LCR ASC INTEGRATED COMMISSIONING

PRIORITY 5

TECHNOLOGY

OVERVIEW OF PROGRESS

Priority 5 – Technology

The use of technology will be explored and its implementation maximised to support direct care delivery

WHY?	WHY?
To support region to manage demand from year on year increases in older persons population and growth in younger adults with complex needs	To support the region to reduce spend and meet local efficiency targets
How?	**How?**
Keeping all areas informed of potential from new technology	Sharing learning and evidence base from pilots to inform local business cases for new technology
Working with health to introduce tele triage and telemedicine to reduce pressure on health and care services	
Impact to date?	**Impact to date?**
Areas are still unable to measure level of AT within care packages. However, each area reports a significant increase in the use of AT.	Areas are still unable to measure level of AT within care packages. However, each area reports a significant increase in the use of AT.

Digital & AT

Assistive Technology is recognised as one of the most effective ways to prevent and manage demand for care. However, the rate of change and innovation in terms of new Assistive Technology (AT) mirrors the phenomenal growth rate in all technology. It can therefore feel like an impossible task to keep the AT offer in each local area current. The information shared through the LCR AT group has proved invaluable to its members. A shared log was developed outlining projects or apps that each LA are involved in and is regularly updated by the AT leads.

In March 2017, an event was held on medication compliance (**Improving Medicine Administration in Care Settings – A LCR Approach)** with support being provided by the eHealth Cluster.

Objectives at the event these were summarised as:

- To develop a shared understanding of the current challenges relating to medication administration and compliance in care homes and domiciliary care services
- To start to explore how these challenges could be addressed, including technology solutions that are available

The event was attended by commissioners, care homes, domiciliary care providers, CCG Medication Management Teams, Pharmacists, Social Workers and technology companies, with over 130 people taking part.

The event highlighted opportunities for technology to help in providing solutions it also highlighted wider issues around communication, inconsistency of policies, procedures, terminology and practice between different local authorities, NHS organisations, pharmacies and CQC requires being a major challenge.

Many practical issues were raised about hospital discharge procedures and inconsistent way of working with GPs and pharmacists. Opportunities were highlighted to reduce medication waste, improve outcomes for service users, promote self-care and work more proactively with hospitals.

A detailed report is available produced by the e-Health Cluster. [Appendix 8]

LGA Bids

In June 2017, £50,000 was approved by the LGA to undertake a **proof of concept study** (across the tripartite) with a software provider who can enable a **digital pathway in real time**.

The Project
- Align the processes of requesting home care services across councils and providers.
- Enable a real-time view of service requests, delivery and capacity across the region for health and care professionals and commissioning.
- Develop a digital interface through the current case management systems.

- Maximise resources across the respective workforces through an electronic process.
- Ensure a better service user experience through a sophisticated electronic pathway system
- Provide audit and accountability of transactions and communications.
- Ensure patient privacy is protected through the use of ma secure system.

Challenges & Learning
- Progress was interrupted by a re-procurement of domiciliary care providers, which led to a six-month delay to the project.
- Until the new providers were on-board the engagement around the use of the system could not begin.
- Liverpool is still progressing the relationship with the providers (Strata). Knowsley and Sefton now require providers to engage with the systems as a contractual obligation.

Outcomes
- The project has progressed but not as far or as rapidly as anticipated given delays
- Home care providers in Liverpool are engaged and submitting daily capacity tailored to their organisation and the areas within the region that they server.
- This information is available to selected users. It enables them to see and understand in near real-time each provider and their capacity by the areas they serve.
- The capacity view can be rolled up to give brokerages and commissioning a high level view of provider and area capacity and capabilities.

Future Scope
- Goals of integration across the region is still being pursued.
- The goal of better balancing domiciliary care capacity with need requires:
    1. The registering of care capacity on the Strata system to provide visibility of capacity across further providers in the other areas.
    2. Enhance the business intelligence from the capacity data provided.
    3. Rollout the mechanism to send referral electronically across the region.

In November 2017, **Knowsley** successfully bid for £25,000 match-funding under the LGA's **Behavioural Insights Programme** to carry out a project to increase the take-up of assistive technology.

The project, involved working with other council services and external stakeholders to identify key audiences who then received behaviourally informed promotional literature. Adult Social Care staff also benefitted from bespoke training to help them promote the assistive technology offer even more effectively.

Some great results were achieved, including:
•39% increase in referrals
•27% increase in installations
•57% increase in hits on the assistive technology page of the council's website

While the focus of this project has been on assistive technology, the LGA is keen to see behavioural insights techniques used across all services to make the best use of the resources which are available to local authorities.

Liverpool was also successful with their bid on - **digital medication records in care homes**

The Project

- CQC inspections have highlighted the problems with medicines management in Care Homes. This project originally aimed to help with this issue by digitising medication adherence records.
- As part of this, Liverpool City Council worked with the 20 care homes who have had the most serious safeguarding incidents around medicine management to reduce medication errors and free up care home staff time.
- The project originally planned to introduce an Electronic Medicines Adherence Record (eMAR). This would have allowed medicines to be scanned and logged into a system, allowing for an automated reordering process. It was estimated that this would save an average of 15 hours per month per care home handling stock and could reduce over ordering, which would also reduce the cost of medicines wastage.
- The project followed the EU PPI procurement model to procure innovation at scale, which opened up the risk that a consensus would not be formed on a single system.

Challenges & Learning
- Engaging with care homes and signing them up to the eMar approach was more challenging than originally envisaged.
- The decision was taken not to enforce a choice of solution but to let the homes decide for themselves which eMar solutions to adopt.
- This aimed to increase buy in and explore the benefits of different solutions. The result was that 9 homes decided on Cura and 4 chose PAS from Everylife Solutions.
- An operational challenge was in ensuring that all homes had adequate Wi-Fi to enable the solution to work reliably. This limited the initial number to thirteen representing some 500 beds.
- The reality of engaging with outside organisations (care homes) within the designated timeframe presented a real challenge.

Outcomes
The project has catalysed change and built confidence in the use of eMeds systems. The approach is aligned with the renewed push to provide better community support.

Future Scope
- The goal is still to address 90 homes in the long term and further funding is being secured to achieve this.

LiquidLogic Workshop
In April 2018, a workshop was held facilitated by ICT and System leads from Liverpool and Sefton. The purpose of the workshop was to present, explore and discuss Liquidlogic system configuration for both local authorities and for Knowsley to be able to view both systems to consider potential system configuration for their own version of Liquidlogic.

The workshop was attended by staff from all three LAs and was a good mix of front line practitioners, managers, ICT and performance leads.

Whilst Liquidlogic has a 'core product functionality' which is uniform to the system regardless of the LA it is also configurable to reflect the business processes and rules of each individual LA. This is where the key differences were identified in respect of design of LAS for the two LA's.

A report is available that outlines similarities and differences. [Appendix 9]

Tripartite Social Care Digital Ambition
In June 2018, work started to develop a social care digital ambition paper and detailed delivery plan. The paper, will link to the Merseyside Digital Roadmap, will set out the key pieces of work to be undertaken over the next 5yrs to ensure ASC services and systems are fit for purpose and maximise the adoption of new technology.

The strategy will focus on 3 priorities:
1. Prevention and Access
2. Transactional
3. Direct Delivery of Care

St Helens' Shared Care Record
In November 2018, ICT leads from Knowsley and Wirral were given an overview of St Helens recently developed / live shared care record. The shared care record holds information on GPs, acute care, mental health and adult and children social care. The system went live within 9 month from the original purchase date, the technical process of getting this system live was straight forward the main issues was information governance in getting approval for share information – LAs would need to start this process early to prevent unnecessary delays. Staff that use this system are given different levels of access depending on need and the system is heavily audited.

Digital Changeover
In January 2019, the meeting focused on the digital changeover, benefits and challenges. Questions were produced to ask providers for an update regarding their plans in relation to the digital changeover. Work will continue on this subject to ensure LAs and providers are ready for the switch over by 2025. [Appendix 10]

Sarah O'Callaghan is being invited to attend a future meeting of the Digital and AT group, she was involved in the successful digital changeover in Falkirk / Scotland.

Wireless 5G (Blu Wireless)

On 26/03/19 the Liverpool 5G Testbed consortium held a showcase event in Sensor City, celebrating the first year of the project. The event told the story of the project's first 12 months and lessons we've learned about adopting and integrating technology into health and social care services. The full house of delegates had had a chance to speak to all the testbed partners and see the products they've trialled on the 5G network

Europe's first dedicated 5G health and social care pilot, Liverpool 5G Health and Social Care will receive £1.48 million (£0.94M in government funding, bringing the total DCMS funding to £4.9M, and also an additional £0.54 million from consortium partners.)

The announcement was jointly made with the Department for Digital, Culture, Media and Sport (DCMS) at the event at Sensor City, Liverpool.

Here is a link to a short video that explains what they are doing :
https://vimeo.com/325563689 the password is BW

Ann Williams, Commissioning and Contracts Manager will be supporting the further development of 5G full time for the next 12 months where plans include building a local factory within Liverpool (products currently produced in China by Huawei) and eventually rolling out across LCR.

Teletriage / Telehealth

Since 2016, pilots for teletriage have been taking place with Immedicare based at Airedale for Liverpool, Sefton and St Helens. Contracts have now ended for Sefton and St Helens and they are both exploring other models. Whilst Wirral have integrated into their Community Trust.

In April 2019, Liverpool extended their contract with Immedicare for a further 12 months (previous contract was for 2 year), for continuity purposes. Liverpool already have a telehealth hub so they looking at the possibility of integrating teletriage (medicine) into the hub also.
In December 2018, a visit to **Liverpool's telehealth hub** based at the Innovation Park on Edge Lane took place to observe how DOCOBO works and also tour the telehealth hub.

This included a presentation on **DOCOBO** – Reducing the Burden of Care (Transformation: Time and Productivity Resource Capacity). Patients use hand held devices to transmit their observations to the hub, and these are then monitored by health professionals currently aimed at patients with diabetes, health failure and COPD.

A presentation on **telehealth** in Liverpool was also given (the hub is currently monitoring up to 1000 per day). The SPC handler takes referrals from Liverpool GPs, 18+ patients, COPD, hearth failure and type 2 diabetes. The assessment process explains the telehealth system and the gathering of the relevant information, consent details from a patient, to ascertain if they are suitable for telehealth.

Riverside undertake the installation and the training of the product / device and also ensure that the patient has adequate interface to go live. There is also a dedicated patient telephone line for problems with the kit. Members were advised that the outcomes of the telehealth system has increased patient confidence in being able to monitor and manage their own health, with 44% of patients making lifestyle improvements (diet and exercise).

Next steps – LAs and CCGs to explore options of having a local hub (can this be done collectively or at a local level). Halton and Knowsley have recently joined the discussions.

REF NO	PRIORITY 5 - TECHNOLOGY KEY ACTIONS	COMMENTS
P5 a	Work with LEP, Employment & Skills and the Innovation Agency to support the growth of life sciences and in particular to support the growth and application of assistive technology	• Communication links established with LEP, CA and Innovation Agency
P5 b	Work with health to deliver a Liverpool City Region 'Digital Road Map' that supports full interoperability by 2021	• Digital road map developed C&M (detail in sub-region plans) • Work underway to develop a Digital Ambition paper with the focus on ASC
P5 c	Pilot new technology to support a new flexible model of home care and incorporate learning into new model	• Knowsley & Sefton to commission ECM by Q2 2019
P5 d	Pilot a range of new technologies and use learning to upscale the use of technology to increase opportunity for self-care and reduce the need for care	• Ongoing, detail of new technology in each LA shared via egress site and shared learning log
P5 e	Plan for the development of an LCR Telecare/Telehealth hub	• Discussions underway with Halton, Knowsley, Liverpool, Sefton, St Helens & Wirral (LAs & CCGs)
Ref No	TRIPARTITE - PRIORITY 5 - TECHNOLOGY KEY ACTION	COMMENTS
T5 a	Introduce an Information Sharing Agreement across the Tripartite.	• On hold- advised not required by Information Governance Leads
T5 b	Identify the benefits and efficiencies to be gained through alignment of existing systems and processes,	• Work carried out to align systems • Remaining variation necessary to address local requirements • review again in 2020
T5 c	Identify the benefits and efficiencies to be gained through collaborative purchase of new system releases, training and support; and bespoke development	On Hold
T5 d	Examine the feasibility of moving to collaborative purchase of systems for Adults (and potentially Children's) services	On Hold
T5 e	Explore potential additionally /efficiencies for Corporate ICT	On Hold
T5 f	Review strategy, resource and approach to Assistive Technology; and assess potential for additionality / efficiencies through collaboration e.g. telecare/telemedicine hub	On hold
T5 g	Work with health to deliver a 'Digital Road Map' that supports interoperability on the Tripartite footprint by 2021	• Digital road map developed C&M (detail in sub-region plans)