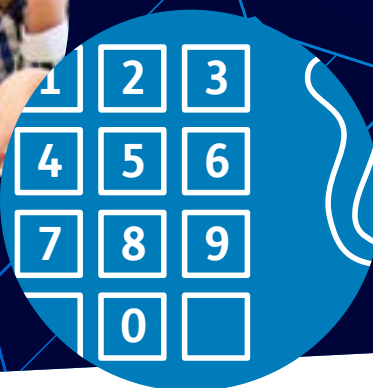


# TECHNOLOGY ENABLED CARE SOLUTIONS (TECS) Strategy 2021-2024



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## Foreword – Cabinet Member



This Strategy gives us the opportunity to be innovative and ambitious in how we plan to help all people to stay healthy and avoid complications. Technology Enabled Care Solutions (TECS) can be an effective tool in supporting people to manage their own health and enabling better coordination of care, personalisation and prevention.

In Sefton, we want the opportunity to innovate and improve services to achieve the best outcomes for the people we serve. Having effective digital capabilities which complement traditional care and support services, is fundamental to delivering the ambitions set out in our TECS Strategic priorities.

TECS alone can't deliver a transformation in care, but when embedded in a wider package of care and new ways of working, the combined innovation can have a powerful impact on improving outcomes for people and reducing inequality. That is why planning for technology enabled care services needs to take place at a whole social care and health economy level and involve social care, health, voluntary services, and our Sefton residents and carers, as part of integrated working and the development of our place-based partnerships.

The innovations described in this Strategy, together with the objectives of the Health and Wellbeing Strategy and Sefton Vision 2030 emphasise the strategic importance of closer working between health and social care organisations in Sefton. They are resolutely driven by our determination to put the needs of the person at the heart of everything we do. We aim to integrate health and social care services wherever such integration has the potential to deliver better benefits and improve outcomes for people. This document sets out our vision and ambitions for transforming the end-to-end care and support pathways which complement the delivery of services and supports the new operating models in Adult Social Care.

Co-ordinated advice and information is key to supporting people to take responsibility to plan for their future needs, including information about maintaining independence through the use of equipment, adaptations and AT. Promoting self-serve and effective self-assessment for those people who do not want to or do not need to access public services provision, alongside information that guides those people with more complex needs to appropriate referral points for access to specialised assessments, are fundamental for ensuring the right person gets the right support.

There is potential for the benefits of using TECS equipment and developing our TECS offer to residents of Sefton. TECS needs to be better understood by the public and our social care and staff teams. We also recognise that the opportunities that TECS equipment provide, particularly around re-ablement, recovery and assessment for long term support, should be made more integral to our social care assessment and commissioning processes.

The TECS Strategy sets our direction for the next three years with nine guiding strategic priorities to help us work towards the development of technology enabled care solutions that will promote and support independent living and improve health and well-being in all our families, neighbourhoods, workplaces and communities. Our intention is to continue to improve the experience of people who use services and for staff. We will do so through the effective implementation of key service changes and related projects during the lifetime of this strategy.

Having the right strategy is only the first step. The important next step is how we deliver it and how we embed our commitment to developing TECS in everything we do. If we want to improve health and wellbeing and reduce health inequalities, every single sector, organisation and community has a role to play. Together we can really make a difference to health and wellbeing and increased independent living for people in Sefton.

I am thrilled that the plans we have developed and that we are taking forward, with our key partners, will very much complement other forms of care and support and can bring about the maximum benefits to all. Technology has the power to radically transform the way we deliver care and support by enabling all individuals to take a more active role in their own health and increase prevention through supported self-care. By capitalising on new and emerging technology, we have the opportunity to provide a modern model of continuous, coordinated care centred on the individual, with professionals acting in partnership with the person to improve their health and wellbeing.

We need to harness the power of technology enabled care to provide better, safer and sustainable care. I believe that by embracing rapidly emerging TECS equipment to support independent living and self-care we can empower our residents to own their own care and transform the way we plan and deliver care and health services in the future.



**Councillor Paul Cummins**  
Sefton Council

# Sefton TECS Strategy

## 2021 – 2023



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group



### Our Ambition

- Our ambition is to connect TECS into the heart of our adult social care and support services; we want to see a role for TECS whenever we design and develop services.
- We want to use the benefits of modern technology to create a service user experience which is flexible, enabling, responsive and re-assuring.
- We want to put technology to use to make it possible to deliver our services in the most efficient and effective way.

### Our Priorities

- We will ensure the provision of TECS for individuals to live in an accessible and safe “home” environment, enabling them to retain independence, that also provides reassurance for formal and informal carers, often enabling them to continue with activities they might otherwise have to give up, including employment.
- We will build strong collaborative partnership approaches between health, social care, housing and wider community stakeholders to design seamless approaches to ensure that residents’ care needs are well supported with the increased use of TECS.
- We will embed prevention in everything we do. Prevention and early intervention are about enabling people to maintain the best health possible all the way through life.
- Social and Health care professionals will have the knowledge and digital skills they need to understand how TECS can best support people and, using an asset-based approach, they will deliver person centred assessments that will empower individuals to identify potential solutions for themselves.
- We will make TECS the default consideration for individuals that require staff support but can share group living. We will ensure that the implementation of TECS will work in shared settings to meet the full spectrum of individual care needs.
- We will reduce the number of falls related hospital admissions and discharges to residential placements and some supported living models encouraging residents and prescribing staff teams to consider the use of TECS in people’s homes in line with Sefton’s Early Help and prevention offer.
- We will align ‘in house’ TECS provision with Occupational Therapy assessments and our Home Improvement Service, expanding our TECS provision over the next 3 years to give greater choices to people to support independent living at home.
- We will provide an opportunity for children and young people with SEND, their families and/or carers to have effective support in the home with increased use and promotion of TECS to improve mobility/safety and support independence.

## Helping people to help themselves

- 1.** Connecting people with information and support that is available within their local communities
- 2.** Providing good quality advice and information at the first point of contact
- 3.** Ensure relevant and current information is available for service users, practitioners and other stakeholders regarding TECS.
- 4.** Provide timely and effective solutions, promote DFG eligibility criteria and ensure that individuals have access to information so that they are able to access equipment independently if needed.
- 5.** Develop a clearer and more integrated approach to the provision of TECS that will empower individuals to identify potential solutions for themselves
- 6.** Ensure that there is a knowledgeable and confident workforce.
- 7.** Developing staff/carer training and resources that are regularly updated and reviewed so that staff carers and family members are fully equipped to provide appropriate advice and choices to residents requiring TECS to enable independence in all settings

## Helping People When They Need it

- 1.** Providing Equipment, adaptations and TECS that prevents the need for personal care services
- 2.** Changing culture and transformation to asset-based approaches
- 3.** Working collaboratively with our partners to promote integrated working models, multi-agency teams and relocation of Trusted Assessors into Triage, Discharge and Reablement settings.
- 4.** Support people to live independently at home using TECS equipment.
- 5.** Supporting longer term attitudes to receiving health and telecare options.
- 6.** Divert to less intrusive care initiatives using TECS
- 7.** Support use of other services such as DFG and Direct payments to access equipment needed to ensure independent living at home

## Helping People to live their lives as independently as possible

- 1.** Ensure that care services explore and deliver new technology.
- 2.** Exploration of TECS / Telecare Framework
- 3.** Practitioners are required to think about the ethical considerations for use of TECS equipment

# Early Help, Prevention and promotion of Independence

## How we know if we've made a difference?

The Plan will be measured through indicators from Social Care, Public Health and Primary Care, Early Help, Active Sefton and Sefton CVS

## Indicators to reflect each Theme include:

### Helping people to help themselves:

- ✓ Empowering people to source self directed support.
- ✓ Reduction in number of people requesting formal referral at front door and signposting to alternative options re TECS equipment and Assistive technology
- ✓ reduction in high cost care packages
- ✓ Increase in the use of the on line rapid Self Assessment Tool
- ✓ Reduction in waiting times for adaptations to the home
- ✓ increase the number of TECS training sessions for health and social work practitioners by 10% each year.

### Helping people when they need it:

- ✓ Reduction in Dom Care Packages by replacing with TECS
- ✓ Increased connectivity and knowledge of TECS
- ✓ Reduced high cost care packages and long term financial savings with increased provision of TECS.
- ✓ More people living independently at home for longer.
- ✓ Improved health and well being outcomes.
- ✓ Reduction in longer term care packages. Increase in people living independently
- ✓ DFG funding is an area of continual growth
- ✓ Cost saving re reduction in high cost care packages and early help and prevention
- ✓ Reduction in falls reducing number of hospital admissions and admissions into permanent care home placements.

### Helping people to live their lives as independently as possible

- ✓ Increased choice of TECS for individuals
- ✓ Expanded provision of equipment
- ✓ Increased number of referrals for telecare services

## Introduction

This strategy has been written in response to the development of Sefton's Digital Strategy 2021-2023, to ensure that Technology Enabled Care Solutions (TECS) can contribute to meeting the needs of individuals to ensure independent living at home and within the wider community.

Within Sefton's Digital Strategy 2021 -23 there are three identified themes:

1. **Connected Council:** We will use digital technology and solutions to transform and improve how the Council operates
2. **Empowered Communities / Empowered Residents:** We will use digital technology to consolidate and transform the relationship between the Council and its residents so that residents have better access to online services and benefit from improved digital inclusion
3. **Business Growth:** We will ensure that Sefton residents and businesses benefit from high-speed internet connectivity, access to digital skills learning and the ability to leverage the opportunities afforded by digital technologies.

The Technology Enabled Care Solutions (TECS) Strategy 2021-2024 has been written in response to **Theme 2: Empowered Communities / Empowered residents.**



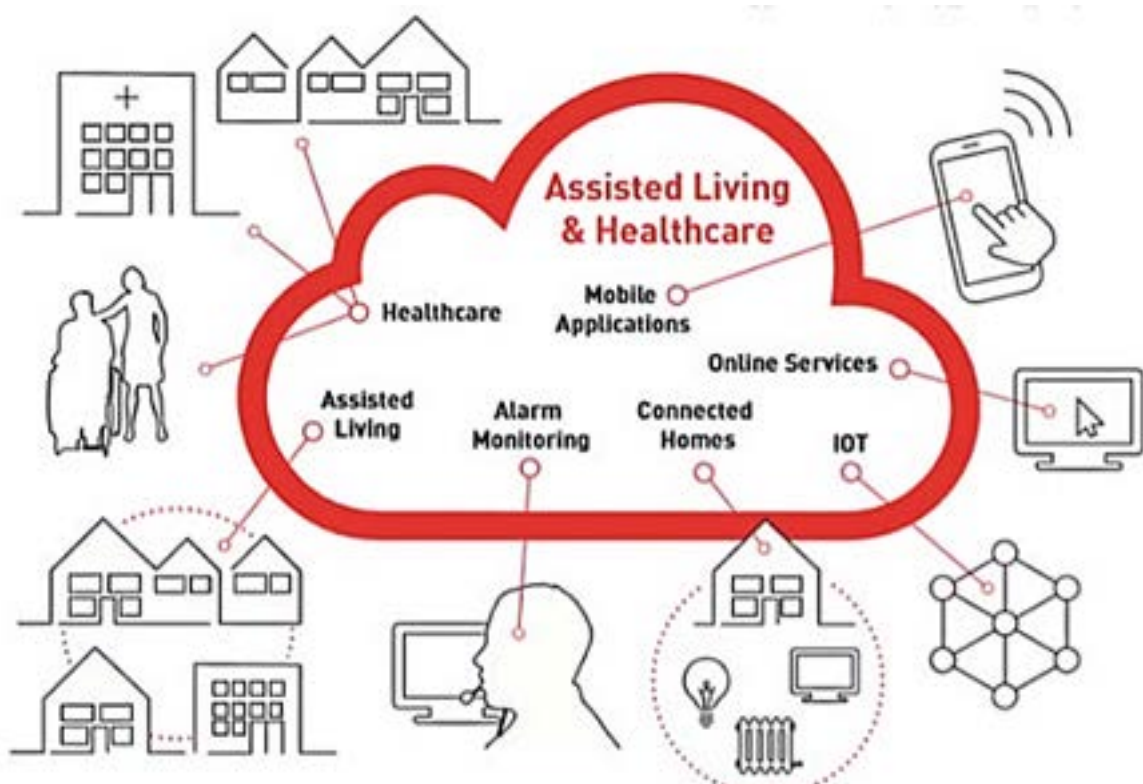


# What is Technology Enabled Care Solutions (TECS)?

Technology Enabled Care Solutions (TECS) is fast becoming the accepted description for a range of health and care technologies. TECS range from the simplest information apps to sophisticated monitoring devices. It has the potential to transform how we care, especially making it possible for us and those we're looking after to have greater independence and peace of mind.

TECS refers to the use of assistive technologies, telehealth, telecare, telemedicine, tele-coaching and self-care in providing care for people with long term conditions that is convenient, accessible and cost-effective (See Appendix A for definitions). TECS has the potential to transform the way people engage in and control their own healthcare, empowering them to manage their care in a way that is right for them. It enables timely and efficient remote support and offers choice and personalisation; reducing, delaying and, in some cases, preventing dependence on services and high cost carer packages. TECS can improve the quality, safety and efficiency of health and care practice and it can help to identify individual and population social and health care needs and expectation to plan and deploy interventions.

If TECS equipment is used appropriately, it can support individuals to live independently within their own homes and local communities for longer. The role of TECS, adaptations and community equipment in helping people to live independently in their own home for longer is crucial to Sefton's vision for a model of social care which reduces, delays or prevents reliance on formal care and support services.

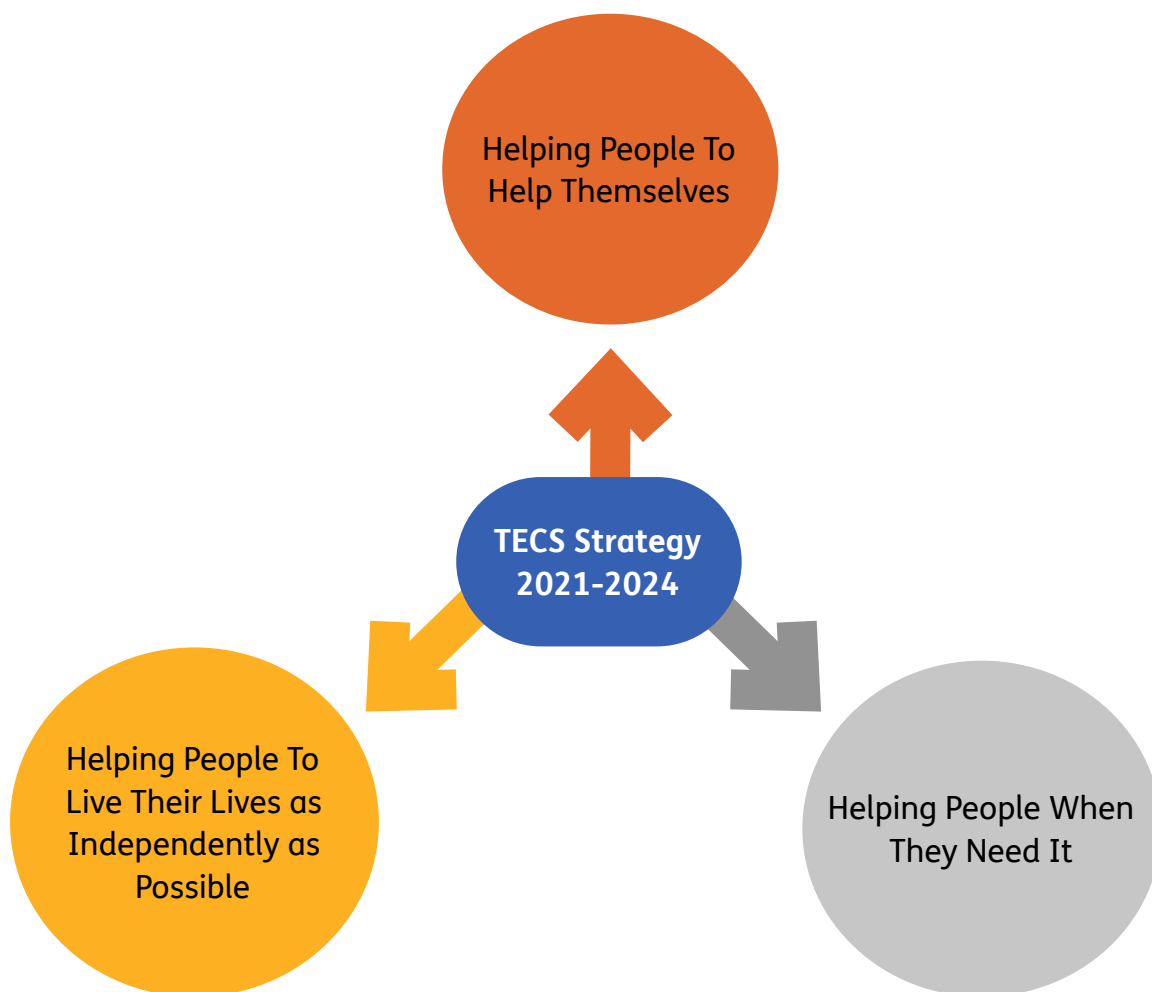


## Ambition

Our ambition is to connect TECS into the heart of our adult social care and support services; we want to see a role for TECS whenever we design and develop services. The intention will be to use the benefits of modern technology to create a service user experience which is flexible, enabling, responsive and re-assuring. We also want to put technology to use to make it possible to deliver our services in the most efficient and effective way.

## Sefton TECS Strategy 2021-24: Strategic Objectives

This Strategy details the outcomes that Sefton Council want to achieve in developing and delivering TECS across Sefton. It identifies actions that will support local priorities and that are supported by the Government's health and care policies and some of these are also outlined in the associated strategies highlighted below.



## TECS Strategic Priorities

**PRIORITY 1:** We will ensure the provision of TECS for individuals to live in an accessible and safe “home” environment, enabling them to retain independence, that also provides reassurance for formal and informal carers, often enabling them to continue with activities they might otherwise have to give up, including employment.

**PRIORITY 2:** We will build strong collaborative partnership approaches between health, social care, housing and wider community stakeholders to design seamless approaches to ensure that residents’ care needs are well supported with the increased use of TECS.

**PRIORITY 3:** We will embed prevention in everything we do. Prevention and early intervention are about enabling people to maintain the best health possible all the way through life.

**PRIORITY 4:** Social and Health care professionals will have the knowledge and digital skills they need to understand how TECS can best support people and, using an asset-based approach, they will deliver person centred assessments that will empower individuals to identify potential solutions for themselves.

**PRIORITY 5:** We will make TECS the default consideration for individuals that require staff support but can share group living. We will ensure that the implementation of TECS will work in shared settings to meet the full spectrum of individual care needs.

**PRIORITY 6:** We will reduce the number of falls related hospital admissions and discharges to residential placements and some supported living models encouraging residents and prescribing staff teams to consider the use of TECS in people’s homes in line with Sefton’s Early Help and prevention offer.

**PRIORITY 7:** We will align ‘in house’ TECS provision with Occupational Therapy assessments and our Home Improvement Service, expanding our TECS provision over the next 3 years to give greater choices to people to support independent living at home.

**PRIORITY 8:** We will provide an opportunity for children and young people with SEND, their families and/or carers to have effective support in the home with increased use and promotion of TECS to improve mobility/safety and support independence.

**PRIORITY 9:** We will ensure there is a readily available TECS budget with sliding scales for cashflow outlay.

# Adult Social Care Vision 2030

The delivery of this Strategy is a key contributor to the Councils overarching 2030 vision which can be found here: Vision and Core Purpose (sefton.gov.uk). The Health and Wellbeing of Sefton residents is a key deliverable of the Sefton Health and Wellbeing Strategy and Sefton2gether NHS 5 years plan found here:

<https://modgov.sefton.gov.uk/documents/s94293/Enc.%201%20for%20The%20Health%20and%20Wellbeing%20Strategy%202020-2025.pdf>

and here:

<https://www.southseftonccg.nhs.uk/media/4179/sefton2gether-final-print-version-2020.pdf>

These plans all highlight the need to enable resilience and maximise the impact of technology and digital solutions to continue to meet need based on the assets of those that need care and support.

## Two pledges from the Vision are to work together:

- so that Sefton becomes a digital borough and improve access to digital technology.
- to promote digital inclusion



The 2030 Vision outlines the following objectives for Sefton Council and its partners:

- We want to offer Care and Support that empowers people to live an independent life, exercise choice and control, and be fully informed.
- We will ensure that services are targeted at protecting the most vulnerable and enabling everyone to be as independent as possible for as long as possible
- Our offer will be focused on prevention, support, advice and build support plans based on an individual's assets and built around gaining the right outcomes for that individual from a range of minimally invasive offers.
- We will support individuals to live as independently as possible and work to prevent needs escalating to a point of reliance on more formal complex care delivery.
- We will focus our efforts on ensuring a diverse range of high-quality care and support offers to meet the full spectrum of need.



## Adult Social Care Market Position Statement

The Market Position Statement for Sefton states that choice and control for our residents is key to achieving our vision. Our strategic direction is to move towards person centred services and to invest in innovative and creative services that can evidence personalisation, good outcomes as well as being effective and affordable.

We would estimate that current budget is £ 434.2 Million for our CCGs and £153 Million for Adult Social Care, illustrating the significant amount of potential we must combine the budget and deliver the most effective service for the people who live in Sefton.

This Strategy considers the ASC Market Position Statement and seeks to give clarity to the market, ensuring that we maximise, in all ways, what the market can offer. We will develop with providers and stakeholders, a predictive model of what we need the market to look like, and we will seek assistance with our appraisal of potential delivery models to achieve this.

The Vision for Sefton is to embed the vital role of technology in social and health care and work with formal and informal care providers to support people to live independent lives in their own homes, stay connected with their local communities and stay fit and active for longer. Over the next 3 years and beyond we will develop and deliver a TECS service for Sefton residents, which is accessible across both social care and health. As services become more integrated and technology is developed, the aim is to include telehealth commissioning with our CCG colleagues.

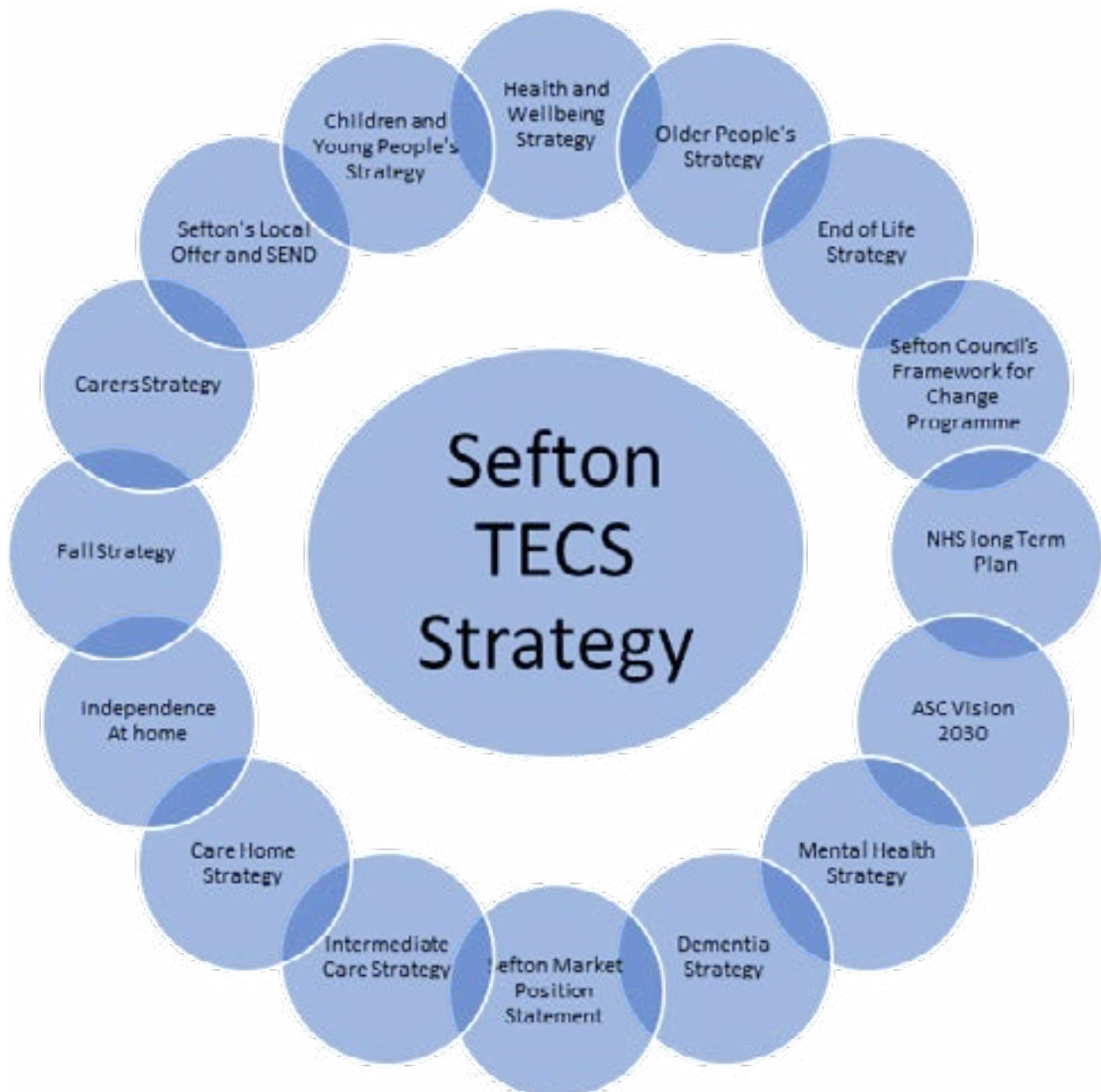
As part of the ongoing development of our social care workforce, we will ensure that they receive information and training on TECS and how it can be accessed and utilised in service provision. Staff will be actively encouraged to consider TECS at the first point of assessment for anyone seeking support in the home to maintain independent living. We will ensure that all care staff are equipped with the correct information and knowledge to promote TECS to residents living in Sefton.



## Linked Key Strategies

Other key linked strategies are highlighted in the diagram below and, again, they all seek to affect outcomes for the people who live in Sefton by increasing delivery of care at home wherever possible, improving the quality of care and support and maximising the independence of our older population. They can be found using the following link:

<https://www.sefton.gov.uk/your-council/plans-policies.aspx>



# Context and Purpose

## The National Context

**Care Act 2014** requires local authorities to:

*“consider the person’s own strengths and capabilities, and what support might be available from their wider support network or within the community to help” in considering ‘what else other than the provision of care and support might assist the person in meeting the outcomes they want to achieve.’<sup>1</sup>*

Early intervention and prevention are key elements in the Care Act, which requires local authorities (and their partners in health, housing, and employment services) to take steps to prevent, reduce or delay the need for care and support for all local people. It also directs that services should promote the wellbeing of individuals. TECS is key in achieving this, as evidence has shown how, in many situations, it can be used to support and maintain people’s independence, reduce or manage risk and will enable many people to remain living in their own homes.

Co-ordinated advice and information are key to supporting people to take responsibility to plan for their future needs, including information about maintaining independence by using equipment, adaptations and TECS. Promoting self-serve and effective self- assessment for those people who do not want to or do not need to access public services provision, alongside information that guides those people with more complex needs to appropriate referral points for access to specialised assessments, are fundamental for ensuring the right person gets the right support.

There is potential for the benefits of equipment, adaptations and TECS to be better understood by the public and, we also recognise, that the opportunities that equipment, adaptations and TECS provide, particularly around reablement, recovery and assessment for long term support, should be made more integral to our social care assessment and commissioning processes.

## Think Local Act Personal

The transformation of social care and the personalisation agenda set out in ‘Think Local Act Personal’<sup>2</sup> establishes that Councils need to offer and provide support in ways that ensure that people can exercise choice and design the support and care arrangements that best suit their specific needs. Personalisation is based on offering choice and control to our customers and working with them to co-develop individualised support plans. It puts people at the centre of the planning process and recognises that they are best placed to understand their own needs and how to meet them. Supporting people and carers to access and use the opportunities that

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1 The Care Act 2014

2 Think Local Act Personal: See: <http://www.thinklocalactpersonal.org.uk/Browse/careact2014>



TECS can provide is a key aspect to enabling choice and the council's prevention strategy. For many people who access support and services, TECS will be one element of their support plan, which may also include regular visits by care staff and other workers.

TECS offers numerous possibilities depending on the customer's needs and desired outcomes ranging from simple devices to prevent sinks flooding, to GPS tracking and Smart-phone applications. By ensuring that telecare is considered during the development of every support plan we can support customers to find the best possible solutions and achieve the vision described in 'Think Local, Act Personal'. Many others, of course, are happy to sort out their own care and support and we need to increase awareness generally about the possibilities that technology can offer.

## COVID 19 Pandemic and its Impact on Health and Social Care provision

Digitalisation aspects of the NHS phase 3 response to COVID and the need to accelerate the digital and technological solutions.

COVID-19 is an unprecedented global crisis that is placing tremendous pressure on people, communities and businesses. Dealing with the social and economic effects of COVID-19 calls for both immediate and longer-term responses, so monitoring and measuring social value currently is more important than ever. However, COVID-19 has also completely changed the priorities for organisations and the resources available to them.

The Kings Fund: Five priorities for the health and care system post-Covid-19 Report<sup>3</sup> is considered within this strategy in line with future planning and TECS development across Sefton and across the region. It is essential to embed and accelerate digital change in the wake of recent progress during the last 18 months (2020/2021) in line with COVID 19 restrictions on movement and social distancing arrangements for the population. This includes innovative and new methods of service delivery for care professionals and Sefton residents, such as the increased use of video consultations, remote appointments and the accelerated wider roll out of digital technology.

Rapid evaluation of approaches and measures taken during the pandemic is needed to inform future digital change. This includes understanding the impact of the more permissive environment for innovation – covering changes to funding, procurement, information governance, and staff and peer support – and the consequences of the resulting changes for patients and staff, particularly in general practice and outpatient care, which have seen the greatest shifts.

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3 The Kings Fund: Five priorities for the health and care system post-Covid-19 Report, July 2020

## The Local Context

### The Demographics of Sefton

Sefton has a population of approximately 274,600 (0.5% of the English population).

In summary:

- 52% of the Borough are female and 48% are male (slightly different to the 51% - 49% split seen across England).
- 23.1% of Sefton's population is 65 years old or over (63,300), with approximately one in five being aged under 18 (53,514).
- Sefton is ranked 18th out of 326 local authorities for the number of residents aged 65 or over.

Sefton faces significant challenges over the coming years because of the structure of its population.

We have a much higher than average proportion of older people and we expect over the next few years to have increasing numbers of:

- People living alone with an increasing risk of social isolation, loneliness and depression.
- People with dementia.
- People with multiple and complex long-term needs.
- Unpaid carers, many of whom will be older people with their own care needs.

Like most of the country Sefton has a growing and ageing demographic. By 2035 Sefton will have an overall forecast increase of 22% of residents who are 65+ and is set to account for almost 30% of Sefton's population.

Current statistics show Sefton having the largest cohort of residents 65+ within the Liverpool City Region<sup>4</sup>.

Borough	Sefton	Wirral	St Helens	Halton	Knowsley	Liverpool
Age 65+	23.1%	21.3%	20.4%	17.9%	17.0%	14.6%

A further analysis of the 23.1% of older Sefton residents by sub-areas is as follows:

Sefton	Southport	Formby	Maghull	Crosby	Bootle	Netherton
Age 65+	26.6%	31.4%	26.5%	21.7%	15.5%	17.5%

At present we support and admit many more clients in Care Homes for all ages than the national average suggesting a structural issue with over provision or insufficient levels of preventative or diversionary activity and a lack or underuse of alternatives. We currently see

4 Sefton Strategic Housing Market Assessment (SHMA)

753 per 100k rate of Permanent Admissions of 65+ to Care Homes, the National Top Quartile is 458, and for 18 – 64-year olds, we see 29 per 100k of Permanent Admissions to Care Homes, the National Top Quartile is 9. In 2017/18, when compared to other Councils with Adult Social Care responsibility, we were the 150th Highest Long Term Residential & Nursing Unit Costs out of 152.

Given Sefton's high proportion of older people and an aging population dynamic, it is unsurprising that there is, and is likely to remain, a need for nursing and complex support around memory and cognition (dementia) we need the market to be ready to meet these needs. However, there is also an increasing number of people who are currently placed directly into residential level care who might be better suited to alternative provision such as 'Extra Care' housing.

## Sefton's Telecare Service, Occupational Health and Social Care Teams and the Community Equipment and Advisory Service

The provision of TECS is a key element of supporting independence at home and we want to increase the number of people using TECS as an alternative to more formal, costly and , often invasive, care provision, such as night care staff, for example. If deployed correctly, TECS can improve the quality of many people's lives, supporting them to remain independent in their own homes whilst managing and minimising risk.

TECS is integral to an Independence at Home Pathway of services that support independence at home, aligning with offers from associated services such as the Community Equipment Service, the Home Improvement Team and Occupational Therapy and Telecare Teams, to allow practitioners to build a package of support around the individuals outcomes and needs.

The Telecare Service currently offer 'traditional' telecare as a solution. During 2019 (Jan 2019 – Dec 2019) the Telecare Service received 1315 referrals and of these 1179 (89.7%) installations were completed. During 2020 (Jan 2020 – Dec 2020) the Telecare Service received 1150 referrals and of these 1096 (95.3%) installations were completed. We are confident that, as the choice of telehealth provision is increased and promoted across Sefton, demand for telecare equipment in homes across Sefton will increase significantly over the next 3 years.

We are a local authority that is moving forward with our digital offer. We need to consider the technologies that we use, and that we have the flexibility to accommodate increasing demand choices of aids and adaptations. People are increasingly comfortable operating in our ever-expanding digital world, and they can readily choose from a wide and rapidly expanding range and choice of TECS to assist and support them in their daily activities. TECS developments have the power to transform their worlds and ours.

## Co-production

All services should be co-produced with users and carers, as they are directly impacted by services and have first-hand experience of what works well and what doesn't. While this is important for all services, it is essential that commissioning demonstrates excellence in this area. Far too often, people feel they are being paid lip service when consulted on service developments. Approaches based on ongoing engagement need to be at the heart of commissioning and service delivery.

In order to deliver this element of the strategy, an approach to co-production needs to be implemented across all services. For most services, this will serve as a reminder of best practice but for others it may provide the opportunity to refresh or develop their approach.

A digital infrastructure and a range of tools will be developed and built with transparency, and accountability and they will be data secure. This will involve collaboration with the public and health and care staff. We will build on existing best practice using coproduction and deliberative engagement processes and ensuring greater collaboration with our residents and the wider voluntary and community sector organisations.

## Consultation & Engagement

Throughout the life of this strategy, all stakeholders will be consulted and engaged with to ensure that the strategy continues to identify emerging needs and remain aligned to other associated strategies and plans. (See Appendix B)

In addition, as part of the implementation of associated action plans, consultation and engagement will take place, for example with Service Users and Care Providers to ensure that commissioning activities consider identified needs, desired outcomes, feedback on current services being delivered and Provider market factors.



## Intermediate Care / Independence at Home

**PRIORITY 1: We will ensure the provision of TECS for individuals to live in and an accessible and safe “home” environment, enabling them to retain independence, that also provides reassurance for formal and informal carers, often enabling them to continue with activities they might otherwise have to give up, including employment.**

The evidence base (Jan 19 – Jan 20)						
Average weekly home care hours delivered	3,983	710	1,914	2,417	2,352	2,766
Residential placements	690	115	216	275	247	270

The Intermediate Care Strategy outlines how Sefton will have an increased focus on providing short-term services and interventions, which promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living.

This includes home based services, and TECS will be utilised to promote independence at home e.g. telecare (such as pendant alarms and falls detectors), community equipment (such as beds, hoists and walking trolleys), and minor and major adaptations to the home (such as hand rails and ramps).

It has always been recognised that the home environment is a key consideration for those with potential social care needs. TECS Equipment and adaptations to the home can support reablement, promote independence and contribute to preventing the need for care and support.

### What we are doing:

- The Community Equipment Service and the Telecare Service are developing a customer facing facility that encourages people to consider what pieces of equipment they may like to try and to purchase themselves to support independence without the need for formal assessments.
- In partnership with MerseyCare, Sefton Council has developed the Community Advisory Service. It will compliment Sefton’s model of developing self-assessment in our Occupational Therapy service and strengthening the support and guidance function we are committed to offering. The Community Equipment Service also supports the development of a single-handed care model across Sefton, and it has supplied specific equipment to support Care being delivered by one person wherever possible. The service has supported 63 people to date, and this will be rolled out to Sefton Care Homes as part of the next phase of the

project.

- The authority is currently out to market for a Cloud telephony solution to replace its legacy infrastructure including analogue lines. The migration is planned before Summer 2021. Procurement has started on current call handling platform and how this will be upgraded. Plans are in place to replace old analogue units with new digital units.

## What we will do:

- When designing new services, we will look at the opportunities available from technology and seek to build these in to our offer. This could include looking at how we can use TECS to prevent need from arising or escalating or to enrich service users' experience.
- The introduction of other forms of TECS such as telehealth and tele triage will be explored to support people to remain in their chosen place of home for as long as possible.
- We will improve access to information, advice and guidance to promote early awareness and wider use of the equipment available in the broader retail market place for anyone who may benefit from its use, their carers' and care and support providers.
- We will work to ensure that as part of the assessment processes for short- and long-term community based / care at home services, TECS becomes a key element of the process to ensure that Service Users are able to utilise it, reducing the need for services which are typically costly for them. We need to ensure that TECS does not become an "afterthought" and instead becomes one of the first things that is looked at during the assessment process and discussions with Service Users about their care and support needs.
- We will work closely with all care home providers in Sefton to support implementation of TECS through national, regional and local initiatives (eg roll out of NHS.net emails, use of Smart phone/tablets and potential for TECS and COVID 19 virtual wards monitoring)



## Partnerships

**PRIORITY 2: We will build strong collaborative partnership approaches between health, social care, housing and wider community stakeholders to design seamless approaches to ensure that residents' care needs are well supported with the increased use of TECS.**

### **Cheshire and Merseyside Health Care Partnership: Integrating Care – Next steps to building strong and effective integrated care systems**

This proposal details the use of digital and data to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care as one of its main overarching aims. The Proposal reinforces the need to use digital technology to

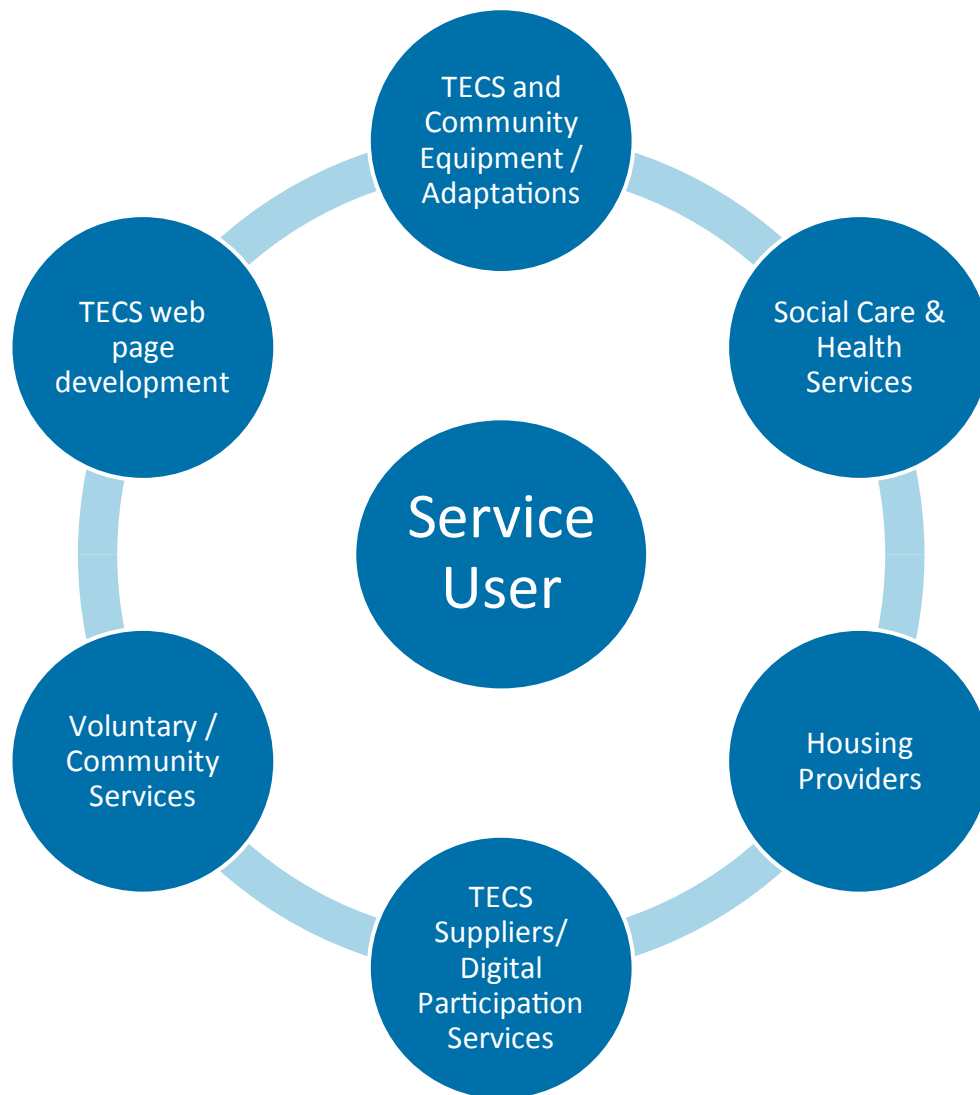
*“reimagine care pathways, joining up care across boundaries and improving outcomes, developing shared cross system intelligence and analytical functions that use information to improve decision making at every level, ensuring that information is transparent about interventions and outcomes achieved to drive more responsive coordination of services, better decision making and improved research”*

It emphasises the need to put the citizen at the centre of their care by developing a road map for citizen centred digital channels and services, including access to personalised advice on staying well, access their own data and triage to appropriate health and care services. By using TECS and other digital tools this will allow citizens to stay safe at home for longer and help them to manage long term conditions independently.

It is important that our Sefton health and social care systems, and our partners, work together to meet the needs of our entire population. This means focusing on the areas of greatest need and ensuring we are doing the best we can with the resources available. We also need to increase our efforts on early help and prevention, prioritise both physical and mental health, and create connections across the public, private and voluntary, community and faith (VCF) sectors to make lives better for people in Sefton.

We are committed to driving forward our own strategy and, when opportunities arise, we want to do this in a co-ordinated way. Increased collaborative working between social care, health, housing partners and Sefton VCF leads to many opportunities for a more joined up approach to delivery.

The provision of care and support, that is integrated with an assessment of the home (including the consideration of TECS by prescribing professionals, person centred assessment and the general upkeep or scope for equipment and adaptations) could reduce the risk to a person's health, help maintain their independence and wellbeing, support their reablement or recovery, or provide a person with dignified end of life care.



## TECS Strategy Working Group

The TECS Strategy Working Group has been established to consider Sefton Council's current TECS service provision - what our offer currently looks like, considering future planning for improved digital technology across both children's and adults services - an "All Age" TECS Strategy - and the expansion of TECS to support and promote independent living.

Areas for focus include how many people can, and will, benefit from improved digital provision, the development of operational pathways for the inclusion of TECS in care planning and to support independent living and to scope what our current TECS is for residents. The Group will identify current gaps in provision and areas for improvement including:

- ✓ TECS training for staff, residents of Sefton and their families/carers
- ✓ Mitigation of risk for implementation of digital technology
- ✓ Future proofing expenditure and future savings
- ✓ Promotion for independent living in the home and



- ✓ Potential for capitalising a post to assess, train and implement future provision against agreed and identified KPI's
- ✓ How care and support planning for individuals can be improved using technology
- ✓ The development of the responder and reablement TECS offer considering strategic and demand management priorities.

## What we are doing:

- We are consulting with several Sefton's Community groups (See Appendix B) around the design and content of the TECS webpage, and in how to provide and make accessible all information related to our TECS offer.
- Promotion of Making Every Contact Count (MECC) training, aims to provide advice and support for behaviour change so that people can have better health and live longer healthier lives. We know that staff across health, local authority and voluntary sectors, have thousands of contacts every day with individuals and are ideally placed to promote health and healthy lifestyles. The aim of this training is to maximise the opportunities participants have to increase the number, and quality, of brief interventions in Sefton.
- We are working with commissioned Providers to ensure that they are aware of TECS and how they should factor its potential use into their own assessment processes.
- We have established Sefton's TECS Strategy Working Group, which will drive the TECS Strategic Objectives 3-year Delivery Plan.
- Sefton Council is represented at various local, regional and national groups to ensure that Sefton residents benefit from wide range of opportunities in promoting independent living and maximising their health and well-being. These groups include (but are not exclusive) the Liverpool City Region (LCR) Digital Inclusion Group, Sefton Provider Alliance, North West Association of Directors of Adult Social Services (NWADASS), Sefton Consultation and Engagement Board Care Commissioning Group (CCG) and Primary Care Networks (PCN's), Cheshire Merseyside Healthcare Partnership (HCP).
- We will continue to consult regularly with local partners, such Healthwatch and identified wider community groups (including and not limited to) Ability Plus, SAFE Regeneration, Sefton Carers, Living Well Sefton, Sefton Partnership for Older Citizens, Sefton Dementia Alliance, Younger People with Disabilities and Sefton Community and Voluntary Sector (Sefton CVS) and Sefton Voice.

## What we will do:

Acknowledging current significant financial challenges, our main priorities for TECS and Community Equipment services are as follows:

- We will engage with services which educate, entertain and stimulate social interaction to enrich lives of people whilst linking them to networks and communities, to combat loneliness and social isolation.

- We will regularly consult with Sefton residents, staff and stakeholders about any project developments, pilot schemes and accessible grant to purchase TECS as needed. As part of co-production of our TECS service provision, we will work with peer and personal support networks alongside professional networks and facilitate services by helping organisations to become agents for change rather than just being service providers.
- We will carry out our statutory responsibilities for people with eligible needs through our contractual arrangements for equipment and adaptations.
- We are committed to working with partners to improve access to TECS and we will work closely with health and housing colleagues to join up developments in TECS to the benefit of our mutual customers.
- We will work with our Education partners to ensure that innovative use of technology and continuous improvement of our offer around TECS remains on the Agenda for all our schools.
- To ensure that we can take a holistic and tenure neutral approach to this commission, we propose to survey Sefton's Housing Provider/s to understand the patterns of delivery of adaptations to their own stock.
- We will incorporate existing demographic data and mapping of the wider network of statutory and voluntary sector organisations that also support people to remain living independently and with whom referral pathways could be developed – cross referenced with feedback from the structured interviews.
- We will create a system that ensures that practitioners can use TECS to support individuals as often as possible, developing staff training and resources that are regularly updated and reviewed so that staff are fully equipped to provide appropriate advice and choices to residents requiring TECS to enable independence in all settings.



# Early Help, Prevention and Promotion of Independence

**PRIORITY 3: We will embed early help and prevention in everything we do. Prevention and early intervention are about enabling people to maintain the best health possible all the way through life.**



This Strategy supports, and aims to bring together, the work being done around children and adult emotional health and wellbeing, suicide prevention, social isolation, dementia and the needs of carers.

Transition to modern TECS offers a great opportunity to help achieve the ambitions of keeping people safe, healthy and connected. By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does.

This Strategy, will take a life course approach, recognising that the foundations for lifelong wellbeing are already being laid down before birth, and that there is much we can do to protect and promote wellbeing and resilience through our early years, into adulthood and then on into a healthy old age, where functional mental health needs are addressed in addition to those identified in responding to dementia.

Sefton was recently granted Age Friendly Borough status by the World Health Organisation Extra Care, which represents a significant contribution to building on the offer to our Older population to be supported to lead the lives they want to in Sefton.

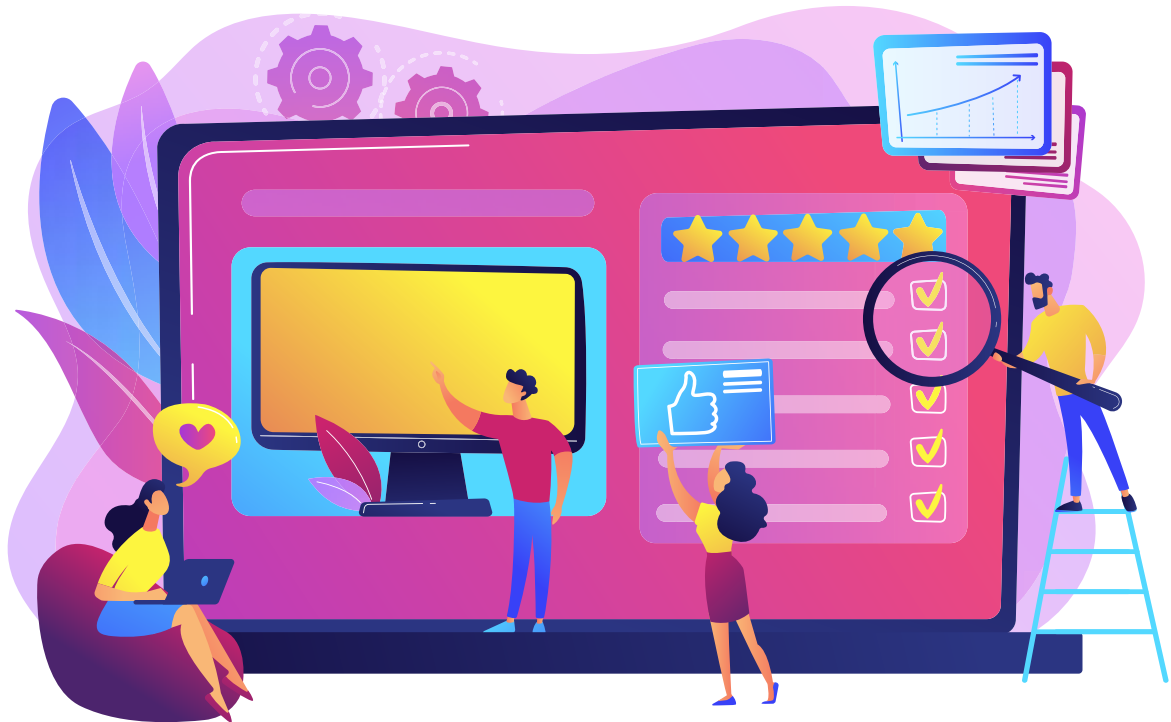
We want to invite providers and stakeholders to express their thoughts and ideas and we welcome new ways of working and innovation to further inform our strategy and commissioning intention.

## What we are doing

- The development of TECS in the Borough will make a significant contribution to the key outcomes we want to achieve through the delivery of our Health and Wellbeing Strategy.
- We are building in opportunities when we design and develop services such as the development of our Extra Care Schemes.
- A wealth of data and information can be produced by TECS systems and from wearables and devices.

## What we will do

- We will look at the ‘wellness of people’ and introduce TECS which encourage people to adopt and maintain a healthy lifestyle, to prevent or delay the need for support.
- We will ensure that people have access to information about TECS provision as part of the front door triage service, that will help residents quickly find solutions for themselves that they are often happy to self-fund.
- We will do this by implementing an online guided advice tool for the public which will provide impartial advice about suitable TECS solutions taking a life course approach to support people to live independently and maintain their chosen lifestyle. This will reduce the number of people requesting a formal referral for assessment and will, in turn, allow those with more complex needs to access formal assessments more quickly and efficiently.



## Information and Choice - Raising Awareness and Driving Behaviour Change

**PRIORITY 4: Social and Health care professionals will have the knowledge and digital skills they need to understand how TECS can best support people and, using an asset-based approach, they will deliver person centred assessments that will empower individuals to identify potential solutions for themselves.**

There are a wealth of apps, kit and technologies designed to make home life more manageable or to provide reassurance to family and carers. which although positive in terms of availability and accessibility, can cause confusion and may be difficult for both customers and professionals to navigate due to the various access routes and criteria.

People need to have timely access to information and advice which will enable them to self-assess, self-select and purchase TECS.

Positive and targeted awareness raising, and promotion is required to ensure the best TECS opportunities are available for people who would benefit from TECS. This includes the facilitation of practical demonstrations of TECS equipment, TECS equipment training and advice sessions for carers and family members, the types of TEC equipment that is available to buy “off the shelf”, up to date supplier information and lived experience case studies made available to Sefton residents and prescribing staff teams.

Sefton’s Local Offer helps people to understand what services they can expect from a range of local agencies, including your statutory entitlements, eligibility and referral criteria. We want to encourage and support people to use technology with their Direct Payments and widen the eligibility criteria of DFG applications to include TECS and assistive technology in their homes.

Activity in this area will work towards providing simple, clear and straightforward guidance and advice about what TECS support is available and to promote and signpost appropriate apps which promote wellbeing, social inclusion, prevention and facilitate care and support.

### **What we are doing:**

An Online Adult Social Care Portal has been developed and launched in June 2021. The portal provides access to an online referral and assessment service for Sefton residents and for social care professionals. It will also offer the following facilities which will empower individuals to find their own care solutions offering advice and guidance to access a wide range TEC equipment:

- An equipment and technology area
- A link to a catalogue of equipment and living aids
- A link to an online assessment tool

- Areas where product suppliers and retailers can advertise.
- Guidance and information regarding the Disabled Facilities Grant and the referral processes, equipment and catalogue provision and links to independently access suppliers if no further care and support services are required/needed to support independent living and delay further social care intervention or care home placement.

The Adult Social Care Portal links into other projects across the council, and it will also link in to the council's newly designed website and to the current Service Directory. The Service Directory is required to offer links to appropriate information advice and guidance. Linking with these wider projects will ensure a consistent approach to design and a One Council view for the citizen accessing the portal.

The availability of a digital assessment is also being explored to maximise opportunities for the public to self-determine their own requirements, and to source solutions with consideration of those people who prefer to, or are able, to self-serve and self-fund.

People will be able to upload personalised reports relating to equipment and TECS. It will offer independent advice and it will signpost people to suppliers where they can purchase minor equipment aids for themselves without the need for formal care and occupational therapy assessments to be undertaken.

## What we will do:

- TEC Officer post has been established with the objective of raising TECS awareness across SW, OT, Early Help, Voluntary Sector, delivering and facilitating training for all frontline staff and acting as a TECS specialist for Sefton residents offering TECS advice and support.
- We will review and continuously develop the portal content. We will explore the opportunity for the development of a supplier account facility where providers of equipment and technology enabled care solutions along with care support services can register for a free account and advertise their services directly to Sefton residents on the Council website.
- We will develop a TECS web page on Sefton's Your Sefton, Your Say website which will provide information, and regular updates about TECS opportunities and development that is easily accessible to staff and Sefton residents and which is regularly reviewed.
- We will link in with Hospital Discharge and Reablement teams, Housing Providers, Sefton CVS and wider community services, Libraries, Public Health and our Council My Sefton website and the ASC Portal to do this.
- We will ensure that TECS provision is flexible and meets the demand of the population of Sefton and that people are aware of the availability and choice of TECS by ensuring up to date and accurate information, TECS equipment demonstration videos.
- We will ensure staff teams are well informed and can offer advice and guidance to individuals seeking TECS in their homes by developing a robust TECS training and development programme. Prescribing social care staff including social workers, occupational therapists

and front care workers will have the knowledge and digital skills they need to understand how TECS can best support people and how to help individuals' access TECS equipment.

- We will continue to work with our Liverpool City Region partners in pursuing a robust TECS training offer for all prescribing social care staff teams across the region which will ensure that they have a good working knowledge of TECS and that consideration of TECS is embedded in current assessment practice.



# TECS in Community Services – Day Care, Supported Living, Mental Health Provision and Community Support

**PRIORITY 5: We will make TECS the default consideration for individuals that require staff support but can share group living. We will ensure that the implementation of TECS will work in shared settings to meet the full spectrum of individual care needs.**

- How TECS can be used in learning disability (LD) settings to support independent living, or how technologies can be used to connect people who feel lonely and isolated?
- Can the technology enable the person, carer or their family to do something that would not be possible without it?
- Can the technology complement the care and support already being provided by carers in certain situations?

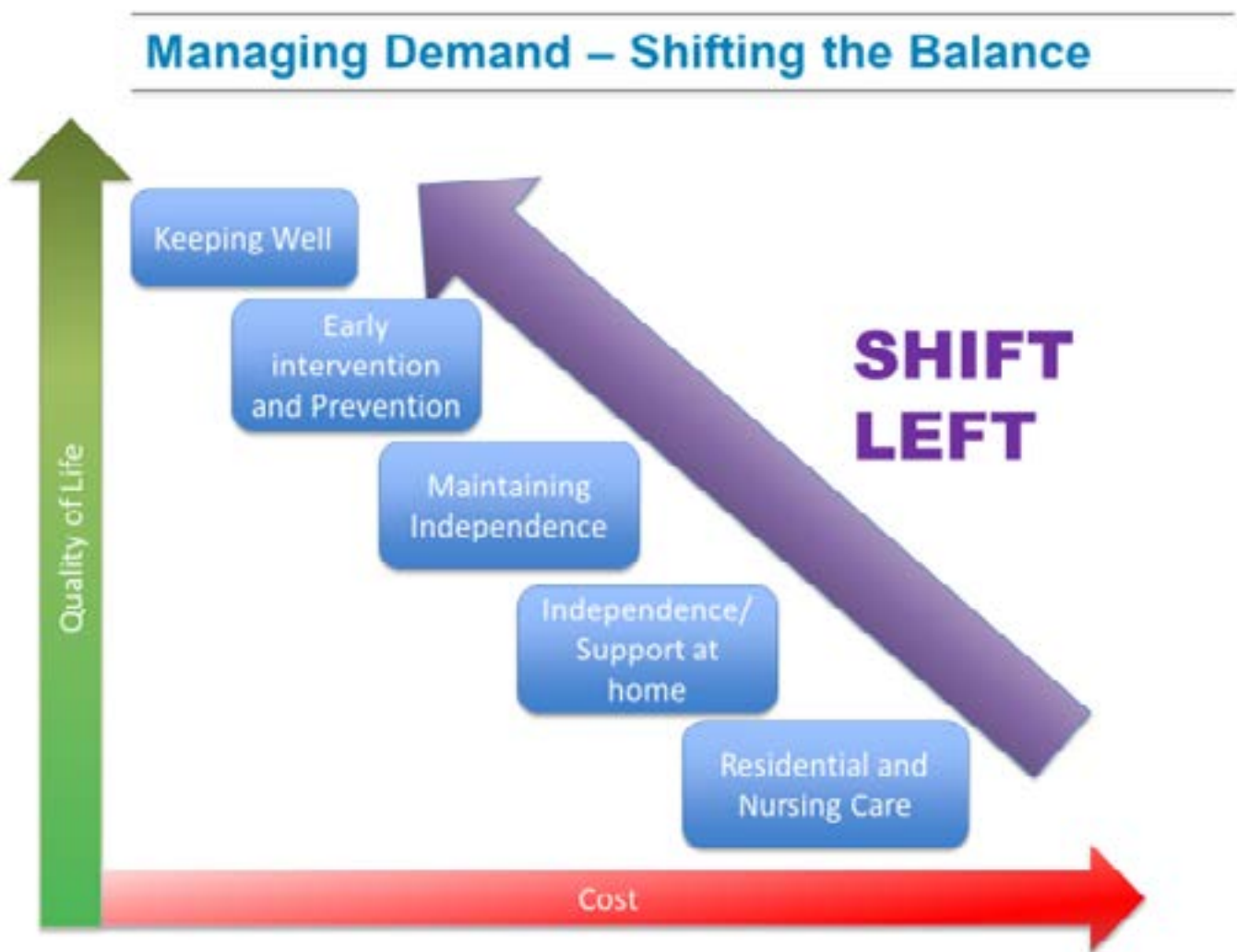




## What we will do:

- We will develop our Home Improvement Team provision to include an advisory capacity for residents looking to adapt their homes – future proofing home living areas; considering design of homes to accommodate future needs of client and incorporation of TECS in designs.
- Invite collaborations with external housing development companies that specialise in TECS and SMART home planning.

## Demand Management



Adults with Learning Disabilities (Complex Support, 18-64 and Older people under Demand Management) should be supported to be as independent as possible, to be offered excellent care at home supported within their own communities. If a higher level of care is required such as complex support, then alternatives such as extra care schemes, and lower level supported living services such as key ring type schemes should be the first option. We will utilise TECS to reduce the need for people to require personal care and for them to be able to better manage

their own long-term conditions to continue to promote independence at home in the first instance.

Supported Living (SL) services enable local people to live the lives they want to lead and retain their independence. TECS can be utilised to reduce restrictions imposed by over supporting a person and creating dependency on support to improve independence and increase individual outcomes for people.

## Current service provision in Sefton

According to national population estimates, the total population in Sefton aged 18-64 predicted to have a learning disability (LD) will reduce from 3,799 in 2019 to 3,594 by 2030. Of these, the total predicted to have a moderate to severe learning disability (and hence likely to be in receipt of services) will change from 861 in 2019 to 824 by 2030.

Internal predictions indicate that Sefton will continue to have an above average age of LD clients 55+ as well as younger people in transition and by 2025 we will see 350 extra clients aged 18-64 with a Learning Disability or Mental Health concern.

Sefton Council currently spends £28 million supporting people with LD (where this is recorded as their primary support need). This number will increase as young people move to adulthood and as people require independent accommodation with support as parent carers grow older (We know we have a significant number of older parents caring for this population). There are also challenges in relation to the growing number of people over the age of 65 who have a learning disability and associated frailty and an increasing number of people with complex and challenging needs.

According to national population estimates the total population in Sefton aged 18-64 predicted to have a learning disability will reduce from 3,799 in 2019 to 3,594 by 2030. Of these, the total predicted to have a moderate to severe learning disability (and hence likely to be in receipt of services) will change from 861 in 2019 to 824 by 2030.

Internal predictions indicate that Sefton will continue to have an above average age of LD service users aged above 55 as well as younger people in transition, and by 2025, we will see 350 extra people aged 18-64 with a LD or mental health concern. An identified issue is in relation to the growing number of people over the age of 65 who have a learning disability and associated frailty and an increasing number of people with complex and challenging needs.

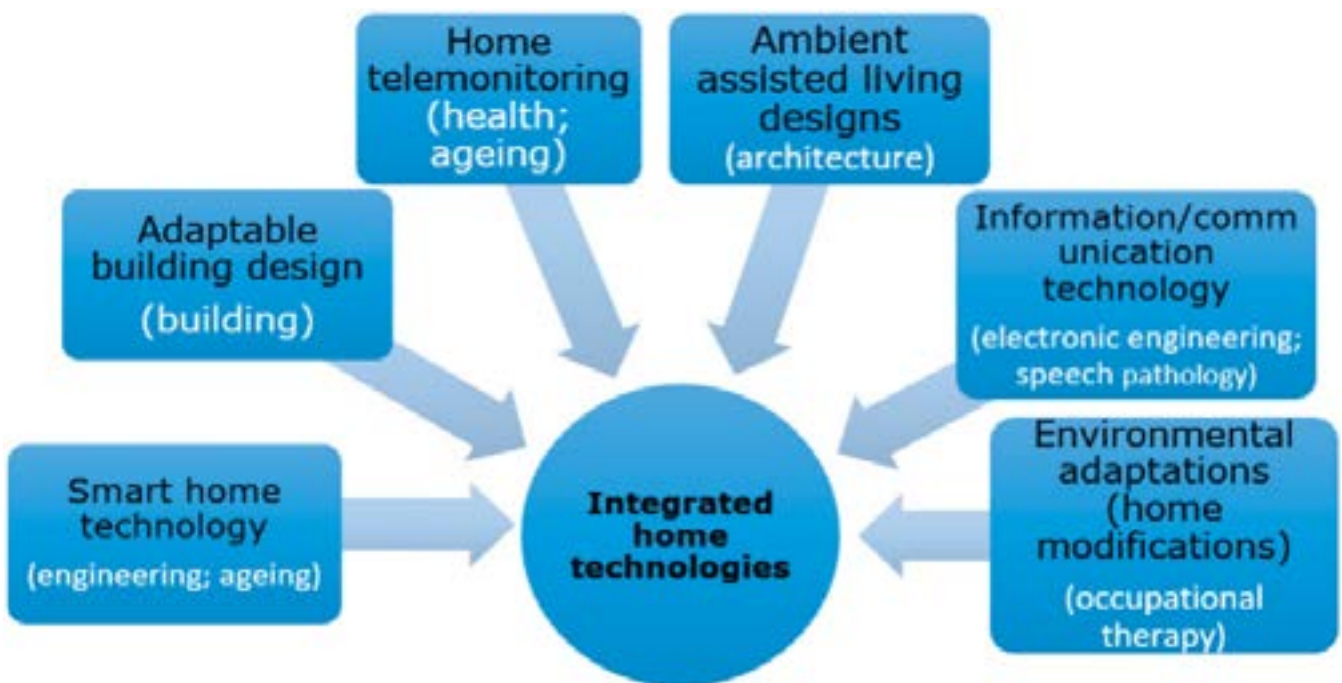
In Sefton, we want to reduce the numbers of people under the age of 65 in long-term residential care provision and look to provide alternative, appropriate support for those who need this level of care, locally in the Borough. Long term residential and nursing care should be the last resort when all other options exhausted. We are developing an enhanced short-break service for clients with complex LD's / Autism to provide better care respite and allow carers to maintain their caring role and reduce the number of admissions to residential services going forward.

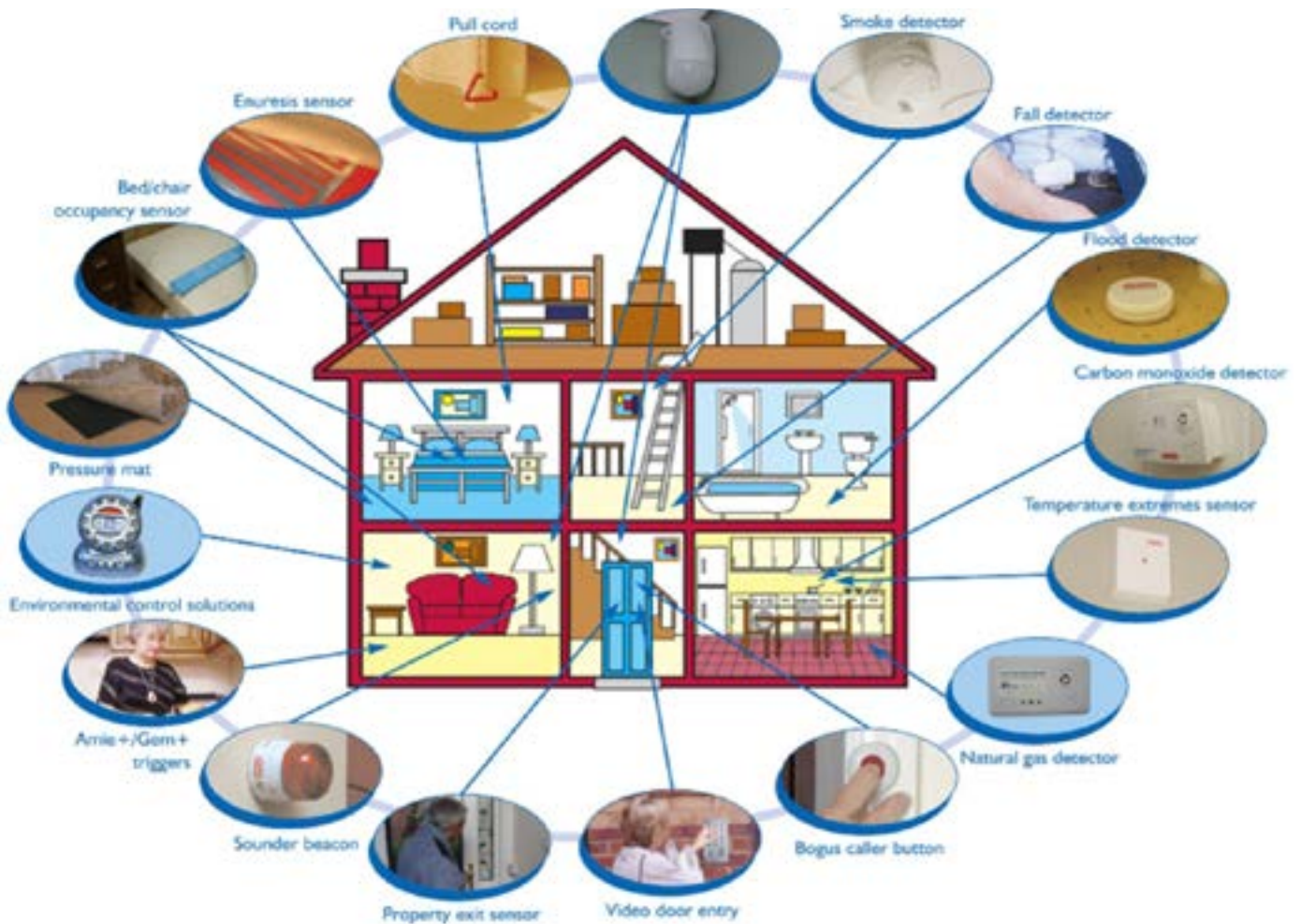
In 2021, there are approximately 626 people in Sefton with a learning disability, mental health diagnosis or physical disability that are receiving Supported Living and Community Support. Approximately 450 people are currently living in 125 supported tenancy settings (72 of these has as sleep in) and 176 people receiving Community Support. This support is currently delivered by approximately 24 supported living care providers and they are a mix of local, national and charitable providers.

1/3 of supported living services are in the North of the Borough and 2/3 of services are in the South. There are also currently 279 clients with a diagnosis of learning disability, mental health or physical disability in residential services in Sefton.

Our residents with physical disabilities, learning disabilities and/or mental health issues must also form part of this need to ensure appropriate housing provision is delivered. By ensuring we look at all options for long term supported living and short-term respite extra care developments from the outset we can ensure local need is addressed by not only inter-generational models of extra care but in the wider developments which include houses, apartments and bungalows.

SL services have, on average, over the last 24 months accommodated 526 residents across the Borough and the cost of open Supported Living services is approximately £421k per week.





## Future Proofing

From ‘wearables’, voice-activated technology, automation, and robotics, to artificial intelligence and beyond, TECS regularly offers new opportunities to improve or transform provision and the aim is to be well placed to understand the opportunities and implement them where the case to do so is strong.

In considering new supported living accommodation development, the Floating Support and Community Support service must be more flexible moving forward. The specific requirements or interventions that can support specific service user groups need to be identified. Helping to automate basic chores such as lighting, heating and curtains/blinds increases physical and mental well-being as well as promoting independence. Remote monitoring of boilers, pumps etc can create real and actionable insight.

Smarter housing can really make a difference and TECS creates a pathway for housing providers to start integrating a host of exciting technology. The case for smart home technology in housing has never been stronger. For example, during the COVID pandemic, when shielding took place, the ability for staff to make changes in a property remotely, protected both those vulnerable individuals in their homes and those providing the care.

## What we are doing?

There are currently 72 supported living services across the Borough that have a sleep-in member of staff to provide a “safety net” of support in case of accident or emergencies during the night.

A review of these requirements is being undertaken, utilising motion monitoring sensors to assess the extent of night time activity, whether a person is required on site, or whether alternative less restrictive options can be deployed such as the use of TECS that promote a person’s independence.

This would manage potential risk, rather than funding a preventative service, and further allows future innovation and development with individuals and care providers to ensure all assessed needs are met within a strengths-based approach.

## What we will do

- We will ensure that all supported living properties and residential units are suitable to accommodate TECS provision as needed to support daily activities.
- We will liaise closely with all contracted housing providers to ensure that properties provided for SL tenants are easily adapted and suited to client needs to enable independent living where possible.
- For people with low, medium and high levels of need, TECS aids and adaptations can be installed easily and successfully as a bare minimum requirement. We will continue to identify SL properties that would benefit from TECS and we will regularly consult with tenants and their families, service providers, their staff teams and landlords to identify TECS to promote and enhance independent living where possible.
- We will regularly review care planning and assessments and subsequent reviews of assessment to ensure that the right TECS is recommended for individuals.
- We will review TECS that we provide to ensure that equipment and technology is updated and appropriate for all service users and that staff have the right skills to advise and recommend TECS as part of their ongoing assessment process.
- We will work closely with Fire Safety colleagues and TECS suppliers to ensure that tenants are living safely in their homes and that all TECS reflects fire and safety requirements and adhere to an agreed minimum standard.
- We will liaise with RSL providers to develop a Registered Social Landlord Social Care Pathway which will outline contractual housing obligations and we will also consider the Housing Strategy for Learning Disabilities and the Autism Strategy as part of this development.
- TECS installation and consideration of TECS being implemented in Supported Living services will be in contractual obligation/requirements for any new and existing Supported Living providers. We will review all Service Agreements and contracts in the next 12 months to enable TECS considerations and requirements as a minimum.
- We will review current properties and the suitability for TECS installation and new

builds, as standard, will have TECS installed. This will include any future mental health accommodation developments for crisis, rehabilitation, which will support the avoidance of hospital admissions and re admissions.

- We will review our day centre provision and develop TECS for those individuals who are not attending day care services due to COVID restrictions.



## Tecs and Fall Prevention

**PRIORITY 6: We will reduce the number of falls related hospital admissions and discharges to residential placements and some supported living models, encouraging residents and prescribing staff teams to consider the use of TECS in people's homes in line with Sefton's Early Help and prevention offer.**

Falls are multifactorial and a major cause of morbidity and mortality among those aged 65 years and over in the UK. Falls and fall related injuries are a major challenge to health and care systems and to the older people who suffer them.

Key national statistics show that:

- The number of people aged 65 and over is projected to rise by over 40% in the next 17 years to more than 16 million.
- Thirty percent of people aged 65 and over will fall at least once a year. For those aged 80 and over it is 50%.
- In around 5% of falls lead to fracture and hospitalisation.
- According to Public Health England, the implementation of TECS and home adaptations can increase people's ability to perform everyday activities by 49%<sup>5</sup>.
- Public Health England has developed a falls prevention Return On Investment (ROI) Tool, which will help to assess return on investment for a number of falls prevention interventions for older people where there was supporting evidence around both clinical and cost-effectiveness. There is a financial return on investment to the NHS and Social Care of £3.17 for every £1 invested into small home modifications and a social ROI of £7.34 for every £1 invested. Further, for every £1 invested there is a return on investment of £1.26 for the intervention addressing loneliness and social isolation in older people and an ROI of £39.11 for interventions addressing suicide prevention<sup>6</sup>.
- There are around 255,000 falls-related emergency hospital admissions in England among patients aged 65 years and over each year. Further, an audit by the Royal College of Physicians found that fractures and falls in people aged 65 and over account for over 4 million hospital beds each year in England. It is estimated that fragility fractures cost the UK around £4.4 billion, of which 25% is for social care<sup>7</sup>.

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5 Public Health England (2018) A Return on Investment Tool for the Assessment of Falls Prevention Programmes for Older People Living in the Community. Available at: <https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning>

6 [www.gov.uk/government/publications/health-matters-health-economics-making-the-most-of-your-budget/health-matters-health-economics-making-the-most-of-your-budget](https://www.gov.uk/government/publications/health-matters-health-economics-making-the-most-of-your-budget/health-matters-health-economics-making-the-most-of-your-budget)

7 <https://www.gov.uk/government/publications/health-matters-health-economics-making-the-most-of-your-budget/health-matters-health-economics-making-the-most-of-your-budget>

In Sefton, the issue of falls becomes even more prevalent as the over-65s share of the population is more than 25% higher than the national average and is anticipated to grow by almost a half by 2037, when the over-65s will account for 1 in 3 residents, with a consequential effect on the level of hospital admissions.

South Sefton and Southport and Formby CCGs both have a higher incidence of injuries from falls in this section of the population than either their peers or the national average. South Sefton has a higher incidence of falls than its comparator group of CCGs, with a third higher hospital admissions, and Southport and Formby rank 8th amongst its group of 11 and has 14% higher Hospital admissions.



## What we are doing:

A Falls Strategy has been developed, which includes;

- Implementation of digital falls prevention/planning tools across Cheshire & Merseyside
- Development of a collaborative end to end falls pathway at place across Primary, Community, Secondary and Voluntary services, using an evidence-based approach such as Public Health England's eight-tiered approach to managing falls.
- Falls offer in Care Homes as part of the implementation of the Enhanced Health in Care Homes

There is a key role for TECS in enabling people to live independently, and to re-able and support people when coming out of hospital. TECS needs to be to be reliable so that it supports both service users and offers strong reassurance to carers so that they can continue in their caring role. It has always been recognised that the home environment is a key consideration for those with potential social care needs. Equipment, adaptations and assistive technology can support reablement, promote independence and contribute to preventing the need for care and support.

Responder services are a fundamental part of the TECS offer. This is the immediate response and aftercare that people need, rebuilding their confidence and helping them stay at home rather than needing to recover elsewhere. To achieve these aims our response needs to be of high quality and reliability, well linked in to communities.



## What we will do

- We will ensure that individuals receive care at the right time in the right place, reducing acute hospital admission and effectively manage the projected increase in demand for TECS equipment and adaptations to their homes.
- We will develop clear and consistent referral pathways between intermediate care services, primary and secondary care and the Social Services, ensuring the single point of access is promoted widely.
- We will be members of the Cheshire & Merseyside Falls Collaborative which seeks to ensure an integrated end to end falls pathway across Primary, Community, Secondary and Voluntary services utilising an evidence-based approach to managing falls.

We want to put systems in place to pick up when a trend might be starting that should trigger a short intervention to prevent someone's condition from deteriorating.



## Adaptations Without Delay

**PRIORITY 7: We will align ‘in house’ TECS provision with Occupational Therapy assessments and our Home Improvement Service, expanding our TECS provision over the next 3 years to give greater choices to people to support independent living at home.**

Adaptations Without Delay is a Royal College of Occupational Therapists Framework based on a robust national study that identifies that delays in delivering adaptations results in unnecessary admissions to high cost care placements, and reduces outcomes and experiences for people. It identifies that we often over complicate application process, assessment process and don't streamline process and procedure between Occupational Therapists, Home Improvement Services and Community Equipment Services. The framework allows us to explore ways of maximising the assets we have in Sefton through our Registered Social Landlord (RSL) partners, Home Improvement Service, Handy Persons Service, Community Equipment Service and Occupational Therapy service.

The House of Lords Select Committee Report on ‘Ageing: Science, Technologies and Healthy Living’, published January 2021, states that the Government aims to increase the availability of accessible housing. The ‘Home of 2030’ project, a cross-departmental initiative funded by the Government, is seeking house designs that meet a range of criteria, including being:

*“able to respond to different and changing needs as people move through their lives ... being well set up for people to be able to care for children and ageing relatives, such as through multi-generational homes that can accommodate changing caring responsibilities.”<sup>8</sup>*

The Report states that, many existing homes do not have adequate space to move around with walking aids or wheelchairs, and often lack loadbearing beams for the installation of hoists. Central Government has made available the £500 million Disabled Facilities Grant that is available to “help people make adaptations to their homes.” The Director for Care and Transformation at the Department of Health reported that adapting a home “leads to people potentially staying about four years longer, on average, independently at home.”<sup>9</sup>

Integrated services are needed that have established the right skills mix in the workforce in order to provide a proportionate response to reduce delays in the installation of adaptations. There is sometimes misinterpretation of legislation pertaining to the funding of adaptations by prescribing staff and a lack of awareness from individuals around eligibility for the application of a Disabled Facilities Grant (DFG). Further, there appears to be relatively little guidance on defining the

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8 House of Lords Select Committee Report on ‘Ageing: Science, Technologies and Healthy Living’ Jan 2021

9 House of Lords Select Committee Report on ‘Ageing: Science, Technologies and Healthy Living’ Jan 2021

difference between simple issues and complex situations that need the expertise of an OT.

Triage and Duty systems at first point of contact can be used to identify whether the input of an OT is required to support a more proportionate and timely response. There are some situations where an OT does not need to be involved in the assessment for an adaptation. There is an assumption that if an adaptation is 'major' it is complex and must involve an occupational therapist.

The greatest demand is for adaptations such as showers, stair lifts and ramps, which are often classed as major adaptations but can often be simple and straightforward.

In 2019/20 Sefton Council's core Disabled Facilities Grant budget was £1,824,000 and the wider programme was £975,000 with planned growth in 2020/21 to £3,076,000 and in 2021/22 to £5,363,000. From 1st April to 31st October 2021 there were 183 referrals made by Occupational Therapists. During the same period 154 referrals had costs approved and 134 adaptations were completed on behalf of clients including items such as stair lifts, vertical lifts, bathroom adaptations, extensions and hoists. The wider programme activity includes: Care Home Improvement grants, increasing OT capacity, supporting Community equipment and single-handed care, installing changing places, supporting TECS in supported living, support to the development of Extra Care, wider use of the Telecare service, a retail outlet for community equipment, and short breaks review.

We want to encourage and promote more creative use of DFGs to consider TECS as part of any application to support people to remain independent in their homes, and look to create a whole path way approach to supporting our social workers and Occupational Therapists to use the service alongside other elements to support independence and reduce the reliance on more substantial packages of care or residential or nursing home placements.



## What we are doing

- Sefton is working towards the standards in the Royal College of Occupational Therapist Adaptations Without Delay Report.
- We are mapping current service provision across Sefton and identify gaps in provision, delays in accessing equipment and we will work collaboratively with our partners to provide timely and effective solutions, promote DFG eligibility criteria and ensure that individuals have access to information so that they are also able to access equipment independently if needed. We will also ensure that all information is accessible and TECS is promoted from first contact.

## What we will do

- We will reduce waiting times for assessments for all Sefton residents requiring major adaptations to the home and who are eligible for DFGs.
- We will provide Level 3 and 4 Trusted Assessor training and Sensory training for Community Care Practitioners working within Occupational Therapy Teams and for identified staff in Home Improvement Service, Telecare Team, Community Equipment Stores team, Triage teams, Mental Health teams and Hospital Discharge Teams, along with identified housing partners in Sefton. The Trusted Assessors will complete non-complex assessments which will help to reducing current waiting lists and it will free up OT's who will focus on more complex assessments for adaptations to the home. Trusted Assessors will be co-located in Triage and duty systems where they will be the first point of contact and can be used to identify whether the input of an OT is required to support a more proportionate and timely response.
- Extension of warranties for some adaptations such as stairlifts and hoists.
- We are planning to develop a SMART Home voucher scheme, specifically for the purchase and installation of TECS in the home if part of a more complex OT adaptations assessment where appropriate.
- We will develop Service delivery models both within our social care teams and external housing partners that are based on person-centred and preventative outcomes, and organisations need to ensure that they take a safe and person-centred approach to providing adaptations to older and disabled people.
- Individuals should also have access to flexible and responsive services, and we would encourage maximisation of this through the implementation of an online rapid self-assessment and guided advice tool at the first point of contact.
- Those with Direct Payments or Personal Budgets will be supported to purchase appropriate personalised support and equipment, and we will raise awareness around DFG and applications, and widen eligibility criteria to include TECS adaptations where possible.

# Children, Young People Special Education Need (SEN) / Autism Education and Transition Years

**PRIORITY 8: We will provide an opportunity for children and young people with SEN, their families and/or carers to have effective support in the home with increased use and promotion of TECS to improve mobility/safety and support independence.**

As part of the Children and Families Act, Local Authorities were directed to produce a Local Offer. Sefton Council, health services and all our partners in the voluntary and private sectors are committed to working together to support the needs of children and young people with SEN and their families.

Sefton's Local Offer website provides clear and accessible information about the provision Sefton Council expects to be available locally for our children and young people from 0 to 25 who have SEN and/or disability. The Local Offer makes clear what is available from early years settings, schools (including Academies and Free Schools), colleges and other services including those from health and social care. We want to develop knowledge and skill with IT and TECS (assistive technology) in order to continue to provide specialist advice and service for individual pupils and their schools as this area continues to develop exponentially.

## What we are doing

- We have worked closely with parents, carers and young people, as well as with colleagues in the services in Sefton to produce our Local Offer.
- Sefton's Local Offer website is currently being refreshed to improve user navigation and to enhance the look and feel of the website and it will be completed by the beginning of 2021. The improvements have been coproduced with young people and parents/carers.

## What we will do

- We will expand use and resource of TECS to support and promote greater independent living for our Children and young people with SEN are supported at home.
- We will ensure those working with Children and Young People with SEN, and the families and young people themselves, can use TECS to provide effective support in the home through the increased use of adaptations and equipment in the home to improve mobility/safety in the home and support independence.
- We will raise awareness of DFG and the eligibility for families to apply who require and receive Children's SEN service provision.
- We will increase support offered to Looked After Children and Child in Need cases that are

not eligible for DFG and we will work creatively to use DFG funds to support a child to remain in their current placement usually a foster home.

- We will review current referral and assessment processes and ensure that TECS is considered within this process and that funding streams for equipment are clearly defined and understood for prescribing staff and that there is better aligned service provision between schools, local authority and health partners for specialist and TECS equipment.
- OT assessments for SEN / Transition Years children will include sections covering sensory and TECS assessment.



## Value: commissioning, finance and budget

### **PRIORITY 9: We will ensure there is a readily available TECS budget with sliding scales for cashflow outlay.**

2020/21 is the 11th year of the Government's programme of austerity. For Sefton, central government funding has reduced by 51% compared to 2010. Prior to the Covid-19 situation the Council anticipated that over the next 3 years (2020/21 to 2022/23) there will be a further gap in the budget of over £23 million. It will cost more to simply maintain services at their current level on the basis that prices are going up and demand for services is increasing as the older population grows. The total gross revenue budget for Adult Social Care in 2020/21 was £153 million and it is and likely to increase in future. It receives income of £594 million, resulting in a net budget of £947 million. Just over £107 m of the gross budget is allocated to the commissioning of care packages with 50% being allocated to Residential and Nursing Care provision. The Council will continue to explore all opportunities to make every pound count through the efficient delivery of services and commissioning practices in order to manage demand on the system.

### **What we are doing**

Sefton delivers an integrated Community Equipment Service, jointly commissioned with our health colleagues, and this is delivered in-house. The service delivers an average of 3,300 pieces of equipment a month and in 2020/21 41,000 items of equipment were delivered to our residents. The Service supports hospital discharge, people to live entirely independently and support for Carers. The Minor works service is already delivered as part of the model making a more streamlined effective service for clients in need of support to remain independent. Occupational therapist from community-based teams, the NHS, Physios and Nurses will prescribe equipment.

The Council delivers several healthcare and security services under the operating banner of Sefton Arc, including Telecare, Telehealth, alarms, response and CCTV services. This in-house service provider also provides services to several other public and private sector companies and private individuals. Sefton Arc will continue to be considered as first choice provider for these services, where it maintains high quality, efficient and outcome-focused service delivery. When commissioning / procuring similar services, the Council will always consider whether those services could be provided by Sefton Arc. This consideration will always be undertaken within the context of the legal and constitutional parameters that apply to the commissioning/ procurement of services and with a focus on the quality and cost effectiveness of the service and outcomes delivered.

There is a wide range of available technologies that can be used in the home to aid independent living and to give confidence to older people—and their families—about living alone. The predominant technologies used for telecare include pendant alarms, pull cords and fall

detectors, which send alerts to family members or service providers in emergencies. There are 1.7 million telecare users in the UK but that “that figure has not moved for 10 years”, even though there are over 4 million potential users.<sup>10</sup> In Sefton currently there are 2755 connections currently using Telecare and we have 1256 mobile/tracking devices out in the Borough.

The technology for many telecare systems is quite basic, but significant change is expected over the next few years. Most of the alarm systems use analogue technology (phone lines) to send the alerts. The digital telephone switchover in 2025 presents an opportunity for the industry, which should now “start looking beyond the pendant alarm” to “all the other technologies that are available”.

For over 30 years, Sefton Careline/Sefton MBC has used TECS equipment to support those requiring care to live independently in their chosen home setting. The aim is always to balance independence with reassurance and provide tailored support which meets individuals’ needs now, and in the future, ensuring that people can live independently at home for longer.

## What we will do:

- Commissioning activity will build care and support offers that are outcome focused and support the needs of the individual allowing our Social Workers, OTs or Health Care Professionals to build an offer for the individual that is timely and appropriate, offering the right level of support at the right time from a range of TECS that is built around the person.
- We will ensure that the needs of individuals are well supported with TECS and we are committed to co-production. Sefton benefits from a strong network of Community and Voluntary independent groups which we will work with to ensure that we deliver on our strategic priority to embed early help and prevention in everything we do and promoting independent living through TECS. Understanding the lived experience and what matters to individuals will be reflected in all specifications and performance management frameworks.
- Planned Capital Fund Spend Allocation 2021/22 for TECS is £235k. We propose that we will use this for the expansion of TECS equipment and support that we will offer to all residents in Sefton. We will provide relevant and appropriate TECS training to all social care staff teams to ensure that consideration and utilisation of TECS is embedded in practice from the first point of contact.
- We will provide further investment in providing Occupational Therapy support with the allocation of £557k from Capital Fund planned spend during 2021/22. This will be invested in increased capacity to support uptake of major and minor adaptations and equipment and it will offer a solution to care and support needs, reducing long waiting times for occupational assessments and installations in line with Sefton’s Adaptations Without Delay Delivery Plan.

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10 House of Lords Select Committee Report on ‘Ageing: Science, Technologies and Healthy Living’



The benefits that are hoped for include increased awareness of the use of TECS in care management, reducing the levels of demand for longer term complex packages of care that are costly and that can be avoided or delayed with early intervention and prevention objectives being prioritised.

In 2019, for Sefton, central government funding had reduced by 51% compared to 2010, and by 2022/23 it is anticipated that there will be a further gap in the budget of over £23 million. It is costing more to simply maintain services at their current levels on the basis that prices are going up and demand for services is increasing as the population grows. It is imperative that the Council continues to explore all opportunities to make every pound count through the efficient delivery of services and commissioning practices

- The council will continue to protect the most vulnerable people i.e. those who have complex care needs with no capacity to care for themselves and no other networks of support. We will also use asset-based models of practice and encourage individuals to do more for themselves and help one another to live as independently as they can for longer.

We are committed in the future to further develop jointly commissioned services with our Strategic Health partners, the CCGs. The Integrated Commissioning Group is the key vehicle for this, it is a formal sub group of the Health and Wellbeing Board and includes key commissioning, Directors and Finance representation from the Local Authority and the CCGs in Sefton. Joint commissioning will achieve economies of scale, savings and reduce duplication of services and most importantly drive improvements for our residents. The resources saved can be applied to any gaps in service delivery. This will include:

- Enabling, through established governance mechanisms, pooled resources to develop a broader joint commissioning framework across partner agencies to direct our commissioning intentions and maximise best value.
- Develop an intelligence led approach to commissioning that draws together key public funding streams to develop a broader joint commissioning framework across partner agencies.
- Ensure all stakeholders, have a voice at every stage of the commissioning cycle and provide feedback to measure and review impact and enable redesigned services that better meet the needs of our residents.

## How we will work with the Market

Opportunities to work with the council are advertised through the NW Procurement portal the Chest. Our Health Partners contracting process is subject to different regulations although the NHS Long Term Plan is emphasising a move towards collaboration as opposed to competition and this has resulted in, for example, the formation of the Sefton Provider Alliance.

We want to encourage greater engagement with providers and give the opportunity to the market to hear their views before formal procurement processes, using PINS (Prior Information Notice), Bidder Events and reinvigorating regular provider forums, ensuring key stakeholders are part of the conversation.

Our detailed Adult Social Care Market Position Statement will assist in the development and procurement of models of delivery which meet the needs of the Sefton population and to enable long term business planning and stability for the provider network and which may include a partnership approach through the Sefton Provider Alliance.

Currently work is underway to look at joint health and contract management tool kits, standards, intelligence log, shared existing data sources, a move toward contract management by supplier and not singular contract, and an outcome focused contract management approach. This will support a more positive aligned approach to the market.

The main challenge faced by local authorities lies within the management of revenue to provide support. There needs to be an affordable market. There are many issues around where there are accessible budgets. Local authorities typically procure on a capital purchase model. The ever-increasing demand for TECS provision now needs to be considered and value assessment will need to be refreshed and reviewed to accommodate this. The Tech Refresh Model is a model that many companies choose to upgrade or replace certain infrastructure on a regular schedule instead of using systems until they can no longer function (software upgrade or upgrade of servers/ room units – old hardware can be recycled or upgraded and used again). This Model has worked well in the private sector and more work will need to be done by public services to investigate if this is a model that can be considered for use in the future.

### What we will do:

- Frameworks should reflect TECS procurement and upgrades to software moving forward. Any future procurements will factor in TECS, with respect to how Providers will seek to utilise TECS and they will work with Commissioners on its implementation as part of their service delivery, review and development work, embedding the use of TECS within commissioning practices.
- Ensure we build in the TECS provision into other key demand management pathways such as Early Help, OT Teams, Adaptations, Extra Care and other housing for vulnerable adult developments, Reablement Teams, Support Living, Responder services, Intermediate Care, Care Homes, Home Improvement Service

- Develop Universal, Targeted and Specialised TECS packages for individuals' dependent upon their needs. This will be linked to the development of a single point of access for referrals, DFG criteria and spend and online portal development, staff training and awareness and TECS and Community Equipment Catalogue development.
- We will provide a transparent process to help procuring and reporting organisations monitor how bidders and suppliers can contribute to mitigating the effects of COVID-19 and responding to the emergency. We will also consider that the use of the National TOMs is applied with flexibility during these challenging times and with due consideration to the specific context for the contract, the ability of suppliers to deliver and the timescale over which this can take place.

## Measuring Outcomes and Social Value



The principal benefits of a minimum and consistent reporting standard for social value are that it:

- Provides a consistent approach to measuring and reporting social value
- Allows for continuous improvement
- Provides a robust, transparent and defensible solution for assessing and awarding tenders
- Allows organisations to compare their own performance by sector and industry benchmarks and understand what good looks like
- Reduces the uncertainty surrounding social value measurement allowing us as a local authority, to make informed decisions based on robust quantitative assessments and hence embed social value into this Strategy and associated integrated.

### What we are doing

- As part of Sefton Council's Framework for Change Programme and PSR10 Project (Commissioning and Shared Services), the Council has launched a dedicated Commissioning Academy to help staff foster a commissioning mind-set and work collaboratively with colleagues, other agencies and communities to achieve better outcomes. The aim of the Academy is to support the objectives of the Framework for Change Programme by guiding teams how to commission the right outcomes for their communities, improving staff awareness of the latest developments and innovations in commissioning practice and equipping people with the right skills to deal with the challenges facing public services.
- We are using Social Return on Investment (SROI) and Social Value tools such as TOMS to better understand economic costs and benefits and we are working closely with health and social care partners, and community led organisations to achieve the greatest sustainable

outcomes for people living in Sefton. We recognise that investment in TECS as part of our early help and prevention offer and in line with our health and wellbeing objectives can significantly reduce higher care costs further down the line.

## The Ethical and Legal Considerations: Data Security And Citizen Ownership

The Internet of things (IoT) describes the network of physical objects - “things” - that are embedded with sensors, software, and other technologies for the purpose of connecting and exchanging data with other devices and systems over the Internet.<sup>11</sup>

The Cheshire and Merseyside Integrating Care Proposal highlights that while this will be mainly about embedding a culture of sharing data with appropriate safeguards, any legislative change is supported that clarifies that sharing data for the benefit of the whole health and care system is a key duty and responsibility of all health and adult social care organisations. This will require a more flexible legislative framework than currently exists to support further evolution and empower local systems to lead and drive that agenda.

Devices used in health and social care Internet of Things (IoT), will be collecting data about patients and customers to inform clinical teams and social workers, among others, about a range of different aspects of the person’s life to improve health outcomes and support medical staff. This data collection needs to be compliant with all relevant data protection laws, National Data Guardian Guidelines and other good practice guidelines.

TECS related risks and ethical issues need to be understood and mitigated, but not become a barrier to action. TECS has the potential to threaten individuals’ privacy and control. Social care and health professionals need to consider a range of ethical issues when supporting a service user in deciding whether to use these types of technology. These issues need to be considered before, during and after the installation of TECs such as sensors.

Interoperability standards are also key to any strategy moving forwards, as every device or set of devices tends to have its own portal and key to driving forwards with the sharing of data, and true citizen ownership is a way of bringing all that data together into a common platform. We will use identified National Government Open Standards Principles to support open data, IT and digital strategies as appropriate<sup>12</sup>.

Individuals, can face a challenge retaining control over their data due to the scale, scope and complexity of systems that create, aggregate, and analyse personal health data. The inherent sensitivity of health-related data that is generated and the security risks associated with

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11 [https://en.wikipedia.org/wiki/Internet\\_of\\_Things](https://en.wikipedia.org/wiki/Internet_of_Things)

12 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/78892/Open-Standards-Principles-FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/78892/Open-Standards-Principles-FINAL.pdf)

connected devices require careful management, including compliance with the General Data Protection Regulation. There is also a role for voluntary guidance to help ensure good practice and that citizens are protected and reassured.<sup>13</sup>

## What we are doing

- We follow standard best practices in general security for health and social care IoT devices.
- We implement effective authentication, deploying public key infrastructure and digital certificates which authenticate connections with the network, other devices and social care record systems and we will try to ensure data packages are not manipulated while in transit.

## What we will do

- Our administrators will insulate devices that don't have built-in controls. If a device must be used for patient care, admins can turn off its capability to connect to the internet. If the device must connect, we will work with the vendor to identify where the device needs to connect and only allow those connections, creating an 'allow list'.
- We will also 'deny list' any known harmful sites from connecting to a device. System administrators will segment public networks from the rest of the network, restrict access to assets and events on a virtual Local Area Network (LAN), or segregate traffic by department.
- Legacy devices will be wrapped with gateways to secure the physical connection to the device.
- We will use the right tools that simplify IoT security. Some platforms automate the management of massive amounts of data and devices and can control authentication certificates. Manufacturers have also developed medical device tools that can identify what a device is, what data is collected from it and where it connects to the internet.
- We will ensure that IoT analytics platforms that are used by the local authority can help administrators monitor network traffic and approve or deny connections.

## Next Steps

This Strategy covers a 3 Year period and it builds on Sefton's established Telecare and Community Equipment service provision. Much more development, creativity and innovation still need to be accomplished to ensure that Technology Enabled Care Solutions provision is utilised to its full extent across Sefton. We are committed to driving forward the TECS Strategic Objectives as highlighted in this Strategy and within the TECS Delivery Plan over the next 3 years (see Appendix B).

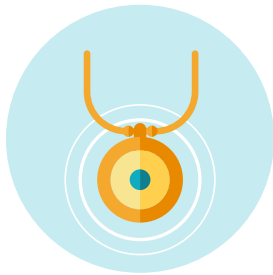
The Strategy will be monitored through Sefton's Health and Well Being Board and the Integrated Commissioning Group and the Delivery Plan will be overseen by Sefton's TECS Strategy Working Group (See Appendix C).

TECS will always be an option when considering how best to meet a person's social care needs;

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13 <https://iotuk.org.uk/wp-content/uploads/2017/11/IoT-in-Health-and-Social-Care.pdf>

we will use TECS and equipment to provide the most appropriate support throughout the life journey, providing this at the optimal point that ensures continued well-being and minimises crisis and provides the right support at the right time to maintain independent living. Technology is around us in many different forms, and we are already using technology aids and equipment to connect with others, to support our health and well being and to assist us with daily living activities. The diagram below gives examples of everyday technology, that we may already be familiar with. In Sefton, our Digital Offer acknowledges that technology can work for everyone at any time to support independent living.



Smart Accessory Security



RunningWatch



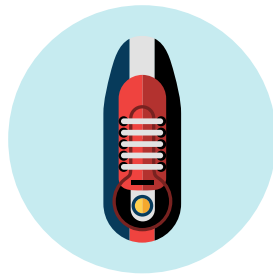
Smart Glass



Activity Trackers



Tablet Computer



Smart Sneakers



MP3 Player



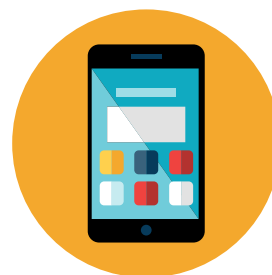
Digital Book



Healthcare Devices



Portable Games



Smartphone



SmartWatch



MP3 Player



Digital Camera



SmartWatch



Smart Camera

## References

1. Sefton 2030 Vision and Core Purpose: [Sefton Council 2030 Vision and Core Purpose](#)
2. The Care Act 2014: [The Care Act 2014](#)
3. Sefton Council Strategies – <https://www.sefton.gov.uk/your-council/plans-policies.aspx>
4. Think Local Act Personal: [Think Local Act Personal](#)
5. The Kings Fund: Five priorities for the health and care system post-Covid-19 Report, July 2020
6. Sefton Strategic Housing Market Assessment (SHMA)
7. Adaptations Without Delay: A Guide to Planning and Delivering Home Adaptations Differently, Royal College of Occupational Therapists, 2019
8. Disabled Facilities Grant: [Govt. Disabled Facilities Grant](#)
9. House of Lords Select Committee Report on ‘Ageing: Science, Technologies and Healthy Living’ HOUSE OF LORDS Science and Technology Select Committee’ 1<sup>st</sup> Report of Session 2019–21
10. [Health Matters Health Economics Making The Most Of Your Budget](#)
11. [Falling Standards Broken Promises Report National Audit](#)
12. [Internet of Things](#)
13. [IoT-in-Health-and-Social-Care.pdf](#)

## Appendix A: TECS Definitions Summary

### Telecare

Telecare was developed from Social Alarms services which have been supporting elderly and vulnerable people live more independently for over forty years. The original pull cord systems in sheltered schemes and dispersed alarms and pendants which are installed in the individual's home now offer a range of environmental and personal sensors which monitor their safety and well-being.

Telecare services provide a 24/7 monitoring service which will escalate alarm activations to a named responder or, if appropriate, the emergency services.

Wearable alarm systems – pendants, bracelets, watches – also enable the person using the technology to speak directly to a monitoring centre. Environmental sensors include smoke detectors, temperature extreme sensors which can detect fire or low temperature, flood detectors, door sensors, passive infrared (PIR) movement sensors and carbon monoxide detectors.

Personal sensors include fall detectors, bed and chair occupancy sensors, enuresis sensors, epilepsy sensors and medication reminders.

Telecare Services not only help elderly and vulnerable people live more independently but can also be used in conjunction with Telehealth systems to assist younger people with long term conditions or disabilities.

### Telehealth

Telehealth systems support people with Long Term Conditions (LTC's) to self-manage their conditions, remain more independent, reduce hospital stays, allow early hospital discharge and reduce the dependency on primary health and GP services.

Telehealth services usually consist of a smart hub which allows the patient to enter vital signs data or have the data collected by various devices (blood pressures readers, pulse oximeters, and blood glucose monitors) which automatically transmits the readings to the hub. This data is then transmitted to a clinical or non-clinical monitoring service where the patient's health is observed, and any alerts addressed by the appropriate service.

Telehealth systems can also provide automatic coaching and mentoring to the patient through a series of questions and answers which are processed by the system's software algorithms.

Telehealth is used to support patients with Chronic Obstructive Pulmonary Disease (COPD), Chronic Heart Failure (CHF) Type 2 Diabetes, Cancer, Mental Health conditions and other long-term conditions.



## ‘mHealth’

A number of the services described under Telehealth can also be accessed via mobile phone technology and Apps, these systems are often used by younger service users and patients to allow them greater flexibility to access these services. Another mHealth application is the use of GPS and GPRS to provide safe walking services to people with dementia, early stage Alzheimer’s and learning disabilities.

## Assistive Technologies (Environmental Controls)

AT is any aid that can assist the most frail and vulnerable members of our society to live safely and live well at home or in a care home environment. The role of assistive technology and how it can be used to support someone to live independently living varies greatly. Assistive Technology ranges from simple, standalone devices right through to complex, integrated systems that help a person to remain independent for as long as possible.

Assistive Technologies (AT) allow people to function as independently as possible by using devices that allow them to carry out day to day activities such as switching on lights, opening curtains, turning on the TV and using a computer though a range of switches and sensors which can be operated with only limited movement. Environmental Controls can also be used in conjunction with Telecare and Telehealth systems.

According to the Social Care for Excellence’s Assistive Technology for Older People research briefing, some of the key benefits of assistive technology include:

- increased choice, safety, independence and sense of control
- improved quality of life
- maintenance of ability to remain at home
- reduced burden placed on carers
- improved support for people with long-term health conditions
- reduced accidents and falls in the home

Under the Equality Act 2010, Assistive Technology is recognised as a ‘reasonable adjustment’ which should be made available to prevent discrimination in a wide variety of contexts.

## Telemedicine

Telemedicine is the use of video technology to enable specialists and consultants to support patients and other professionals remotely by making a diagnosis and recommending treatments. Vital signs data, x-rays and other information can also be transmitted to enable a speedy diagnosis when a patient is in a remote area or the expertise is not available locally. Telemedicine systems are mainly employed in an acute health environment.

# APPENDIX B: Consultation Partners and Stakeholder Groups

## TECS Strategy Working Group membership:

ICT	Telecare/ Comm Equipment	Sefton OT Service / Single Handed Care / HIS
Supp Living/Extra Care	Comms / Website/ Consultation	Mental Health
Housing	Childrens/ SEND / Transitions	CCGs and Health
Mersey Innovation	Liverpool City Region: TECS Sub Group and Digital Group	Early Help / Prevention
Community 3rd Sector	Demand Management	Sefton Council Commissioning Managers for Integrated Care, Childrens Services and Care Homes

## Consultation Groups:

We consult with the following groups and these consultations will be ongoing throughout the life of this Strategy and as part of our commitment to fulfil the 9 strategic priorities highlighted throughout this document.

Practitioner consultations will also be facilitated with Sefton Council Social Care Teams including: Triage, Occupational Therapy, Social Work Teams from ASC and CSC portfolios.

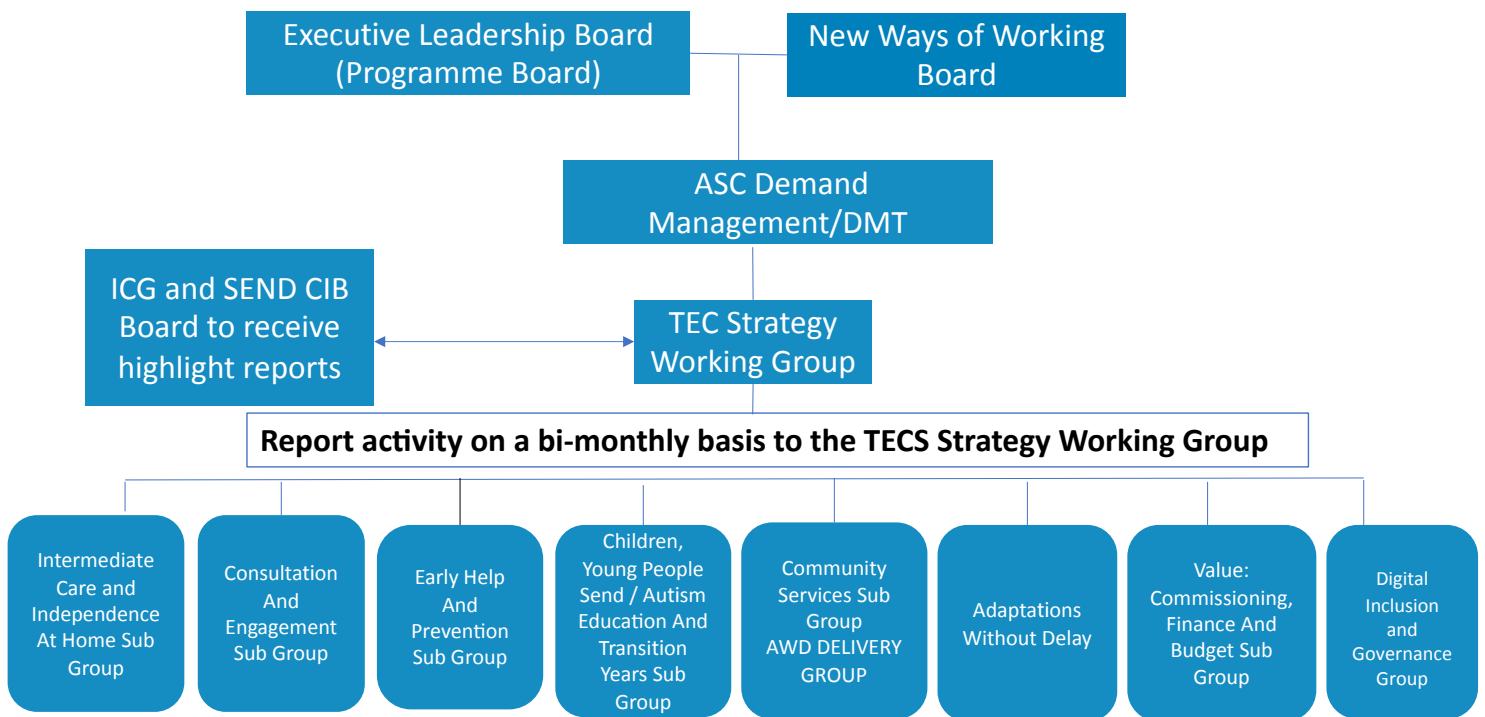
Sefton Carers	Sefton Older People Forum	S.P.O.C.	Sefton CVS	Sefton Alzheimers Society
Sefton Dementia Friendly	Sefton Get Talking	Sefton Supported Living Providers	Housing Association Tenants Groups	Sefton Parent and Carer Forum
	Aiming High Group	Sefton Young People's Health Forum	Sefton Healthwatch	

# APPENDIX C: GOVERNANCE / DELIVERY STRUCTURE

This document outlines the proposed governance delivery structure for the Sefton Technology Enabled Care Solutions (TECS) Strategy 2021-24.

It is proposed that the following governance and delivery structure be followed with the specific routes for individual decisions being based on factors such as the constitution of organisations and the financial impact. The structure will be subject to regular review to ensure that any wider new governance arrangements are implemented as needed.

## ASC and CSC Structure Management and Governance Chart



Delivery / Task & Finish Groups	Strategic Priorities and Objectives	Strategy Key Themes Link
<p><b>Intermediate Care/ Independence at Home/ Falls Prevention</b></p>	<ul style="list-style-type: none"> <li>• When designing new services, we will look at the opportunities available from TECS and seek to build these in to our offer.</li> <li>• The introduction of other forms of TECS such as telehealth and tele triage will be explored to support people to remain in their chosen place of home for as long as possible.</li> <li>• Work closely with all care home providers in Sefton to support implementation of TECS through national, regional and local initiatives</li> <li>• Mapping of current local / national groups and initiatives</li> <li>• EMIS pilot</li> <li>• Exploration of Falls applications</li> <li>• Potential procurement of technological solutions</li> <li>• Evaluation of Capital Improvement Grant awards</li> <li>• Scoping of further capital improvements – including care planning I.T. solutions</li> <li>• Develop a collaborative end to end falls pathway at place across Primary, Community, Secondary and Voluntary services, using an evidence-based approach such as Public Health England’s eight-tiered approach to managing falls.</li> <li>• Develop clear and consistent referral pathways between intermediate care services, primary and secondary care and the Social Services, ensuring the single point of access is promoted widely.</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Commissioning / Finance / Analysis</i></li> <li>• <i>Residents</i></li> <li>• <i>Consultation &amp; Engagement</i></li> <li>• <i>Digital development</i></li> <li>• <i>Quality</i></li> <li>• <i>Promotion of TEC</i></li> </ul>
<p><b>Partnerships: Consultation and Engagement</b></p>	<ul style="list-style-type: none"> <li>• Develop approaches to consultation and engagement for all delivery projects</li> <li>• Formulation of Proposals on long-term engagement mechanisms</li> <li>• Improved access to information, advice and guidance to promote TECS</li> <li>• Engage with services which educate, entertain and stimulate social interaction linking people to networks and communities, to combat loneliness and social isolation.</li> <li>• Developing a robust TECS training and development programme.</li> <li>• LCR TECS Training programme development</li> <li>• Incorporate existing demographic data and mapping of the wider network of statutory and voluntary sector organisations that also support people to remain living independently and with whom referral pathways could be developed.</li> <li>• Implement an online guided advice tool for the public which will provide impartial advice about suitable TECS solutions</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Consultation &amp; engagement</i></li> <li>• <i>Residents</i></li> <li>• <i>Commissioning / Finance / Analysis</i></li> <li>• <i>TECS Workforce Devt</i></li> </ul>

<p><b>Early Help, Prevention and Promotion of Independence.</b></p> <p><b>Children, Young People SEND/Autism, Education and Transition Years</b></p>	<ul style="list-style-type: none"> <li>• Introduce TECS which encourage people to adopt and maintain a healthy lifestyle, to prevent or delay the need for support.</li> <li>• Ensure that people have access to information about TECS provision as part of the front door triage service, that will help residents quickly find solutions for themselves that they are often happy to self-fund.</li> <li>• Work with our Education partners to ensure that innovative use of technology and continuous improvement of our offer around TECS remains on the Agenda for all our schools.</li> <li>• Expand use and resource of TECS to support and promote greater independent living for our Children and young people with SEND are supported at home.</li> <li>• Review current referral and assessment processes and ensure that TECS is considered within this process and that funding streams for equipment are clearly defined and understood for prescribing staff</li> <li>• Better aligned service provision between schools, local authority and health partners for specialist and TECS equipment.</li> <li>• OT assessments for SEND/ Transition Years children will include sections covering sensory and TECS assessment.</li> <li>• Develop Universal, Targeted and Specialised TECS packages for individuals' dependent upon their needs.</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Quality</i></li> <li>• <i>Workforce development and training</i></li> <li>• <i>Commissioning / Finance / Analysis</i></li> <li>• <i>All Age Strategic priorities</i></li> </ul>
<p><b>Community Services : Day Opportunities/ Supported Living/ Mental Health</b></p>	<ul style="list-style-type: none"> <li>• Develop Home Improvement Team provision to include an advisory capacity for residents looking to adapt their homes – future proofing home living areas.</li> <li>• Invite collaborations with external housing development companies that specialise in TECS and SMART home planning.</li> <li>• Ensure that all SL properties and residential units are suitable to accommodate TECS provision as needed to support daily activities.</li> <li>• Liaise closely with all contracted housing providers to ensure that properties provided for SL tenants are easily adapted and suited to client needs to enable independent living where possible.</li> <li>• Continue to identify SL properties that would benefit from TECS</li> <li>• Regularly review care planning and assessments and subsequent reviews of assessment to ensure that the right TECS is recommended for individuals.</li> <li>• Liaise with RSL providers to develop a Registered Social Landlord Social Care Pathway which will outline contractual housing obligations and we will also consider the Housing Strategy for Learning Disabilities and the Autism Strategy as part of this development.</li> <li>• Review our day centre provision and develop TECS for those individuals who are not attending day care services due to COVID restrictions.</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Supplier engagement</i></li> <li>• <i>Commissioning</i></li> <li>• <i>Future proofing</i></li> <li>• <i>Quality</i></li> <li>• <i>Consultation &amp; Engagement</i></li> </ul>

<p><b>Adaptations Without Delay</b></p>	<ul style="list-style-type: none"> <li>• Encourage and promote more creative use of Disabled Facilities grants to consider TECS as part of any application to support people to remain independent in their homes</li> <li>• Map current service provision across Sefton and identify gaps in provision, delays in accessing equipment and we will work collaboratively with our partners to provide timely and effective solutions, promote DFG eligibility criteria and ensure that individuals have access to information so that they are also able to access equipment independently if needed.</li> <li>• Extension of warranties for some adaptations such as stairlifts and hoists.</li> <li>• Service delivery models both within our social care teams and external housing partners that are based on person-centred and preventative outcomes and organisations need to ensure that they take a safe and person-centred approach to providing adaptations to older and disabled people.</li> <li>• Implementation of an online rapid self-assessment and guided advice tool at the first point of contact.</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Quality</i></li> <li>• <i>Commissioning</i></li> <li>• <i>Workforce Development</i></li> <li>• <i>Accessible information</i></li> <li>• <i>Consultation and engagement</i></li> <li>• <i>Expansion of Digital offer</i></li> </ul>
<p><b>Commissioning and Finance</b></p>	<ul style="list-style-type: none"> <li>• Development of revised contract and service specification to include TECS</li> <li>• Scoping of current Commissioners activity / commissioning arrangements</li> <li>• Commissioning activity will build care and support offers that are outcome focused, offering the right level of support at the right time from a range of TECS that is built around the person.</li> <li>• develop a broader joint commissioning framework across partner agencies to direct our commissioning intentions and maximise best value.</li> <li>• Ensure all stakeholders, have a voice at every stage of the commissioning cycle and provide feedback to measure and review impact.</li> <li>• Develop joint health and contract management tool kits, standards, intelligence log, shared existing data sources, a move toward contract management by supplier and not singular contract, and an outcome focused contract management approach.</li> <li>• Any future procurements will factor in TECS, with respect to how Providers will seek to utilise TECS and they will work with Commissioners on its implementation</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Integrated Commissioning</i></li> <li>• <i>Consultation and engagement</i></li> <li>• <i>Scoping suppliers and future proofing</i></li> </ul>
<p><b>Digital Inclusion and Governance Group</b></p>	<p>Overarching Digital Strategy – objectives and activity related to TEC Strategy activity and progression. Reports to New Ways Of Working Board</p>	

