

Improving lives, saving Council's money and finding the right solutions

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Strategy of research, improvement, development and innovation with our development partner



'Technology First' culture - learning and development structure through a range of traditional face to face training, online/web, team meetings, TTTs, FAQs and TEC Champion Workshops



Delivery of person centred TEC Service to maintain independence for longer – at home, at work and in the community

NRS in the first year



3129

referrals in total

1984

Short term
(6 weeks)

1145

Long term

78%

of these have
gone on to
utilise TEC
solutions to
meet their
goals

37%

of service users who have responded have
decided to keep the equipment



New - Response service

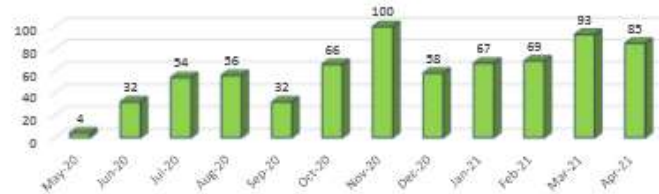
BDS have responded to a total of **716** calls in the year

97 calls have resulted in BDS completing a lift. This is an **ambulance avoided**

97% of calls were responded to within **1 hour**

This is the average over the year – improvements have been made so that in recent months there have been 100

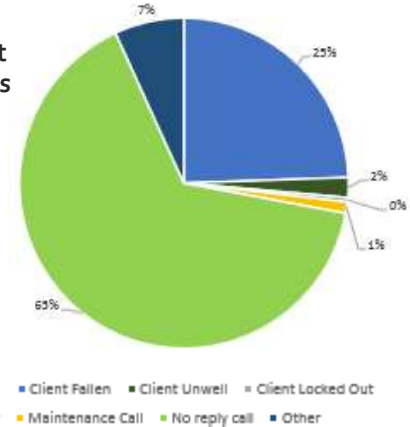
Total Number of Call Outs



The service includes:

- Lifting uninjured clients
- Waiting with clients who need an ambulance until the paramedics arrive
- Comfort and reassurance calls
- Checks on clients who are not replying to telecare calls
- Welfare checks for a variety of concerns

Call Out Reasons



Top 10 Call Out Locations

BN11	Worthing
BN13	Worthing
BN14	Worthing
BN15	Lancing
BN16	Preston
BN17	Littlehampton
PO20	South Chichester
PO21	Bognor
PO22	Bognor/Barnham
RH10	Crawley

Added this year through development with the TEC champions and other stakeholders

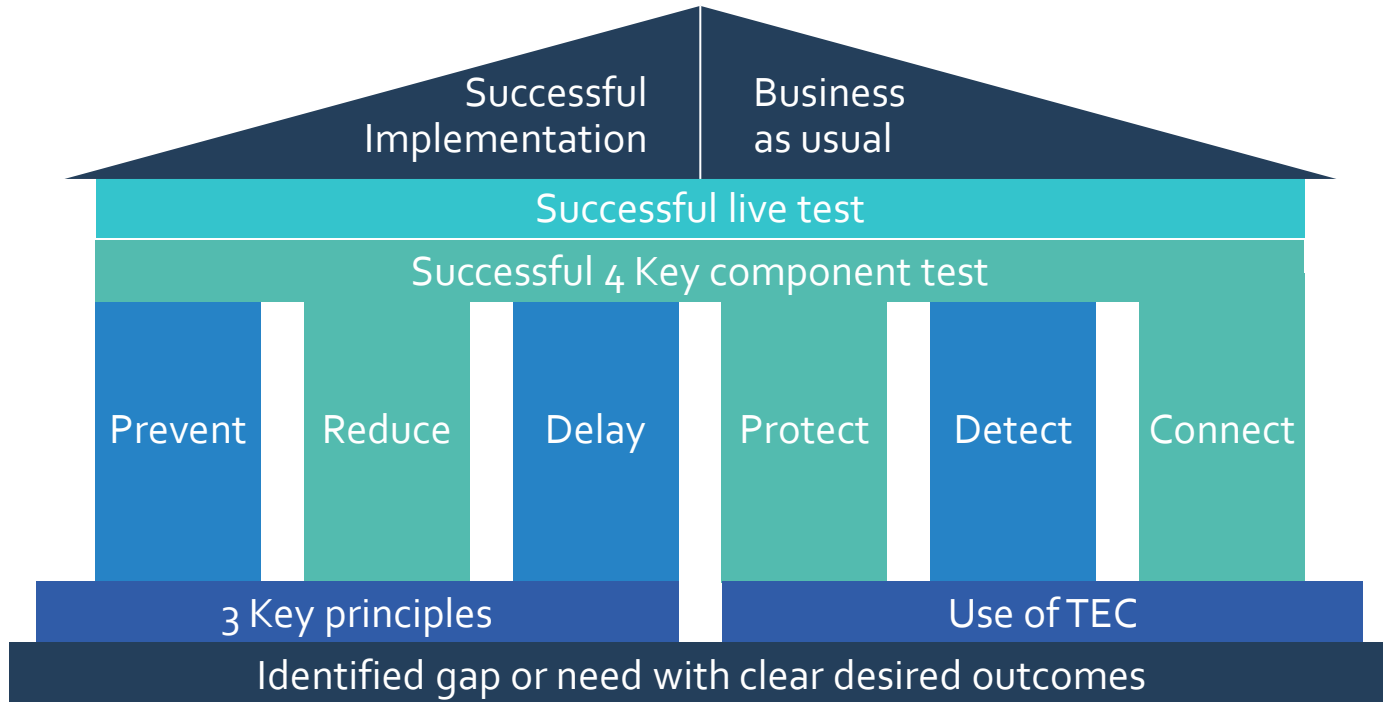
- Kraydel
- Robotic Cat
- COVID response pack



Going through development and innovation process

- Karantis 360
- Designing new training program
- VR for Dementia
- Extra care and D2A

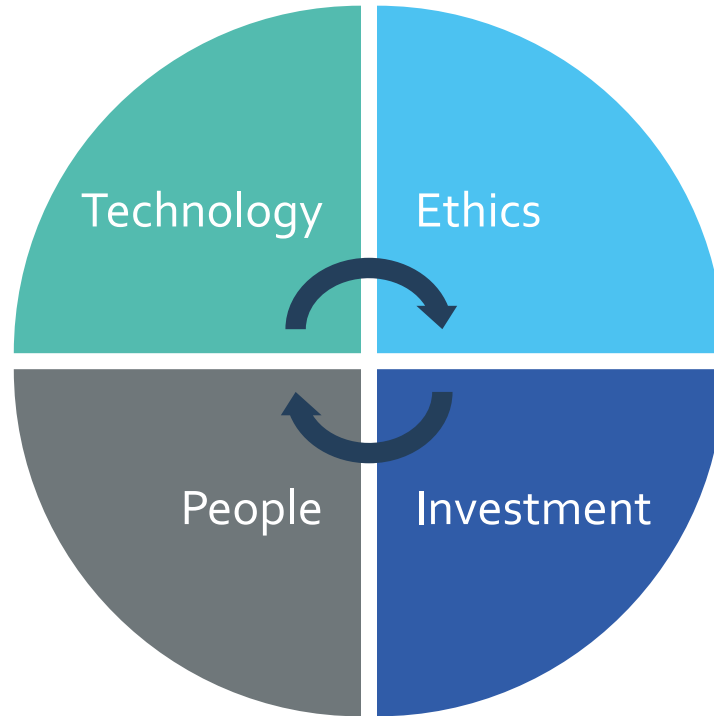




How we find new TEC

1. A supplier (or other) informs us of a new device
2. We have a need identified for an individual that we have no current solution for
3. We are working with a customer on a wider project (falls prevention, patient flow etc) where new needs / opportunities are identified and we look for options to fulfil the need / improve the process/ pathway/ outcomes

4 Key components to a successful product



How are we using the data?



Utilising the data, we have and interpreting that to tell us the story of what is happening to the person



Data is made up of set from the number of activations to the monitoring centre and what they are for, BDS call outs.



3 possible outcomes; new/change to TEC required, health change or need, social care need not being met.



Since starting our high intensity users' investigations in october 2020, we have completed approximate 100 investigations.



This process success is mainly underpinned by a strong partnership approach



Paul, 81 with a diagnosis of Dementia.

Referred to us to look at solutions around reducing the risks of accessing the community unsupported. His main presenting risk was that he fulfils the same routines daily, however, is not orientated to time or day. Referred June 2020

Initial TEC provided

- Novo
- Lifeline Pendant
- Door sensor
- GPS Oyster Help on Hand tracker

November 2020

159 total calls with the main calls being reported by Appello
accidental calls (58),
social interaction (15),
property exit (40),
police emergency with no action (11)
2 police actioned callouts
and the rest being made up with no speech calls and engineer tests.

BDS response service

had been called out 18 times in total by November

What happened from NRS's point of view?

- **What we did**

Discussed with Paul's care manager, completed a joint visit with an NRS OT, a Care technology consultant and Paul's Social worker.

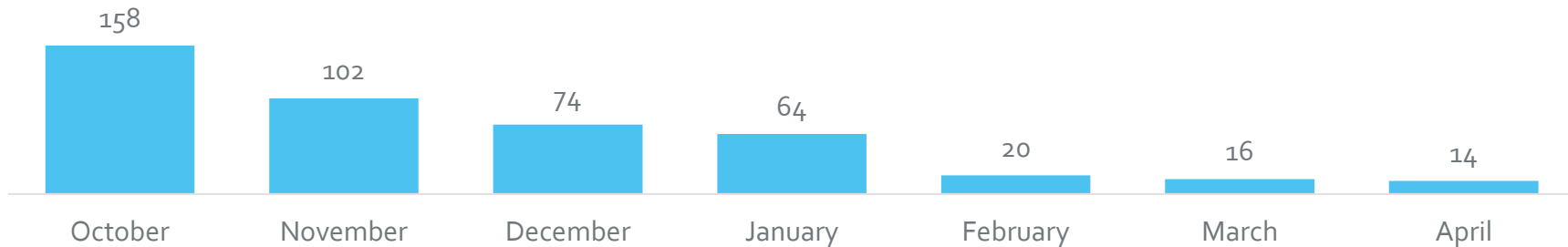
- **What was the change?**

a change to his GPS watch as it was identified that a number of the calls were as a result of Paul unknowingly activating his watch.

- Canary care activity monitoring was implemented in order to give Paul's social worker a better idea of what Paul's routines are, rather than what the carers think he does.
- Changes were made to his door sensor in order to avoid inappropriate activations

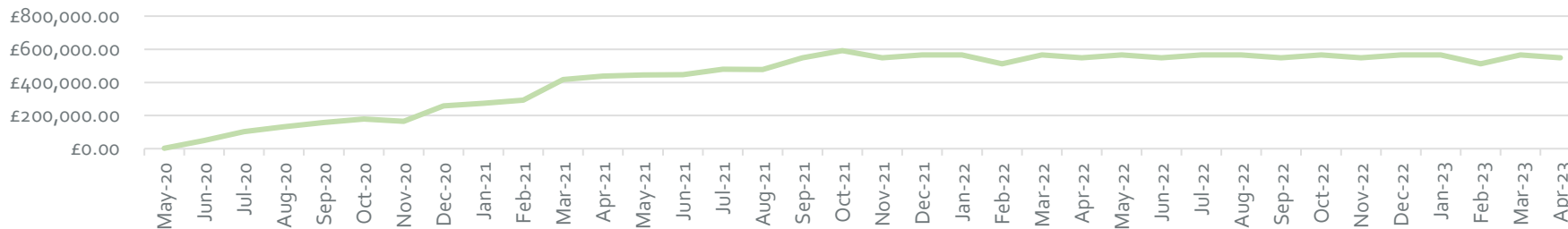
What was the outcome?

Number of calls



- BDS have not seen Paul since 25/1/21 which was a check on Paul's welfare.
- This has been achieved via a multi agency approach, we have made a number to tweaks to Paul's technology, package of care and other support structures over the months, the effect is clear.
- What perhaps is also fantastic is that Paul is still at home, where he wants to be. We have kept constant contact with the people in Paul's support circle.

Projected saving monthly



1. Prevent/reduce domiciliary care (or prevent increase)
2. Prevent/reduce supported living costs
3. Prevent/delay admission into a care home
4. Prevent temporary/short term (up to 8 weeks) admission into a care home
5. Reduce reablement
6. Prevent/reduce night-time support
7. Prevent/reduce 1-1 support (or prevent increase)
8. Avoid admission/readmission to hospital
9. Provide support/respite to Family or Friend carers
10. Provide short term support in a crisis or urgent situation
11. Reduce risks identified by the Fire Service

Social Media



LinkedIn

Closed Group

<https://www.linkedin.com/groups/12515169/>



An open group for all

<https://www.linkedin.com/company/nrs-healthcare-west-sussex-technology-enabled-care>



Facebook

<https://www.facebook.com/NRS-Healthcare-technology-enabled-care-in-West-Sussex-111829870960420>



Twitter

<https://twitter.com/NrsWSTECs>

