidance should be easy to access and understand and available for each stakeholder group at each point in the process

H. Referral process should be embedded into other related pathways and procedures (i.e. hospital discharge; assessment or re-assessment). Telecare should not delay other processes (e.g. hospital discharge) and assessment for additional devices should take place in own home

I. Decision points should be authorised at the lowest level possible and the pathway should be monitored for compliance and performance.

ASSESSMENT & INSTALL

J. The individual (and carer if relevant) must be present for the assessment appointment.

K. There should be the mechanism and capacity for urgent installations and fault visits 365 days/year

L. Telecare professionals have the knowledge of latest available technology and are best equipped to identify the recommended equipment for each individual's circumstances

Areas of focus for redesigning the processes for the future service

Detailed process redesign work to establish and agree the to-be processes should be undertaken as the desired operating model is agreed. There will rightly be significant effort focused on redesigning processes for the revamped service during the implementation phase, however the future service should build-in capacity for continuous improvement work to assess the effectiveness of process changes and refine them as necessary.

Throughout the process redesign work, consideration must be given to the resource allocation (skills, capacity and cost) and impact of any changes on other elements of the process. There are a number of processes that are currently owned by Cordia that could benefit from review in a second phase of work to ensure the end-to-end service is joined up, efficient and delivering to a high standard.

Recommended priority processes for re-design in the next phase:

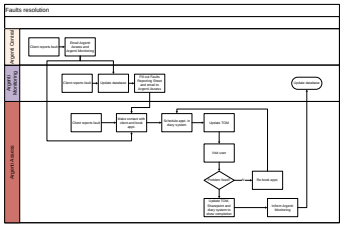
- Referral from HSCP for someone with eligible need – applicable for referrals from NHS; Cordia; GCC; other provider
- Self-referral or for someone who does not have an eligible need
- Assessment and installation
- Change of needs for client with telecare requiring review
  - Monitoring service identifies potential change in user need
  - Social work/home care identify change of need with potential for more care technology
  - Service user requests review
- Cessation of service, including potential transfer of equipment to another resident within home e.g. spouse
- Assessment and installation
- Fault resolution (subject to findings of review)
- Physical response and management of risk (subject to findings of review)

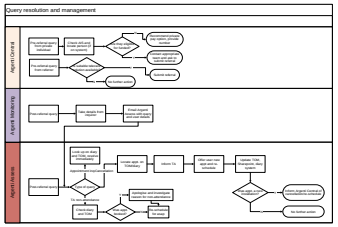
A working group with representation from Cordia, GCC and NHS should be formed to contribute to the design of each to-be process, ensuring there is clarity around:

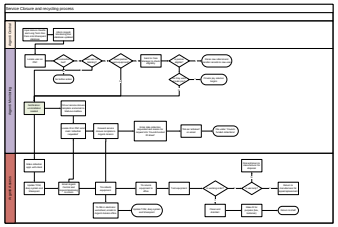
- What the function of the process is and what it needs to achieve
- What the expected quality and operational standards are for each element
- Who will be required to undertake each part of the process
- What information / system hand-offs are required
- What is required by way of Standard Operating Procedure to support the process.

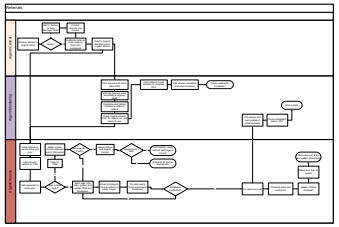
Using the output from process re-design work

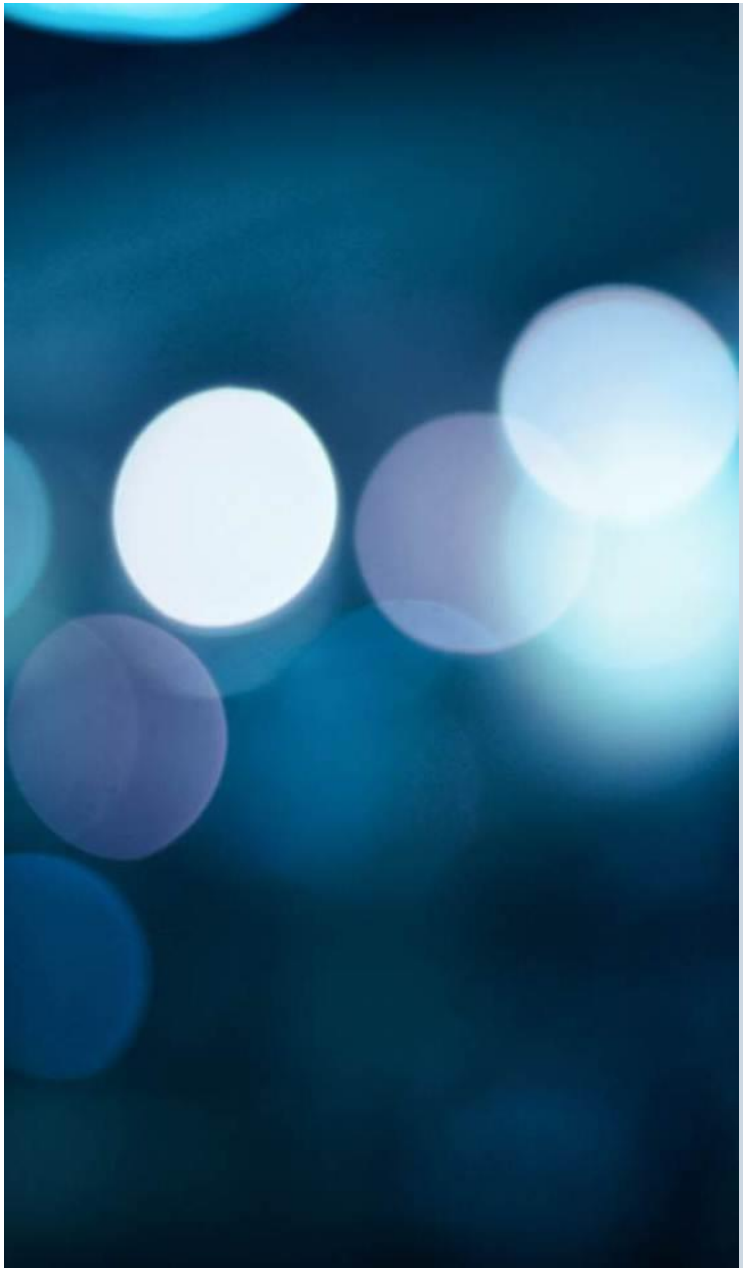
The output of this work should include process maps that are clear and comprehensive, and can support training and operational activities, as per the examples below that we have designed to support the operations of other telecare services:











IMPROVEMENT INITIATIVES: CULTURE CHANGE AND ENGAGEMENT 2.4

1. The Case for Change
2. Improvement Initiatives
   - 2.1 Strategy
   - 2.2 Governance
   - 2.3 Process redesign
   - **2.4 Culture change and engagement**
3. Implementation Plan and Next Steps

A. Appendix – financial savings

B. Appendix – output from strategy workshop

Background and principles for future culture change and engagement activities

GCC and Cordia continue to raise awareness of telecare among operational staff through formal training, team based discussions and large scale events that provide a speaking opportunity and/or a trade stand for promotional activities. Whist this (along with other factors) has led to an increasing number of referrals into the system, the current efforts are not targeted or consistent. This activity can also have a significant impact on the operational capacity of the team and there are opportunities for improvements in messaging and materials used to support engagement.

To achieve the ambition of mainstreaming Care Technology requires a wide range of stakeholders to be engaged. This includes visible sponsorship from the very top of Council and NHS organisations that permits/supports the efforts to build commitment across commissioning and delivery staff. It also must extend to reaching out to the communities of service users, patients, carers and the public that the Council serve.

The recommended work regarding brand establishment, described within the strategy initiative will provide an important foundation for this work however achieving a sustained culture change requires consistent long-term effort.

Engagement is not a one-off exercise; an ongoing approach must be embedded as part of the future service model. It must consider the need to engage with stakeholders across different organisations serving clients with different care needs e.g. NHS, Learning Disabilities, Older People, Children's Services.

Through this exercise GCC has already begun to build awareness and buy-in to a revised Care Technology service from senior officers. Through the process to agree next steps these efforts should be sustained as the proposed changes are discussed with other senior officers and elected members and these will continue to be an important and influential stakeholder group as work to implement the improvement programme progresses.

Principles for a revised approach to engagement:

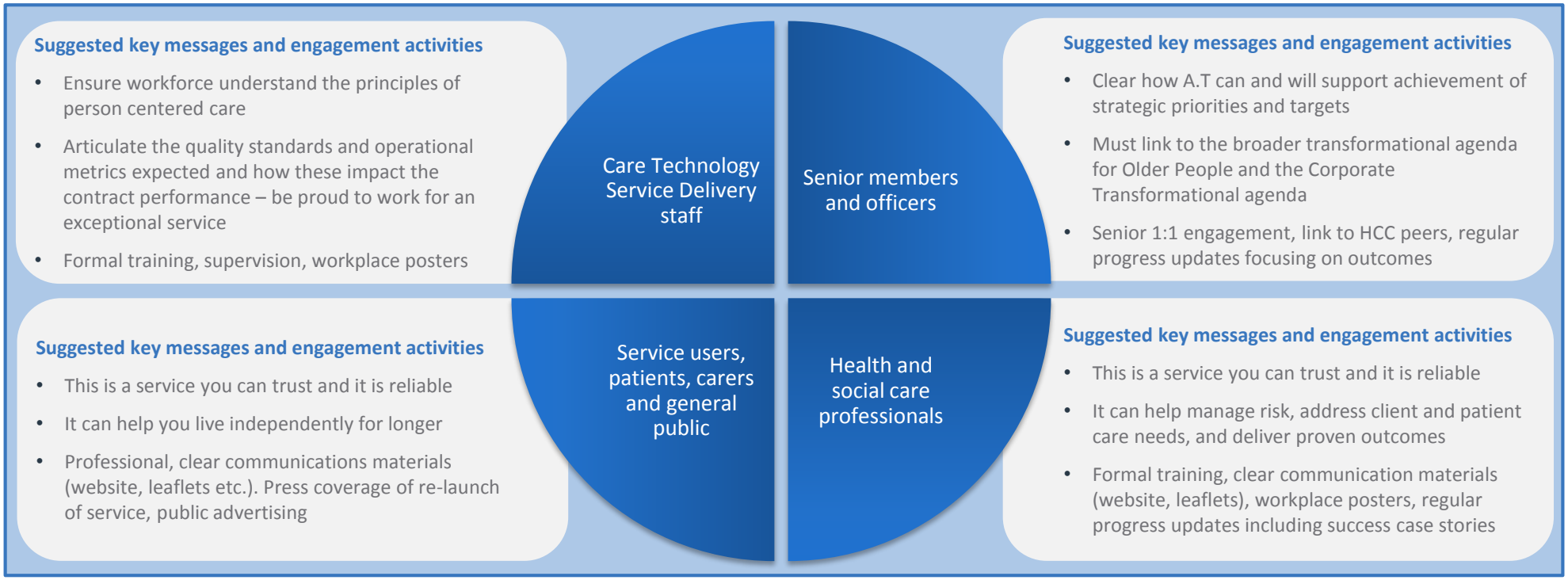
- Single, trusted brand that is recognized and endorsed from the top of the organisation and echoed at every level throughout
- Messaging that is supported by senior members of the organisation and that flows through communication at every level
- Agree core messaging to be central to training and communications e.g. expectation of telecare as first offer in a package of care, not just an add-on for peace of mind, use of real-life case stories that focus on outcomes
- Consistent and professional materials used that are tailored for the audience (professional referrer, service user and family member)
- Identified and prioritised all potential referring groups
- Recruitment of Champions for each team and effort taken to truly engage them and sustain this engagement
- Design a training programme for a relaunch of the service for champions and general referrers, supported by detailed training plan including logistical requirements
- Produce a plan for mop-up and ongoing training.
- Targeted engagement, with records to track and report training progress and a policy on no-shows to prevent persistent avoidance
- Plan in place to allow sufficient resourcing of activities that does not impact telecare service operational performance
- Develop a communications strategy that targets messaging via different channels to the various stakeholder groups and has clear channels for feedback into the service

Engagement activities must be planned and tailored for each stakeholder group

A detailed communications and engagement plan should be developed, working with corporate GCC and NHS teams to ensure alignment of messaging. This should capture plans for a re-launch of the service and also details for ongoing engagement, ensuring that the required capacity and capability is recognised and reflected in the resources available to the team. Further information regarding the design of a formal training plan for staff groups is captured on subsequent slides.

The diagram below includes a some of the key messages that are most relevant to each stakeholder group and initial ideas regarding potential engagement activities that should be built into the detailed communications and engagement plan to support culture change efforts.

Summary of main stakeholder groups, key messages and initial ideas regarding engagement activities



Designing and training and engagement plan for potential referring groups of social care and health professionals

In our experience, the engagement and training of referrers is a critical element of building and sustaining a successful telecare service. This is not about training staff in what equipment is available, but expanding their understanding of the potential of technology enabled care and gaining their confidence in the role that telecare can and should have in supporting their clients. Care staff must come to see that care technology 'goes with the grain' of their profession.

The work that will be undertaken through the strategy and process initiatives will help create a strong platform from which to engage staff, with a refreshed brand and processes that reduce the barriers for staff to refer to the service and give them confidence in the service to manage risk and deliver outcomes for clients.

Whilst the ambition is to mainstream telecare and raising the profile of the service across the City will be key to this, it is prudent to prioritise roll-out training to core groups, with additional groups added in a phased approach that allows you to balance resource availability.

Our recommendations for prioritised roll-out of training

- GCC Adult Services social care teams and OTs (OP and PD)
- Cordia social care workers and OTs
- Cordia home care workers
- Targeted NHS OTs for phase 1

Additional groups, including but not limited to the list below, should be engaged as part of a plan that is developed and agreed by the telecare BAU board.

- Learning Disability social care teams and LD providers
- Non-Cordia home care providers
- GCC Children's services staff
- OPMH teams

Planning for sustained training and engagement

Finally, we know from our experience that you must plan for continued training and engagement to sustain the profile of telecare. Therefore it is important that your training plan not only plans for roll-out and mop-up training for phased priority groups but also for ongoing training and engagement events.

Our recommended approach to designing and delivering a training approach for service re-launch incorporates the following key stages:

1. Agree training principles e.g. all staff must attend training in order to make a referral to the new service, team managers will be informed of team training records
2. Identify and prioritise potential referral groups to focus initial efforts
3. Agree core messaging for training, this should reflect the wider culture change efforts as well as the detailed messaging required to understand the new service
4. Design training programme and training materials for Champions. The programme should include formal training course materials as well as any pre-work or follow-up activity (if these elements are deemed necessary)
5. Recruit champions – at least one from each team/location in the priority referral groups
6. Design and publish training plan (date, time, location) for champions, book champions onto training and deliver, capturing feedback from them to inform any amendments to approach or materials ahead of wider training
7. Make the necessary amendments to training approach and materials based on feedback from Champions
8. Design and publish training plan, schedule and train all priority groups
9. Publish training plan for mop-up training and new starters
10. Consider use of refreshed e-learning for refresher training and/or short term agency staff
11. Establish regular communications with Champions and Team Managers to inform of their referral achievements, share case stories etc.
12. Run bi-annual Champions events to maintain engagement, keep them informed of service developments and capture improvement ideas

Designing and delivering a training programme for potential referring groups

Overview of training programme for re-launch of service

An early activity in the implementation phase will be to agree the priority groups for training and confirm the exact numbers of staff in scope. The table below sets out our current understanding of the priority groups for GCC and Cordia. Glasgow is divided into three areas, known as localities, to support service delivery and our training assumptions for GCC staff reflects these localities – North West, North East and South. Cordia Home Care staff are organised into 27 geographies across the City, and our training assumptions for the Cordia staff reflects this arrangement.

Recommended priority groups for training (for validation during implementation phase)

Organisation	Teams within adult services with a focus on OP and PD client groups	# of locations	Staff per location	Total staff	Number of Champions
GCC	Rehab	3	50-60	150 – 180	6
GCC	Social Work	3	50-60	150 – 180	6
GCC	OTs	3 TBC	35	35 – 105	3
GCC	Social Work Direct	1	TBC	TBC	TBC (assume 3)
Cordia	Home Care – Ops Mgr & asst	27	2	54	At least one champion from each locality – minimum 27
Cordia	Home Care – Home care delivery/OTs	27	6-7	162 - 189	
Cordia	Home care – reablement OTs	TBC	16	16 (TBC)	
Cordia	Care Assessment Team – Social Care workers	1 -TBC	25.5 WTE	25.5	2
TOTAL IN SCOPE STAFF FOR PRIORITY TRAINING		Min: 622.5 Max: 799.5			Min: 47 Max: 60

Estimated training requirement to relaunch service to priority referring groups:

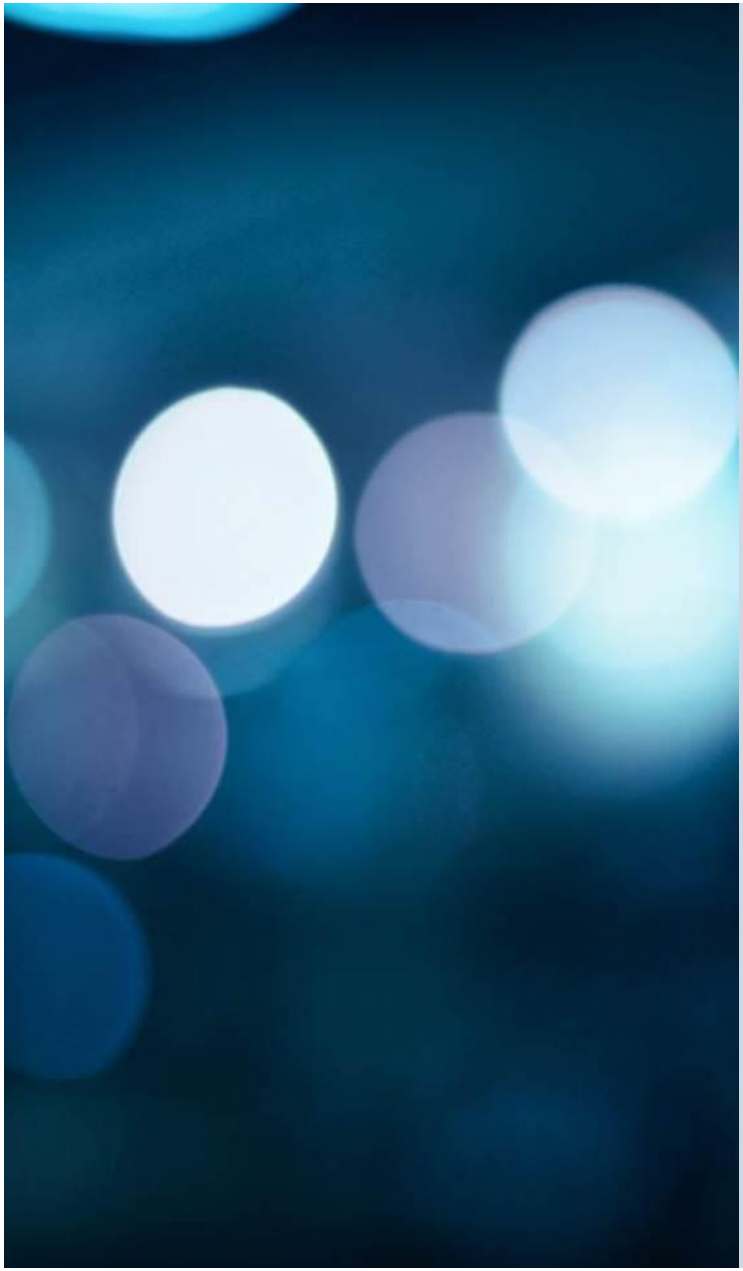
- **Min training requirement:** Champions 7 courses requiring 3.5 days, Referrers 89 courses requiring 30 days. **Total 33.5 days**
- **Max training requirement:** Champions 9 courses requiring 4.5 days, Referrers 115 courses requiring 38.5 days. **Total 43 days**

These calculations provide an estimate of days required for delivery of training but room and people resource constraints will mean the elapsed time to deliver this number of training courses will be longer, with design of the training course and preparation of training materials requiring additional time.

Calculating the resource required for training delivery

We have used the following assumptions to provide an estimated resource requirement for training delivery:

- Champion training course duration 3.5 hrs (max 2/day)
- Referrer training course duration 2 hrs (max 3/day)
- 1 trainer required to deliver the course
- Max 10 attendees per course but assume 70% attendance rate
- Minimum 47 champions and 623 referrers in scope
- Maximum 60 champions and 800 referrers in scope



IMPLEMENTATION PLAN AND NEXT STEPS

3

1. The Case for Change
2. Improvement Initiatives
    - 2.1 Strategy
    - 2.2 Governance
    - 2.3 Process redesign
    - 2.4 Culture change and engagement
3. **Implementation Plan and Next Steps**

A. Appendix – financial savings

B. Appendix – output from strategy workshop

Implementation plan and transformation programme governance

The implementation plan sets an ambitious pace for service transformation to maximise the early delivery of benefits

The case for change at the outset of this document set out the scope for transforming the existing service to deliver significant benefits to the Council and residents of Glasgow. The activities in the implementation plan are structured around the transformation initiatives detailed in this report that are required to realise these benefits.

The pace of the transformation is necessarily rapid. The service is already straining under pressure and we know this is having a negative impact on perceptions that will deteriorate further. As importantly, the savings required of Cordia and GCC are substantial and as you are nearing half way through the financial year there is a significant imperative to maximise delivery of these savings rapidly.

The savings profile set out in the case for change assumes delivery of savings follow a six month implementation phase. Transforming the service at pace and at scale is crucial to realising the substantial financial benefits: a six month delay to start the transformation reduces the financial upside by up to £1.4M cumulatively. Further, delaying the start without the help of an external partner is expected to reduce the cumulative financial benefits by £2.5M over four years, so the short-term support of a specialised transformation partner more than pays for itself.

The pace assumes resources with the necessary capacity, experience and skills to work at pace without compromising service delivery

We recommend that the implementation phase is driven by an external party who will be relentless in their focus on timescales, but that activities are co-delivered through a blend of local and external resources to ensure sufficient capacity and capability, local buy-in and associated skill development and transfer.

Joint working between Cordia and GCC, facilitated by an external partner throughout the implementation phase will also be a critical element of the culture change efforts required across the service delivery and commissioning teams.

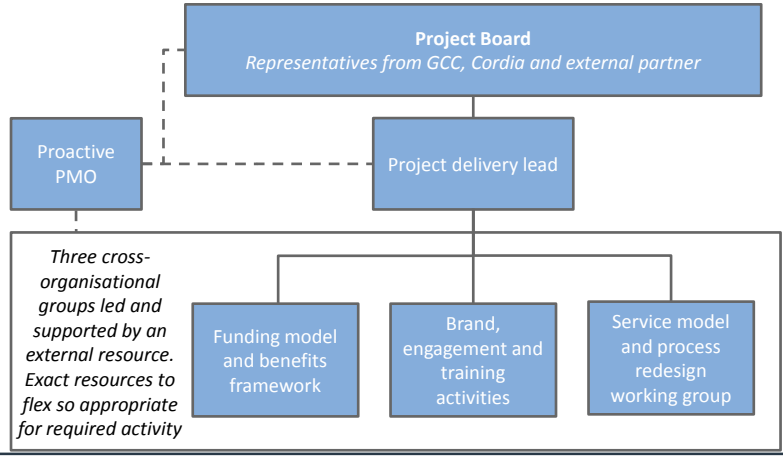
As the implementation phase progresses we recommend a transition of responsibility for delivering project activities from external partner to GCC/Cordia as detailed in the implementation plan on the next page.

Recommended project governance

We recommend that formal project governance arrangements are established for the duration of the implementation phase, with transition to the revised service delivery governance set out as an activity towards the end of the implementation phase. During the transformation programme the BAU service should be governed by the programme board to ensure visibility of performance throughout.

The pace and complexity of the project, involving multiple stakeholders and concurrent activities, will require a project delivery lead (supported by PMO resource) to ensure the project is driven at pace, and maintain robust and transparent project controls.

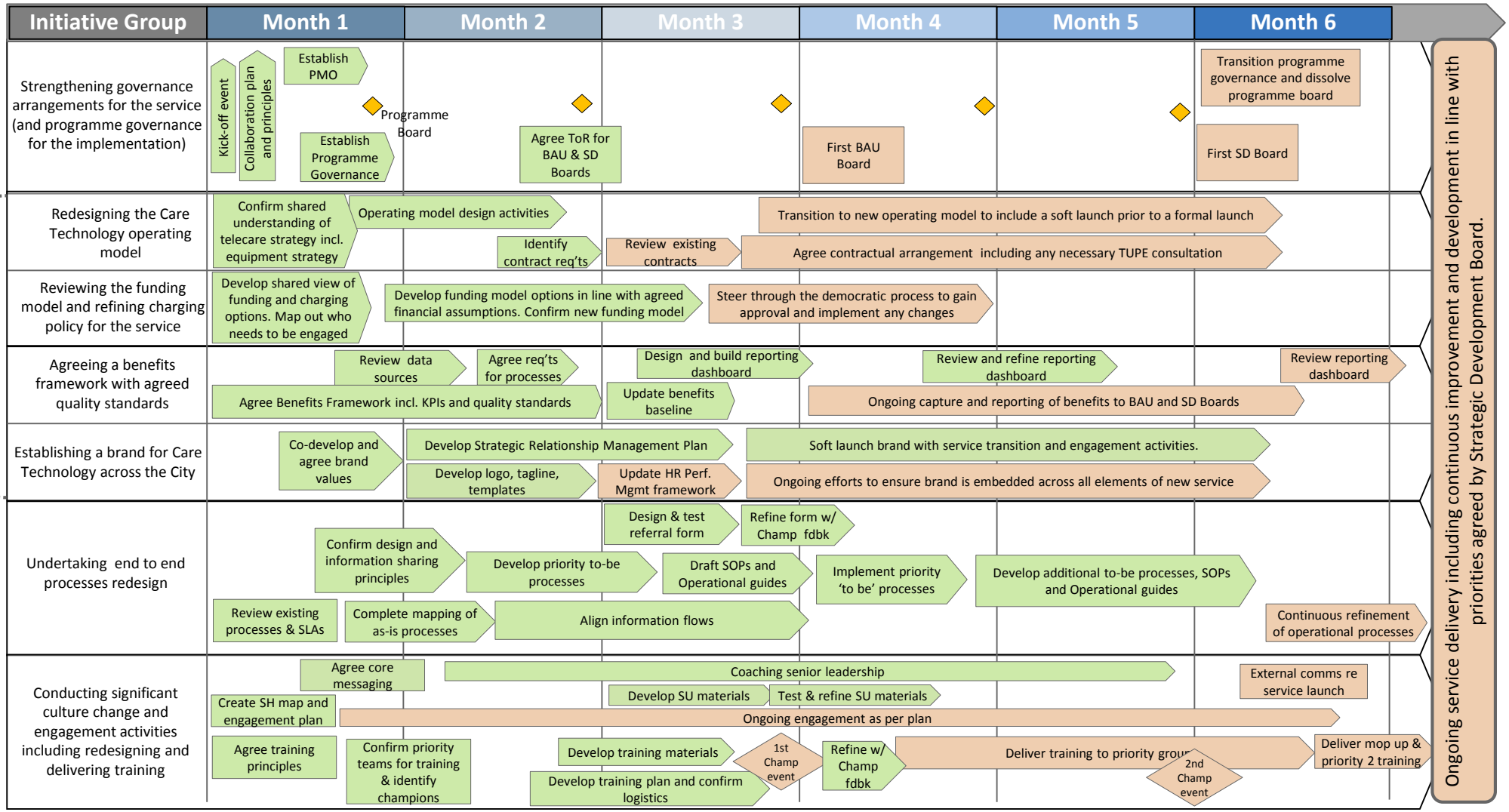
We have set out below our recommended project infrastructure. This assumes a level of external support to drive the project, with resource from GCC and Cordia involved in project delivery.



Implementation plan for establishing and transitioning to new service

The key indicates who is responsible for driving activities, however joint working will be required throughout

Key
- Recommend activity led by external partner
- Led by service partner (commissioner or delivery)



GCC and Cordia have the opportunity to transform the existing service but will require the support of the Integrated Joint Board to deliver this change and associated savings

Summary

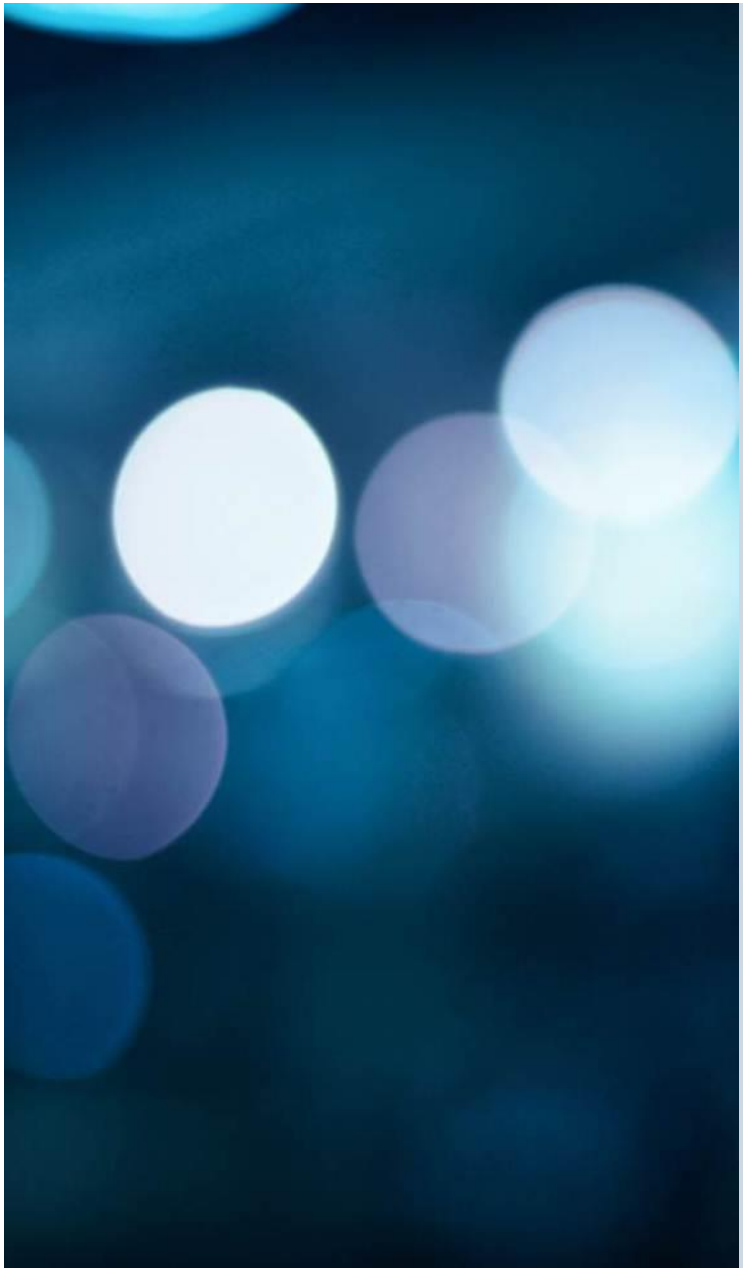
In this phase of work we have met with a individuals from GCC adult services social care, GCC telecare, GCC finance, GGC NHS and Cordia to enhance our understanding of the existing service and develop and test the aspiration for an improved telecare service.

In line with our commitments in our proposal to you for this phase of work we have analysed data available from GCC and Cordia to develop a financial model that is predicated on a set of agreed assumptions (informed by your data and our experience from other Local Authorities), and in section one of this document we set out these savings as part of the case for change for a transformed care technology service.

Also in this phase of work we agreed to develop improvement initiatives required to transform the current telecare service. These initiatives are detailed in section two with core activities reflected in the implementation plan in section 3.

Next steps

We understand that GCC need to secure support from the Integrated Joint Board for investment in transforming the telecare service through implementing the improvement initiatives detailed within this report.



APPENDIX:

DELIVERING FINANCIAL SAVINGS BY MAINSTREAMING CARE TECHNOLOGY

A

1. The Case for Change
2. Improvement Initiatives
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A. Appendix – financial savings

B. Appendix – output from strategy workshop

The opportunities to deliver financial savings with care technology are currently not being realised as the service costs GCC £2M per annum

2015/16 Net Position

(£ 2,059 k)

Service Delivery Cost

(£ 2,620 k)

Delivery of telecare service

(£ 1,802 k)

Installation, Monitoring, Maintenance, Uninstall for both Tunstall and EquipU

Equipment cost

(£ 367 k)

Cost of all equipment, including special equipment

Response service [1]

(£ 452 k)

Cordia and Secondary response service included

Commissioning and service management Costs

(£ 114 k)

GCC telecare staff

(£ 114 k)

Michael Gillespie's team amounting to ca 3 FTE

Income Charge

£ 588 k

Value of telecare invoicing

£ 647 k

An estimated 5.1k clients charged for full year at 3.12 per week

Value of bad debt and invoice processing netted off, estimated at ~£2 per invoice per period

GCC telecare overheads

(£ 59 k) [2]

1.5 FTE in Central Business Support (CBS)

Estimated apportioned time spent on telecare service

Gross Benefits

£ 95 k

Estimated financial benefits

£ 95 k

39 clients sampled from 1871 new installations in 15/16; remaining clients with live connection not expected to deliver benefits during 15/16, limited data available for older installs.

10% of clients with advanced equipment installs sampled (21 out of 199)

Only 3% clients are estimated to deliver financial savings to GCC, no instances of existing care being removed

Evidence of telecare used effectively to improve care outcomes (e.g. reduced carer breakdown, piece of mind for clients with risk of falls). There is a view in GCC that financial benefits delivered through telecare may be larger but no systematic way of capturing and evidencing this exists. In many cases there was nothing in care record to explain why telecare was provided.

[1] *Includes Cordia response and non recurring Secondary Response Cost (estimated 277k for 2015/16)*
[2] *Representative sample selected based on advanced and basics installs of clients with and without other care packages*

Source: Michael Gillespie, Principal Officer Community Services; Rachel Doleman, Finance Manager OP, data for FY 2015/16; Cordia

By shifting the balance of care the transformed care technology service is expected to deliver a net benefit of £1.6M in the base scenario

Growing service client base that deliver financial savings

- There is a clear opportunity to shift balance of care with help of care technology
- Financial benefit can be realised from reducing cost and avoiding increases in a range of care services. Beyond home care, this includes residential care, nursing care, supported living and learning disability services
- Service growth is expected to be driven:
    - ca 900 clients (20%) with existing home care packages can receive new telecare installations; Cordia have started this initiative in 16/17
    - Telecare to be installed in 30% of clients that currently would have received other care (home care, residential care, nursing care, supported living), gradually rising to 50% penetration by 20/21
    - 280 clients with Learning Disabilities to join service by 20/21
- The aggregate effect is more than doubling of the service client base to 19.4k service clients by the end of 20/21
    - Installs to increase gradually from 48 per week to 100 per week

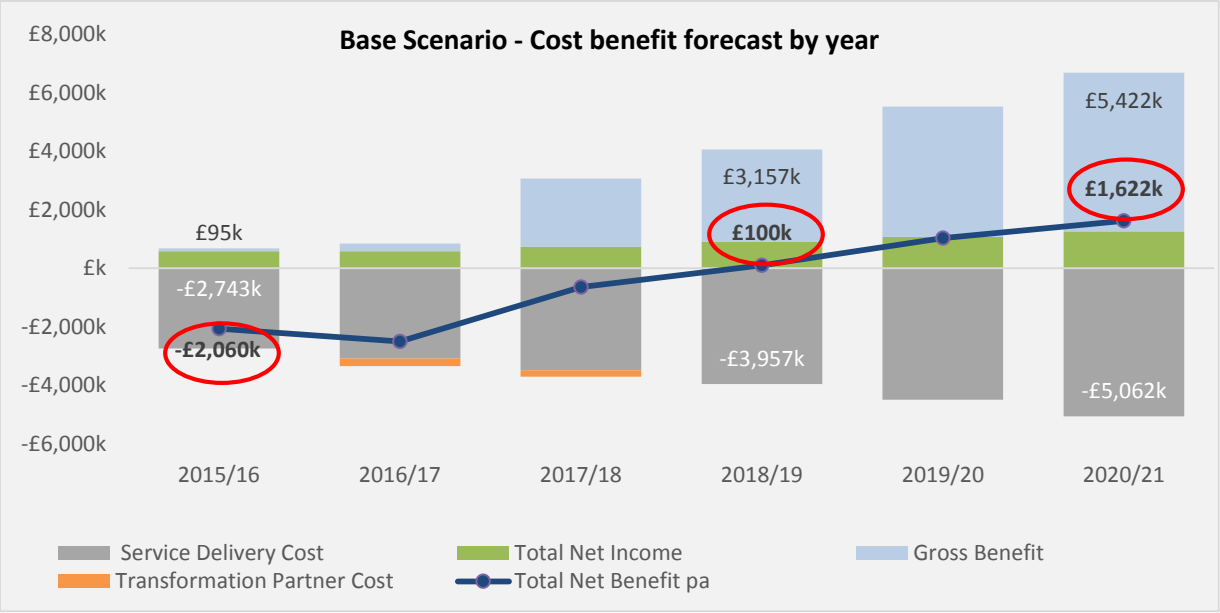
Targeting the right client cohorts and measuring financial benefits

- Financial savings will be realised through a combination of avoiding increases in alternative care services and direct savings by removing existing care services
- This will lead to gross benefits delivered of £5.4m by 20/21, from current position of less than 100k
- The largest driver of this is the proportion of clients delivering benefits to GCC set to gradually increase from currently 3% to 80% by 20/21
- Annual gross benefits per client estimated to grow from conservative £1,300 per year to £1,900 as service matures over time
- Of the 280 LD clients ca 106 LD clients expected to deliver a total of £1.4m in savings across the four years through a combination of removal and reduction of sleeping nights and waking nights. Assumptions are based on findings from current LD telecare project in Hampshire
- Not included are expected opportunities with Children's services and Younger Adults

Continuing to collect charging income whilst identifying cost savings

- Net income expected to double to £1.1m by 20/21
- Cordia costs assumed to move in line with growth of client base:
    - We are observing that cost for monitoring £3 per connection per week is high by market standards, however the base scenario is conservative and assumes no change in this as the service grows.
    - Cost per response is assumed to remain in line with current levels. We expect opportunity to simplify the currently fragmented responder model
    - Total cost for installation and equipment assumed to increase in line with the number of new clients joining the service
- GCC telecare team to re-align the service-desk function performing referral validation, training and engagement and service development. Contract management and new MI roles are to remain within GCC
- The service transformation partner is assumed to amount to a one-off cost of £480m spread over one year

Net benefits of £1.6M are achievable by 20/21 through a combination of direct savings and avoided costs in home, residential & nursing care and supported living as well as savings with LD clients



Cost benefit forecast (£k)	2015/16	2016/17 F	2017/18 F	2018/19 F	2019/20 F	2020/21 F	FY 16/17 – 20/21
Service Cost	-2,743	-3,066	-3,485	-3,957	-4,493	-5,062	-20,062
Transformation Partner Cost	0	-258	-222	0	0	0	-480
Income	588	583	737	900	1,078	1,261	4,559
Gross Benefit	95	265	2,325	3,157	4,444	5,422	15,613
Total Net Benefit	**-2,060**	**-2,476**	**-644**	**100**	**1,028**	**1,622**	**-371**

The majority of benefits will be realised through avoided costs: an evidenced reduction or delay in alternative care packages. We estimate that by the time the new service is fully established, about 10% can be delivered through direct cost savings through removing existing packages of care.

As an indication, we expect home care to account for 44% of benefits delivered, reducing to 36% by 20/21 as the service for LD clients grows.

% Gross benefits realised by alternative care provision (indicative figures)	2016/17	2020/21
Home Care	44%	36%
Residential, Nursing Care & Supported Living	56%	48%
Learning Disability	0%	16%

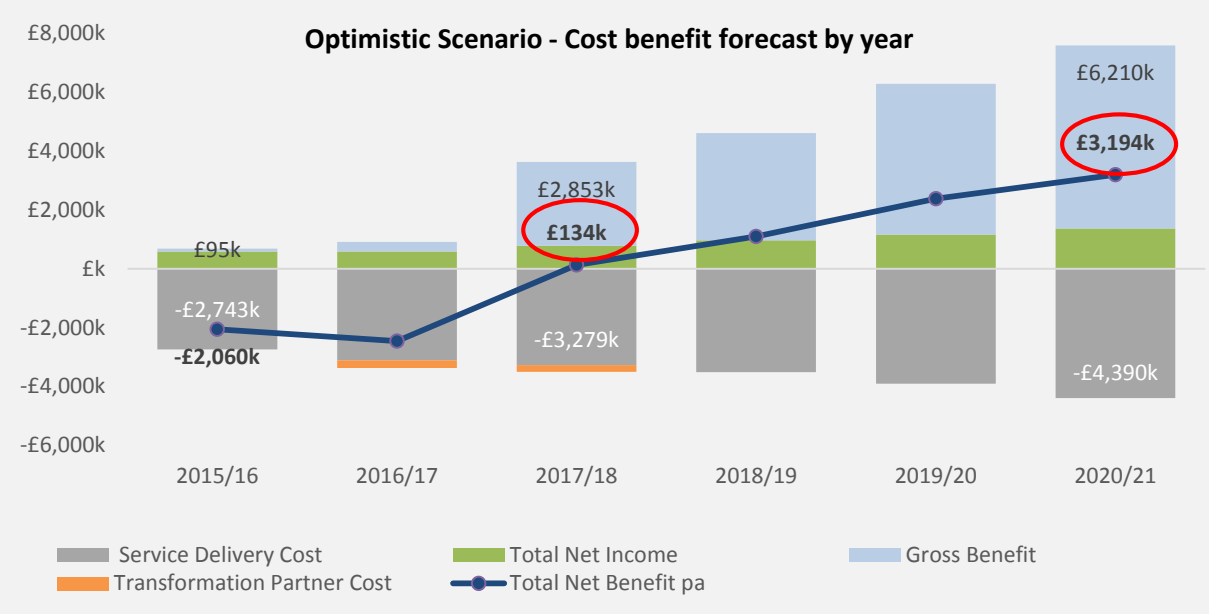
We observe that the weekly cost of monitoring is currently very high at ~£3 per connection. Argenti pay £1.50 per week per connection per week for a relatively high-spec service, commonly this service is available for less than £1 per connection per week.

The base scenario assumes no change in this cost over time, however, we expect there to be an opportunity to reduce this through improving efficiency of service with Cordia.

The base scenario is built on a range of detailed assumptions using care and population data from Glasgow, the current telecare service, and our extensive knowledge from other local authorities

General assumptions	• All figures are estimated for the next four financial years with 2015/16 as the base year. The transformed service assumed to be in operation January 2017, with a typical four month transformation phase from September until December 2016. • At this point no assumptions are made to address contract relationship between GCC and Cordia. All net savings are assumed to benefit Glasgow as a whole, and are not attributed to GCC or Cordia specifically. • An additional 0.5 FTE to lead and manage service delivery for GCC as ongoing BAU is assumed • The introduction of a two-tier charging model introduces additional complexity to reporting requirements. Access to data and reporting through CareFirst is difficult which poses a risk going forward. An additional 0.5 FTE is assumed to be required for tracking of benefits.
Benefit assumptions	• To estimate future benefits a combination of assumptions and existing data from other clients was used, based on the specific client population and current volumes of care clients in Glasgow. • Financial benefits per client are expected to last for nine months following install, in line with GCC client reviews and experience from other local authorities • Regular annual reviews are currently used to assess needs of existing home care clients. Through this process over the course of the next year we make the conservative assumption that 20% of current OP PD home clients will join the new telecare service (ca 900 clients). We estimate that current clients receiving check up and tuck-in visits can be prioritised as they are likely to deliver the largest savings. • New telecare installs increasing from 50 per week to 88 per week by 20/21. This equates to telecare penetration of 30% of expected new home care, supported living, residential care, and nursing care clients in 16/17, rising to 50% by 20/21. • The proportion of clients delivering benefits increasing to 80% by 17/18. • LD clients: 280 new LD clients to join service by 20/21; 116 expected to deliver direct savings through reduction or removal of sleeping nights. This is in line with targets and current LD client volumes referred at Hampshire County Council.
Cost assumptions	**Monitoring cost:** Current average cost per connection is £3.02 per week including all fixed overheads. This is considered high and requires further discussion with Cordia. Monitoring is the single largest cost driver as currently assumed to grow with service growth. We anticipate an opportunity to review efficiency and operating model at Cordia to control this cost driver. **Installation:** Technician costs assumed to increase with service volumes to account for additional capacity required, with cost per install in line with 15/16 data from Cordia. Tunstall cost for more specialised installations included and assumed to increase in line with overall volume growth. **Response:** Cordia response cost to increase over time with volume increases, while cost for secondary response service assumed to remain stable over time at 554k per annum; assume to bring secondary response model under Cordia to simplify process model, other options still under review. **Transformation cost:** Cost for transformation of the service are currently assumed to amount to £480k, spread over 12 months starting September 2016. **Income:** Current net income of invoicing after cost per invoice processed and bad debt recovery is assumed £2.22 per client invoiced per period.

The benefits of growing the service faster and achieving cost efficiencies are substantial with £3.2M net benefits expected by 20/21



A more optimistic scenario demonstrates the significant potential upside of growing the transformed service faster and achieving cost efficiencies within the operation.

Assuming a larger conversion of existing home care clients in the first year and an additional 100 LD clients by 20/21 results in increased net benefits.

% Gross benefits realised by alternative care provision (indicative figures)	2016/17	2020/21
Home Care	44%	35%
Residential, Nursing Care & Supported Living	56%	47%
Learning Disability	0%	18%

Cost benefit forecast (£k)	2015/16	2016/17 F	2017/18 F	2018/19 F	2019/20 F	2020/21 F	FY 16/17 – 20/21
Service Cost	-2,743	-3,111	-3,279	-3,514	-3,905	-4,390	-18,199
Transformation Partner Cost	0	-258	-222	0	0	0	-480
Income	588	589	782	967	1,168	1,374	4,881
Gross Benefit	95	321	2,853	3,643	5,115	6,210	18,141
Total Net Benefit	**-2,060**	**-2,460**	**134**	**1,097**	**2,378**	**3,194**	**4,343**

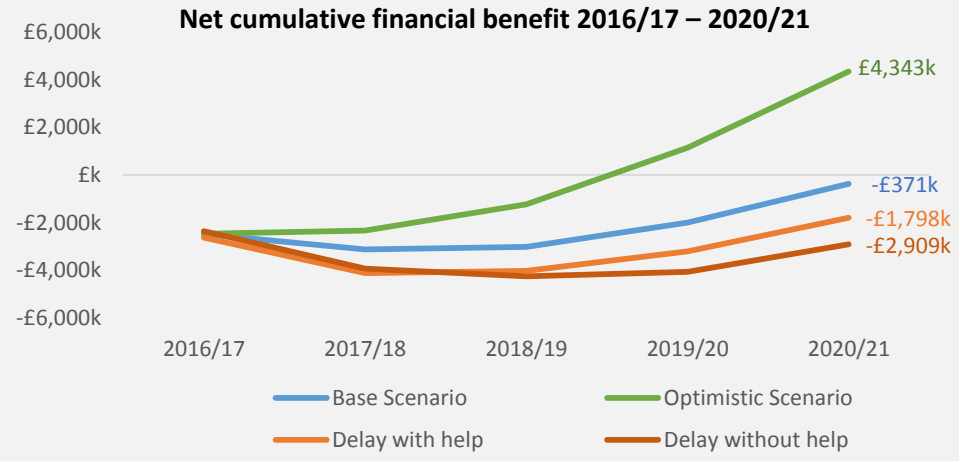
As the service grows significantly over time we believe that more monitoring activity can be handled with the same workforce.

This is reflected in the optimistic scenario by reducing the per connection cost from ~£3 to ~£2 per week. This cost lever has a considerable positive effect on the overall net position.

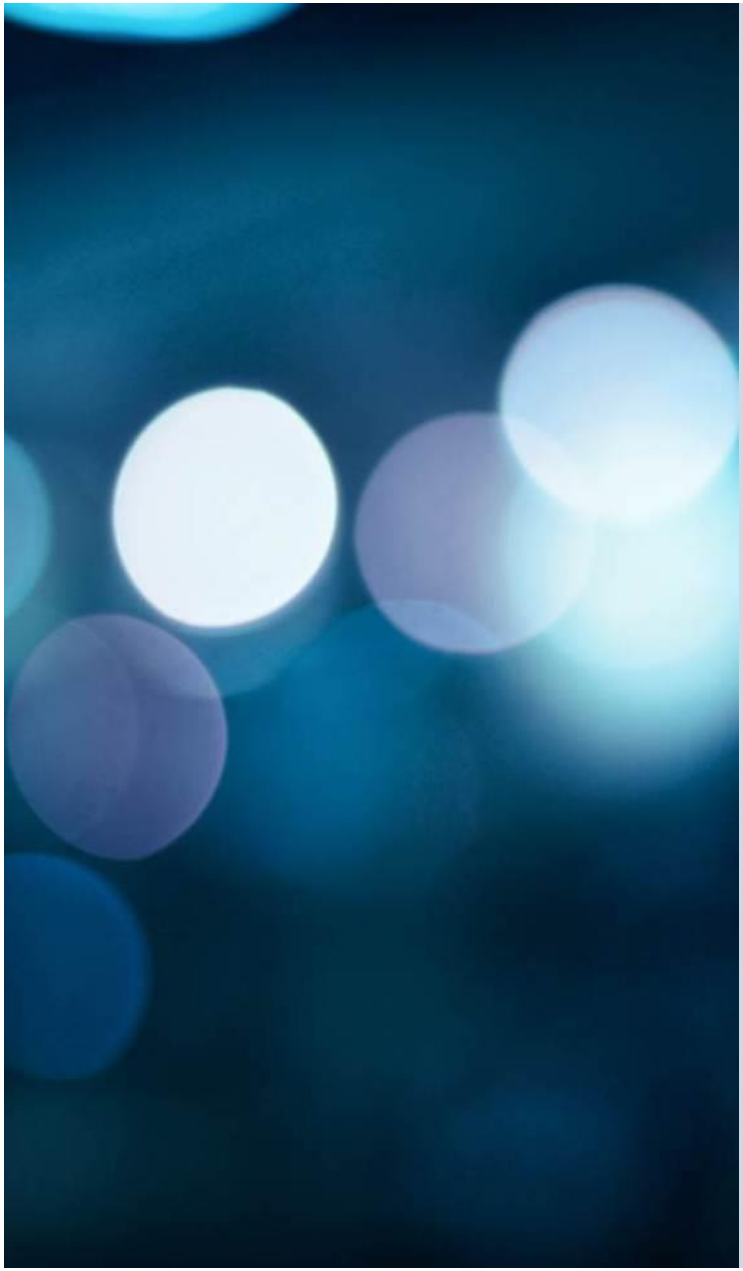
Transforming the service at pace and at scale is crucial to realising the substantial financial benefits; a delayed start (with or without external help) is significantly reduces the financial upside

We have modelled two further scenarios.

1. **Delaying the start of service transformation by six months until March 2017**
   Projected Impact: A delayed start means delayed conversion of new clients, which leads to a reduction of cumulative benefits of up to £1.4M by 20/21, illustrating how crucial it is to transforming the service at pace
2. **Delaying the start of service transformation by six months without the help of an expert transformation partner**
   Projected Impact: We expect that a delayed start in conjunction with 'going alone' has a negative impact on the transformation, such as less expert resource focused on the work, learning from common pitfalls as you go, and having to overlay the job of driving the programme onto the day job of current staff. We account for this by prolonging the transition to a fully established new service and dampening the proportion of clients delivering benefits. Cumulatively, we estimate the benefits by 20/21 to be £2.4M lower than the base scenario.



Scenario Assumptions	Base Scenario	Optimistic Scenario	Delayed start of transformation by 6 months	Delay start of transformation by 6 months without expert partner
Timing of Transformation	September – December 2016, indicative cost of £480k	No change to base scenario	March – June 2016, indicative cost of £480k	March – June 2016, no transformation partner cost
Expected client growth	20% of existing home care clients converted to telecare over one year; 50 new clients rising to 86 new clients per week by 20/21; 280 new LD clients by 20/21	30% of existing home care clients converted to telecare over one year; 50 new clients rising to 86 new clients per week by 20/21; total of 380 new LD clients by 20/21	20% of existing home care clients converted to telecare over one year; slower new client growth due to delay, 77 new clients per week by 20/21; 280 new LD clients by 20/21	Slower conversion of 20% of existing home care clients convert (18 months); slower new client growth due to delay, 70 new clients per week by 20/21; 280 new LD clients by 20/21
Expected benefits per client	Clients expected to deliver benefits rising from 50% in 16/17 to 80% by 20/21	No change to base scenario	No change to base scenario	40% of clients expected to deliver benefits in first two years of service due to delayed and less effective
Cost of monitoring (per connection per week)	Unchanged from current cost at £3.07	Cost reduction by a third to £2.06 by 17/18 driven by expected operational efficiencies	No change to base scenario	No change to base scenario



APPENDIX:

OUTPUT FROM STRATEGY WORKSHOP - MAPPING PRINCIPLES TO WHAT GOLD-STANDARD SERVICE MEANS FOR STAKEHOLDER

B

1. The Case for Change
2. Improvement Initiatives
    - 2.1 Strategy
    - 2.2 Governance
    - 2.3 Process redesign
    - 2.4 Culture change and engagement
3. Implementation Plan and Next Steps

A. Appendix – financial savings

B. Appendix – output from strategy workshop

How will the future service achieve Principle 1?

The Glasgow assistive technology process and brand will be clear and well understood across health and social care

What does the service need to do to achieve this principle?

- Create a Glasgow Telecare brand and undertake a re-launch of service as part of sustained culture change efforts
- More expertise and focus around establishing the brand, taking stock of some of the baggage that is accompanied with the Cordia relationship – establish brand values (e.g. self-referral, speed, responsive) recognize constraints of public sector organization. Also recognize that Cordia's brand not restricted to GCC
- Governance around this to bring some key stakeholders closer to the service e.g. raise GP awareness. It is appropriate and necessary to engage with health as well but recognize challenge of existing perception (telecare is poor & Cordia is poor)
- Need to be clear about Telehealth scope and timing, the brand/service should be future proof so to ensure no delay to telecare improvements caused by other assistive technology work
- Understand the most effective way of raising awareness and supporting staff with information to help make decisions - messaging must be clear on what A.T can and can't do, that it is open for self-referral, professionals know to sign post
- Needs to be targeted, with champions and leadership in local teams - Design and deliver training programme for all potential referrers and plan for mop up and ongoing training, continuous engagement
- Confidence in a simplified referral process that is easily accessible with minimal information required and only at the time required. Consider use own systems to simplify process and ensure clarify around timescales.
- Partnership development and open to new partnerships.

What will a gold-class service mean for stakeholder groups?

Service users & carers: Recognise the brand across all elements of the telecare service that they receive. Confident in the brand and demand from users and other people advocating on your behalf.

Health and care professionals: Confidence in the service and eager to refer clients (also have clients asking if they can get telecare). Easy to find clear information, quick and simple to refer.

GCC Commissioners: Are clear that the service commissioned is easily accessible for professionals and is understood and used as a service that is complementary to direct care.

Service provider: The service has a clear and recognizable brand that encompasses all elements of the service and is synonymous with high standards. All staff are proud to work to achieve these standards.

Government, regulator and industry bodies: The brand is enhanced by recognition from regulators and industry bodies that the service is gold-standard.

How will the future service achieve Principle 2?

The success of the service will be based on the delivery of agreed quality and performance indicators

What does the service need to do to achieve this principle?

- Develop benefits framework that encompasses operational process and service user outcome measures
- Refresh and review performance standards to get the right focus and robust standards, for different audiences, link to brand values. Use consistent quality measures throughout the service that incentivise service provider(s) to deliver the desired outcomes
- Management information systems – over-reliance on Cordia to provide information, transparency across the right system. Resource sufficient Management Information (including Finance) capability to capture information and produce reports
- Use opportunity to bring home care and alarm service relationship closer. As part of the performance based standards within home care package, should be asked to complete a review of the telecare equipment. Build into the performance framework with Cordia that's being looked at now.
- Communications at each part of the process to reinforce quality standards – need to get home care staff systematically plugged into reassuring messaging regarding telecare use (check pendant on etc.)
- Service users don't get much information about what they're getting. They should know timings about when to expect installations and are informed about how to operate their system – go back to service users post installation to check they know how to use it (plain English).
- Co-develop performance indicators for priority areas outside of OP/PD e.g. LD, Children's Services, NHS

What will a gold-class service mean for stakeholder groups?

Service users & carers: Receive consistently high quality service. Carers, friends and family reassured that their loved one is supported by professional, reliable, high quality service.

Health and care professionals: Feel confident that their clients will receive high quality service that they are assured will help manage risks. Know the expected standards and can convey these to client and carers.

GCC Commissioners: Know that they have commissioned a high quality service for residents of Glasgow, and assured of this through robust contract management and governance.

Service provider: Clear contractual performance and quality targets that incentivize the right behaviours across all elements of the service.

Government, regulator and industry bodies: Service recognised as highest quality and for spear-heading a new way of delivery AT in Scotland, focused on achieving measurable outcomes for service users and commissioners that supports future investment decisions.

How will the future service achieve Principle 3?

Assistive Technology to form part of package of support and achieves identified outcome for service user

What does the service need to do to achieve this principle?

- Process and referral form needs to focus on service user needs and desired outcomes
- Professionals have the knowledge to align to Outcome Based Support Plan – personalization and proportionality, range of needs – preventative to complex, Anticipatory Care Plan focusses on what to do if stuff starts to get wrong.
- Focus on staff training and culture to ensure actively considered telecare as part of support package and careful about incentive to ensure they have considered Assistive Technology for the right reasons and not just a tick box to access another part of the system
- Lower the barrier to refer for all professionals - avoid creation of more appointments e.g. we do not want a situation where a GP appointment is required in order to get a referral.
- Social Care Direct collect information as first point of contact
- The process needs to be customer focused and get necessary information as and when required
- If you're paying for it (and not a statutory service requirement) it's up to you why you have it so no need for criteria to apply to these clients (recognize that this cohort may also help give GCCC a heads up to a potential emerging need)
- Implement regular monitoring and audit to review use of Assistive Technology as part of Package of Care (reviews and assessment – both with client and desk based, design care journey and process around user needs that allows for more regular review if required)

What will a gold-class service mean for stakeholder groups?

Service users & carers: Confident in the role that assistive technology has in helping achieve outcomes in their support plan and recognize it as a core part of their care package

Health and care professionals: The first thing that is written on the care package is assistive technology. They are clear and confident of the risks and outcomes that assistive technology can achieve

GCC Commissioners: Achieve recordable savings from reduction in cost of care packages as more assistive technology is used to complement or avoid other elements of care package

Service provider: Service is established to focus on outcomes and staff have the information from referrers and capability to select appropriate technology to meet a range of client needs.

Government, regulator and industry bodies: Assured that quality standards are met across all elements of service users care package including assistive technology

How will the future service achieve Principle 4?

Assistive technology will be promoted at an early stage to all appropriate clients whether older people, people with dementia or people with learning disabilities, mental health or other challenges as an effective and affordable complementary service to direct support.

What does the service need to do to achieve this principle?

- Secure staff buy-in – belief in the system and investing in ongoing relationship with front line staff
- Prove a robust case that supports staff buy–in and Service Users buy-in. Provide materials and messaging for clients that promote the use of AT at early stages, and engagement with front line staff likely to identify these clients
- Teams focus on critical and substantial, don't necessarily see the early stage- need to engage with voluntary organisations, housing, NHS 24 for sign posting, RSLs who are currently very disconnected with front line health staff, Essential Connection Forums
- EquipU – need to look at broadening the equipment that they source and stock. Keep in touch with different technologies that come to the market, including mobile apps.
- Maintain joined up working that's already happening elsewhere (dementia 5 pillars work) and establish mechanism joining up funding requests, the brand may assist with this.
- Create connections with other areas e.g. Children's– especially regarding carer breakdown, sensory impairment team
- Have it within wider strategy and ensure benefits
- Review the charging policy to address issues including – complaints generated by hospital discharge not told about funding policy, inequality as requirement for a landline (service user pays their own line rental) but for mobile devices if there is no landline the Council pays the associated SIM card charges.
- Embed a pathway that recognizes and captures the benefits of telecare, including financial benefits as alternative to direct support (metrics that track speed of implementation)

What will a gold-class service mean for stakeholder groups?

Service users & carers: Clients with a variety of support needs are aware of assistive technology and able to benefit it to support their independence and care needs

Health and care professionals: Wide variety of teams are confident to promote assistive technology to clients with a range of support needs and recognize it as complementary to direct support

GCC Commissioners: Are clear on the scale of use of assistive technology as part of care packages and capture the benefits and savings realized from it's use to support inform investment decisions.

Service provider: Has a service that is appropriate to a wide range of clients and is able to source and stock technology to meet a range of client needs.

Government, regulator and industry bodies: Are able to see the role that assistive technology can play for a wide range of clients through tracking of benefits – experience, outcomes and savings

Additional organisations to be considered: Voluntary organisations, housing Groups, NHS 24, RSLs

How will the future service achieve Principle 5?

Assistive technology services will be organised to achieve economies of scale, without hand-offs and other sources of delay and confusion, to maximise the value to customers, the Council, Cordia and the NHS

What does the service need to do to achieve this principle?

- Specify requirements (outcome & input) in contract with provider to enable GCC to meet their required goals and ensure governance in place to monitor
- Agree how to fund the expanded service (remove equipment budget constraint), and agree whether achieving saving within existing hard cash or if it's a theoretical saving because you've prevented / delayed a future cost. Need to have the modelling to support decision to redirect funds to allow upsizing service
- Calibration between resource required and expected outcomes.
- Consistent and resources available to manage peak points (surge or if something goes wrong) e.g. recognized risk area of EquipU. Careful not to undermine accessibility at time when it's at it's most required
- Option for provider to have flexibility across home care and telecare but need to be clear about incentives and targets (learn from previous efforts in this area), and also recognize that the scope for telecare is broader than home care services
- Strategy needs to be linked – needs to ensure efficient service, achieve hearts and minds, conscious about timing to ensure improved service is functioning so that first referrals made into the new service are easy and efficient, helping to reinforce messaging.
- Build in mechanism to continually review investment / disinvestment decisions
- Design information flows that reduce / remove duplication end-to-end (and reporting back) across all elements of the service

What will a gold-class service mean for stakeholder groups?

Service users & carers: :Receive a service at minimal or no cost to themselves. Experience a professional and rapid service from point of referral.

Health and care professionals: Easy and quick to refer and confident of smooth, efficient process that includes feedback loop at key milestones.

GCC Commissioners: Have a funding model in place that allows commissioning of a high quality and value service. Have the capacity for effective partnership working and contract management

Service provider:: Has the freedom to provide most cost efficient service that meets/exceeds contract and regulatory standards.

Government, regulator and industry bodies :Assured of efficient service and through clear benefits framework confident of appropriate, cost-effective use of public funds