Designing an assistive technology enabled care model in the Royal Borough of Greenwich

Discovery Report

February 2023

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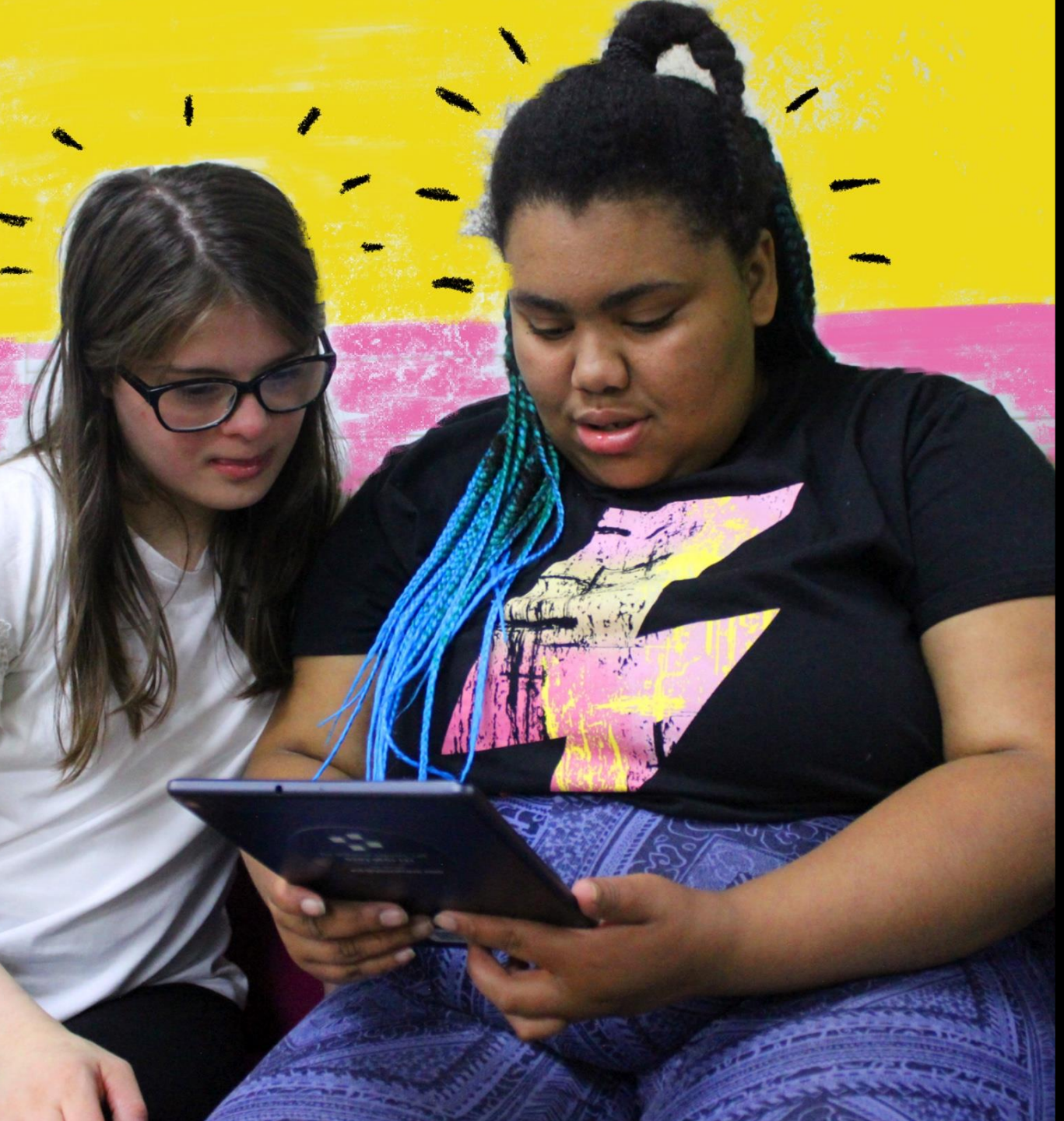

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Executive Summary

Achieving a more digitally-enabled social care operating model is fundamental to the long-term sustainability of adult social care and underpins many of the strategies and opportunities to improve efficiency, capacity, outcomes over the medium term. The Department of Health and Social Care white paper People at the Heart of Care recognised that, when technology is embedded seamlessly into care and support services, it can help people to live happy, fulfilled lives in their homes and communities.

The Royal Borough of Greenwich has experimented with some assistive technology enabled care (ATEC) in recent years and appointed Rethink Partners in October 2022 to support the development of its assistive technology enabled care model. This 6-month collaboration aims to support the council to take stock of its current experience and assets and shape its plan to harness the best of assistive technology in order to measurably improve the lives of residents and staff. A comprehensive and considered approach to ATEC will bring operational efficiencies, allowing practitioners to focus on high value work and relationship building - and be sustainable, with Greenwich having the skills needed to operationalise new technology as part of day-to-day strengths-based social care practice.

Rethink Partners has worked extensively with over 200 residents, colleagues and partners across the Royal Borough of Greenwich between October 2022 – January 2023, to explore with stakeholders the appetite, confidence and readiness to implement ATEC. This discovery report details what they uncovered from interviews, focus groups and events, both online and face-to-face. This Discovery Report will inform the next stages of work across Winter and Spring 2023: to co-producing a target operating model; outcomes framework; and a roadmap to find the right approach for local people who could benefit from the use of care technologies.

Headline findings

Residents

- Already use technology daily and are up for using it for health and care needs if it leads to greater independence.
- They want to learn from each other; they want it to be meaningful to their lives, social and fun.
- Don't underestimate their appetite and capabilities, but provide support when it's needed. And tell them your plans.

Staff

- Many staff can see the potential for ATEC to improve outcomes and lives, but appetite and confidence is mixed within and across teams.
- The current delivery model for ATEC does not enable them to consider and access technology easily; the offer is limited, responsibilities and processes are confused.
- They want more support; there is also a risk that ATEC is seen as someone else's job.

Leadership

- Leaders are very ambitious for the potential for ATEC in Greenwich, but this is tempered with some apprehension about the challenge of shifting the culture.
- Leadership for ATEC is distributed; people are craving a clear programme and approach to meet the scale of the ambition and evidence of the investment, accountability, leadership and resources to deliver.

Current tech offer including telecare

- There is appetite and ambition to further develop the telecare service; this would require investment and changes to working practices.
- Stronger working relationships between ASCH and the service are desired by all.

Background and context

Councils across the country are increasingly looking to technology to form part of their care and support offer in adult social care driven by:

- drive for maintaining or improving outcomes alongside achieving financial sustainability
- national switch to digital infrastructure making existing telecare services unstable or requiring investment to modernise
- advances in technology enabling a more sophisticated, personalised offer for residents, linked to strengths and needs; a range of next generation products
- workforce and capacity issues in the care market placing even more focus on reducing demand for care and finding new, more efficient ways to promote independence and deliver care services through the use of technology
- Covid-19 created a shift in how we all think about and use ATEC as part of social care; we can increasingly see that people are entitled to have good technology in their lives and that it can be a crucial part of keeping people independent and well. Not replacing face to face care for the sake of it, but often providing a better alternative in line with people's personal preferences

Over the last 3 years…

- …the ATEC space has evolved significantly
- …. Products now on the market meet a much wider range of needs and circumstances
- … The opportunity to use data more intelligently to respond to need, predict changes in behaviour and adapt care
- … opening up the opportunity to disrupt the traditional, responsive telecare approach

Approach and methodology

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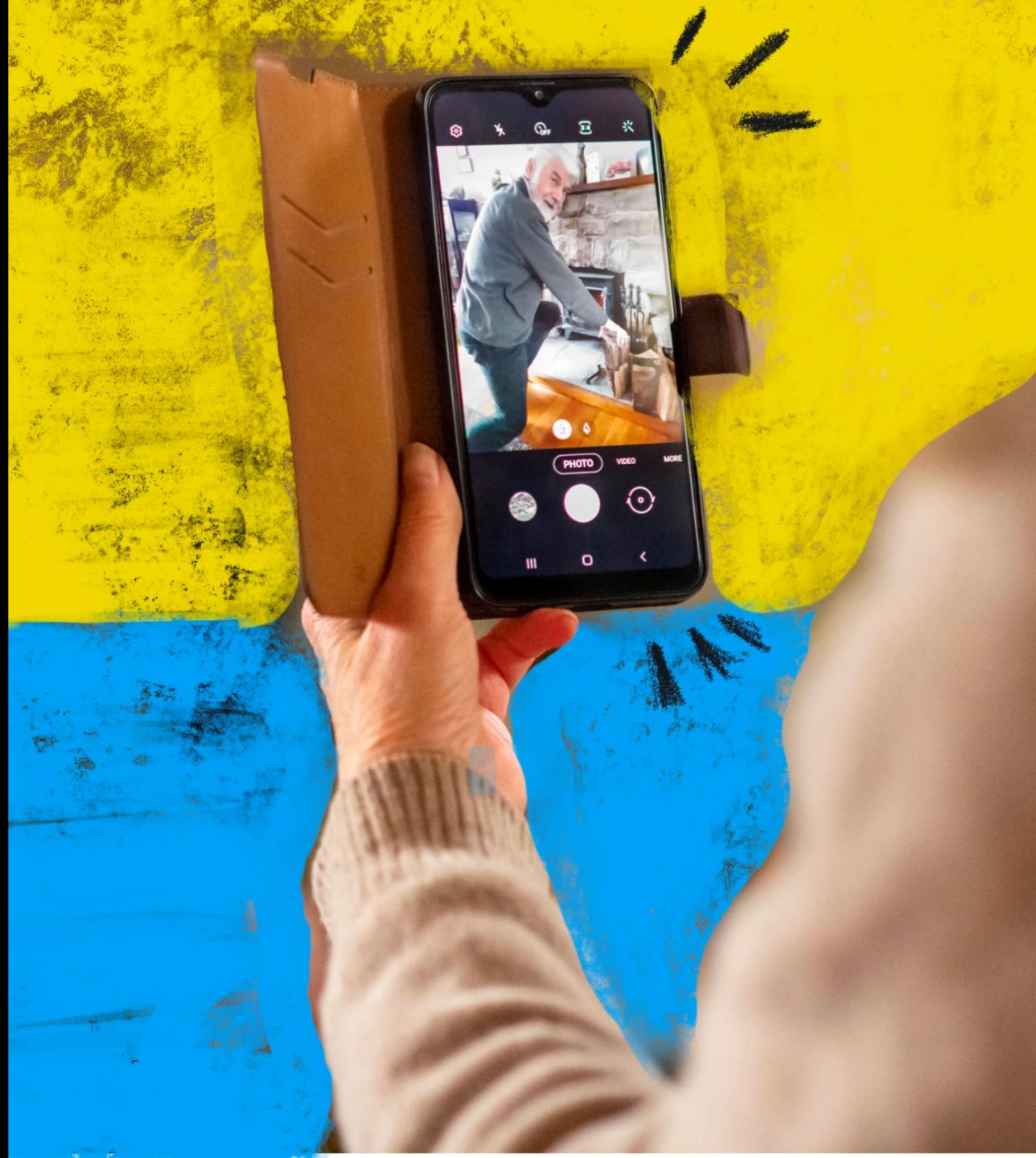


Approach and methodology

Governance:

Between October 2022 and January 2023 Rethink Partners organised an extensive Discovery Programme in partnership with colleagues from the Royal Borough of Greenwich. We set up a project group to agree the governance, roles and responsibilities and the schedule and scope of the discovery phase – tracking risks, assumptions, issues and dependencies along the way.

- Project steering group: monthly project group, with SRO and project team; to monitor progress, endorse decisions and approach, connect the work to other live and relevant interdependencies, sense check emerging findings
- Project leads huddle: fortnightly huddles with project leads, to discuss practicalities and logistics due to the pace of discovery activities
- SRO check-ins: fortnightly touchpoints to review progress and adapt activities where necessary.

This way of working offered reflection points for colleagues to safely challenge approach and insights as we progressed. It creates opportunities for skills sharing and development –opening up the discovery work, so colleagues could join us as deeply as their capacity permitted.

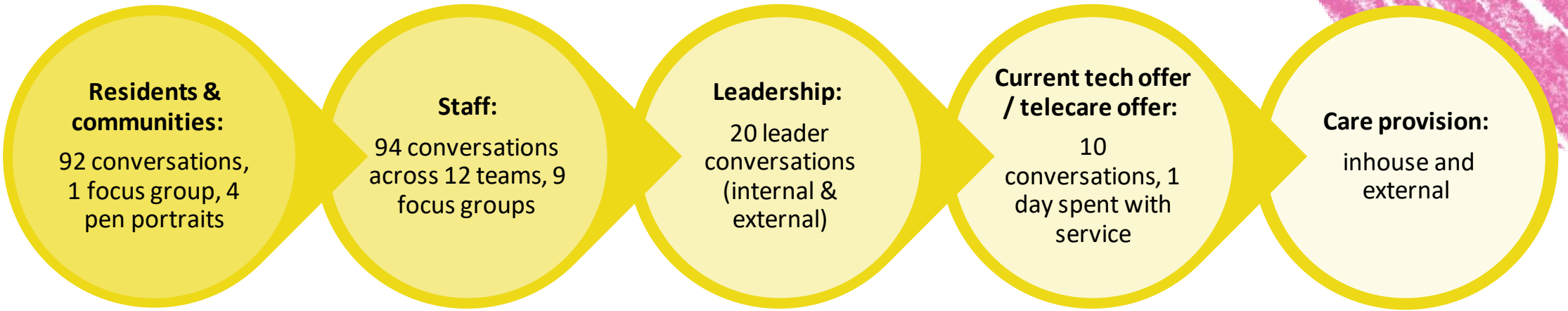
Finding the right people to speak to:

We worked with sponsors and project leads to map stakeholder organisations and people across the health and care ecosystem and iterated this as went along – building out contacts and networks as we went.

- We worked hard to speak to the less obvious people who may see things from a unique perspective and gather soft intelligence – spotting/ scouting people and organisations who could help take the work forward over the longer term;
- We developed communications and engagement briefing tools and scripts to ensure colleagues and partners could clearly and confidently communicate this work – encouraging every interaction as an intervention: an opportunity to engage and excite people about this work – whilst listening to and tackling barriers – real and perceived

Approach and methodology

We baselined the context and starting point by engaging in face to face and in online conversations with over 200 local people to understand: strategic fit; priorities; drivers and levers; assets, capabilities, gaps; attitudes, beliefs, biases, motivations and blockers.



Residents & communities: we began with organisation lead one to ones; independent research and connections with local groups / community facilities; visiting groups for one-to-one conversations and focus groups; reaching out to the less 'usual suspect' groups and organisations. Connections flowed from there.

Staff engagement: began with 1:2:1s with service managers and team leaders to gauge early views; understanding; hopes and ambitions; priority teams and engagement opportunities. Ran 9 focus groups with teams and enabled wider staff participation through an online survey.

Current tech offer / telecare offer: Engaged with current telecare service and other technologies to explore: volumes, demography, usage of service, referral patterns; current tech offer; any pilots or innovations; digital readiness; workforce model and attitudes to tech; service quality; charging and eligibility; assets, ideas, ambitions, opportunities for growth and diversification; known gaps in current offer in relation to needs

Care provision: Agreed approach with commissioner which would be sensitive to interdependencies: identifying internal teams to speak to and providers/forums to engage with; curating comms and getting timing and messaging right

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Language

ATEC – Assistive Technology Enabled Care: the provision of services such as telecare, remote monitoring of people to support them to live independently at home, assistive technology and telehealth which provides arrangements for people to manage short and long-term conditions. It also involves, to an increasing degree, the use of newer technologies including video devices, data tools, self-help apps, passive monitoring technology, real-time dashboards and the wider 'Internet of Things' that put people in control of their own health, wellbeing and support.

Royal Borough of Greenwich Teams:

- **CAT** – Contact Assessment Team: the front door for residents to services from RBG, responsible for signposting both externally and internally and onward referral
- **CAIT** – Community Assessment and Intervention Team: a social care team that receives referrals from front door and HIDT, undertake assessments of need, unscheduled reviews and 6 week reviews (from HIDT)
- **JET** – Joint Emergency Team: crisis intervention team with staff across social care and health, can be a front door into ASC
- **CRSTAT** – Community Rehabilitation and Short Term Assessment Team: team of social workers and assessors who work with service users for up to 12 weeks with aim to propose ongoing package of care and support
- **Reablement Teams:** multi-disciplinary team with some staff within Oxleas, working with service users for up to 6 weeks with aim of increased independence
- **Reviewing: social care team that** carries out scheduled and planned reviews of service users
- **HIDT** – Hospital Integrated Discharge Team: a social care team that assesses the needs of any resident of Greenwich in any hospital to ensure safe return home following discharge, can be a front door to ASC
- **Prison Social Care Assessment Team**: the prison social care team working across 3 prisons
- **CLDT** – Community Learning Disability Team: Integrated team with staff sitting across both Oxleas and RBG, multi-disciplinary and supporting adults with learning disabilities
- **CCT** – Complex Care Team: social care team that manages cases which are complex, vulnerable, in crisis clients
- **OT** – Occupational Therapy: work with clients alongside other teams, assess for and provide equipment and adaptations
- **Transitions** – sit within CYP, support young people aged up to 25 (transition starts age 16) with additional support needs who will potentially need to receive services from ASC
- **Telecare Team** – sits within the Digital and Customer Service Division and procures, installs, monitors and responds to alerts from telecare devices

A deep dive into our findings with residents

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Findings: residents & communities

Approach

- Made significant headway into links with the local VCS and resident groups. Engagements in person and online booked with:
  - Charlton Athletic over 55s group: Extra Time
  - Learning Disability MPs
  - JET
  - Carers' Centre
  - Dementia Reference Group
  - Disabled People Against Cuts
  - Community Champions drop in sessions
  - Vision into Action Group

- ✓ First face to face engagements planned within one month of initial contact made
- ✓ Met with key stakeholders around digital inclusion and gathered insight
- ✓ Presented at Learning Disability Partnership Board and Community Champions Steering Group
- ✓ Newsletter contributions distributed and invites to drop-in online focus groups circulated – successful online focus group
- ✓ Online questionnaire created and distributed – 25 responses

Total number of connectors contacted	20
Total number of conversations with staff	17
Total number of engagements booked	12
Total number of conversations with residents	50
Total number of online questionnaires completed	25

Findings: residents & communities

Summary findings

1. Don’t underestimate residents
2. Start with what is meaningful
3. Wider inclusion impacts digital inclusion
4. Language is important

1. “Yes we have varied needs and varied levels of confidence but we are up for new things.”
2. “Find what we are interested in and start there.”
3. “It isn’t digital inclusion it is just inclusion.”
4. “Say what you mean. We don’t need fancy terminology.”

Findings: residents & communities

Key finding 1: Don't underestimate residents.

- 75% of participants said they used technology on a daily basis – but self-reported confidence levels were mixed
- Residents most used technology for social activities and fun: connecting with family and friends, shopping and playing games
- Access to tech: most people used a smart phone or tablet
- People tended to trust using a computer more for things like online banking

"I use a phone, TV, iPad, tablet, I Google things, look at the news, look at Facebook, use Messenger."

Findings: residents & communities

Key finding 2: Start with what is meaningful.

- People are eager to understand what is available to them for their health and care needs – if it was meaningful to them, they would put the effort in to engage with it
- People were more interested when technology clearly enabled more independence
- Sharing knowledge amongst peers was the most us effective method of learning and sparked the interest of those not currently using tech

"I need it to be meaningful and engaging and for someone to show me."

"Well if it could help keep me going, I would be up for anything."

Findings: residents & communities

Key finding 3: ~~Digital~~ inclusion. Wider inclusion impacts digital inclusion

- 40% of residents we spoke to were over the age of 55 and 50%+ were women. There was also a high proportion of carers. These people are often perceived as digitally excluded; in reality this is a manifestation of wider exclusion
- Our findings resonated with the insights from the Community Champions MHCLG programme: digital inclusion insights research (March 2021):
  - Accessibility requirements of disabled groups vary significantly and require tailoring to individual needs.
  - Many of those that are digitally excluded are hard to reach, they are disconnected from community centres etc. and can only be reached through people they trust

"Not sure but would like to feel more safe."

"Tailor made technology or intervention that matched my disability related needs."

Findings: residents & communities

Key finding 4: Language is important. Say what you mean.

- People thought the term 'assistive technology' was about avoiding scams – an issue high on everyone's radar.
- When given examples of assistive technology, people were curious about how they could use it and wanted to be shown how by their peers.
- People wanted to hear more about the councils plans for ATEC.

"We need free help to learn and in simple terms. At a slow pace it takes longer to sink in now I am older"

Meet Nora & Stuart

We met 82-year-old Nora at a focus group, throughout our session she was very quiet. As we closed, she asked if she could talk to me. Nora explained she had a son, Stuart with a brain injury after a tragic accident at the age of 10. Her husband and her devoted their time taking care of him. Sadly, when her husband passed, it became too difficult to look after Stuart and his needs at home. Stuart now lives in an in an adapted flat with care in place to support him, this is not 24 hours.

Stuart still needs his mum. Nora does all his banking, bills, arranges a daily allowance, shopping, washing, cleaning and tries to arrange his social life. As he is becoming older, Stuart's problems are increasing. Nora tells me she had no social worker, and she feels very alone. She has failing health and is now really worried about who will take care of her son when she is not around.

When he is anxious or having panic attacks at night, he uses his careline, who in turn call Nora. Nora is the only one who can settle him. She goes out at all times of the night alone in a taxi to comfort him.

Listening to the ATEC project that Greenwich are exploring has given her hope. She uses online shopping and zoom to talk to friends. She also joined us at a virtual discussion on Zoom after meeting us in person. If her son had some basic tech, she feels this would allow him to become more independent and not to have to rely on her quite as much. She wonders if he could see her on a phone/tablet it might calm him down, so that she wouldn't have the need to rush to his side in the middle of the night. She loves her son so much and wants to prepare him for when she is not around. He has no idea that she has aged and cannot do the things she used to and it makes her sad.

Continued/…

Nora & Stuart

Nora & Stuart's tech:

- Video care phone for Nora and Stuart, so they could see and speak to each other whenever they want
- Smart watch for Stuart to increase his confidence and independence when out and about. He could use it to speak to mum or other carers at any time. It could give his location if that provided peace of mind and supported confidence
- Alexa for Stuart – for reminders, medication prompts, shopping lists, music and wellbeing content to help calm him when he's anxious

Outcomes & benefits:

- Prevention of carer breakdown
- Maintaining independence at home and home life
- Managing risks around safety
- Improved communication and socialisation
- Improved mental & physical wellbeing

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Meet Judy

Judy is in her early seventies and regularly uses her smart phone for keeping in touch with friends and family and contacting her GP through an app. She also had a Ring Doorbell which rang as we were speaking and the other people around her were keen to see how it worked and very impressed. Judy and her son had set up her Alexa to be able to call him on instruction if she fell or needed him urgently. They had tested if she could shout to Alexa when lying on the floor in the bedroom to imitate a fall.

Judy's son had been the main source of helping her set these tools up, she needed helping maintaining and repairing them. And now she was able to show her friends what was available, even the more cynical members of the group showed interest!

Meet Bella

Bella is an intelligent, caring 44-year-old, living in Greenwich. She has no dependents but does help support her 84-year-old Grandma. She is a big believer in love and has many blessings in her life.

Bella hid for over 30 year her true feelings and health issues. She suffers with Bipolar, PTSD, Social Anxiety, Personal disorder, and depression.

Friends and family did not believe she could have any such mental health issues as she was always the funny one, the glue that held so many others together, but inside she was truly suffering.

When Bella is in crisis from her conditions, the demons tell her to stay safe and alone, to cut herself off from the world. She stays in bed for days and weeks on end. No contact with family or friends. Every task is impossible eating, cleaning, washing all her motivation disappears. Her thought reasoning disappears along with her memory, simple tasks forgotten and although fairly tech savvy, she forgets passwords or how to do simple things. She becomes more and more isolated. She keeps away from the outside world.

We meet at an online event to discuss ATE and Greenwich. She was really interested to hear how tech could help her when she is having these crisis times.

Continued/…

Bella

Bella feels tech such as reminders would be a great help, from simple things to remind her to take her medication, to feed herself and to reach out to family and friends. What would even better be if there was the possibility of tech contacting her family to let them know she needed support, without her having to ask for it.

Something that could suggest motivational or meaningful apps to listen to, give her skills to prepare for the dark difficult days. Help her to come back for the place she is taken against her will to live like “normal” people.

Bella is a strong advocate for other people like her with mental health issues and the problems caused by these conditions. She genuinely believes that tech could help so much with the issues she experiences and save so much suffering or the person going so far down the slope that it will take too much to bring them back.

Findings: residents & communities

Paul

Paul is in his late seventies and was sat alongside his son, Darren, who is in his late fifties. They were not keen to talk about technology and how it could help but then Paul shared that he does like to play chess on his smart phone – something Darren had set up for him.

He is keen that if he can see the value of the intervention and get something from it - if it is meaningful - then he will engage with it. He also needs someone to show him and he prefers that to be someone more his age who would go at his pace and level of understanding.

What next?

Phase 3 designing the future together

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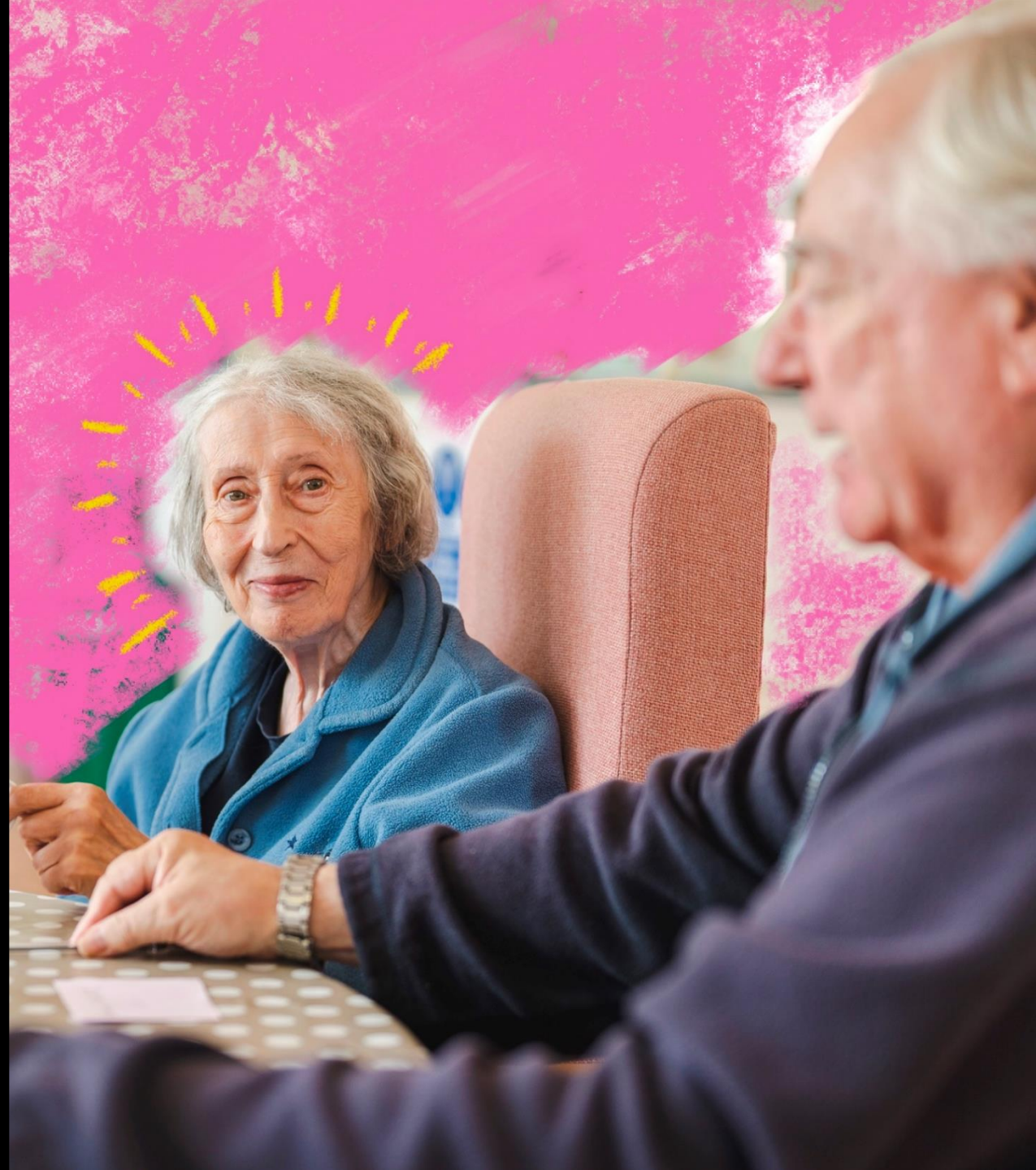

Drivers for the Royal Borough of Greenwich

Across February and March 2023, Rethink Partners will be working with staff and partners to deliver our next phase of work – the design phase. We will be working with stakeholders in different ways including workshops, to ensure that the design phase is genuinely co-produced with the people that will be delivering any future assistive technology enabled care model.

By the end of the design phase we will have co-produced a series of key outputs to take us to a comprehensive and considered approach to ATEC to help people in the Royal Borough of Greenwich to live happy, fulfilled lives in their homes and communities. These include:

- our vision statement
- our target operating model - including target practitioner experience and target resident experience
- our technology outcomes framework
- our workforce plan
- our implementation plan (roadmap)

Thank you.

This work was possible thanks to a wide and energetic group of local people living, working and supporting people in the Royal Borough of Greenwich. Thank you for giving us your time to share your experiences, perspectives, hopes and ideas.

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With thanks to:

Thank you to the residents and community organisations that spoke to us in person and online and to those who connected us... It was so inspiring to hear your experiences and thank you for trusting us with your stories.

Many thanks to: Charlton Athletic's Extra Time group, Learning Disability Partnership Board, Carers' Centre, Community Champions online focus group, Vision into Action group, Dementia Reference Group, DG Cities, Community Champions Steering Group, MetroGavs, Community Participation and Diversity Team, Advocacy Greenwich and those that shared their stories with us to help us create individual pen portraits.

Thank you to the following teams and partners, we loved spending time with you - Reviewing Team, CRSTAT, CAT, Reablement, OT, Prison Social Care Assessment Team, HIDT, CAIT, CCT, JET, CLDT, Transitions, Telecare, Public Health, Transformation and Digital, NHS Oxleas and our Homecare and Extra Care providers.

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