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**Technology Enabled Prevention and Care Pilot**

Practitioner Information Sheet

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**About the Pilot**

The Technology Enabled Prevention and Care (TEPAC) pilot is a project to trial different technologies in care situations in Lincolnshire. Its aim is to test the concept that Technology Enabled Care (TEC) can reduce or replace the need for in-person care services for people with care and support needs and it will focus on core care pathways and people being assessed under the Care Act 2014.

The pilot objectives are:

* Provide sufficient evidence for decision making on the size and scope of any future care technology service for Lincolnshire.
* Build confidence in technology as a trusted part of care and as tools for prevention for practitioners and care users.
* Build & test delivery model for future service.
* Provide expert industry support for practitioners in TEC.
* Understand how people can use technology to help them with their care and support and identifying what kinds of support they need to use to integrate technology-based care successfully.

**Pilot Partners**

For the duration of the pilot, the County Council is working with NRS Healthcare Limited who will act as the expert technology provider, supporting practitioners with information about the type of technology on offer, and how peoples’ needs can be best met. They will receive referrals and undertake their own TEC assessment to determine the technology to meet the person’s needs. They will arrange the loan, installation, training, and ongoing support for equipment, including maintenance and removal if required. NRS will look at the impact of the TEC in avoiding other care services.

The University of Lincoln will be carrying out an independent evaluation of the pilot, which will focus on people’s experiences during the pilot. They will speak to people who have given their consent to understand how people feel about using technology in care. This will include short questionnaires, interviews and group meetings with participants and staff.

**Scope of the Pilot**

The pilot is open to all Social work, Occupational Therapy and Carers assessment teams to refer into, with all ‘user groups’ able to be referred so long as they fit into one of the identified cohorts.

All people with an eligible care need and carers who fall into one of the following cohorts are eligible for referral into the pilot:

**Cohort 1** Aim: Preventing or reducing need for Homecare visits.

**Cohort 2** Aim: Delaying admission to Residential Care.

**Cohort 3** Aim: Preventing or reducing need for 121 or sleep in for Supported Living.\*

**Cohort 4** Aim: Maximising and sustaining family-based care placements.

\*For Cohort 3 – the Council will determine which placements are eligible for the pilot.

Not suitable for the pilot are;

* People whose needs require formal response services, the TEC on offer in the pilot is more suited to understanding a person's lifestyle over a period of time, rather than immediate notifications of deterioration.

**The technologies available on the Pilot**

Different equipment will be trialled throughout the pilot which could include the following:

* Apps and devices to help people with everyday tasks.
* Sensors such as motion sensors, smart plugs and door sensors which detect movement to help analyse behaviour as part of lifestyle monitoring.
* GPS trackers to understand if an individual goes outside of their typical area with an in-built SOS capability for falls detection.
* Smart watched with an in-built GPS technology which can monitor heart rates whilst the pedometer can monitor step counts.
* Echo show devices which use an assistant to provide set answers to questions an individual may have, can aid communications such video calling as well as providing traditional Alexa functions.
* Robotic cat companions to enhance wellbeing, communication, and behavioural aspects.

These are just examples of the types of devices the pilot could be trialling. Where appropriate, links to devices can also be provided to friends, family, and unpaid carers if this is required. This TEC can also help practitioners understand a person’s needs over a period of time. To learn more about the different technology available, obtain TEC Top Tips and much more, you can visit the NRS Professionals Web Page below.

[www.nrshealthcare.com/professionals/lincolnshiretecpilot](https://gbr01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.nrshealthcare.com%2Fprofessionals%2Flincolnshiretecpilot&data=05%7C02%7CAnastasia.Sotnikova%40lincolnshire.gov.uk%7C30b0ee7a91c44639e56a08dc2990d325%7Cb4e05b92f8ce46b59b2499ba5c11e5e9%7C0%7C0%7C638430949226569221%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=fXw6FQora%2FDxNj3iU%2Bu%2B7tKO7F8elL%2F1WzJFMDrgclk%3D&reserved=0)

**Making a referral into the pilot**

Practitioners can make a referral through the MOSAIC telecare pilot referral form. It is expected that people suitable for referral will be identified at assessment, re-assessment review and initial strength-based conversation stage. Practitioners should give people who are going to be participating in the pilot a Participant Information Sheet.

You do not need to know what technology is needed or where it is to be used in the person’s home, just an indication of the need that is intended to be met by the technology.

If required, a joint visit can be arranged with NRS – this should be identified on the referral form.

**The process following referral**

1. **Project Team Triage**

The referral will be received and checked by the Council’s TEC pilot project team within 1 working day of you making it.

If suitable, the project team will arrange for an assessment by NRS within 10 days of your referral. *This timescale for the NRS visit may mean some cases requiring more urgent care services are not suitable for the pilot.*

If the referral is not suitable for the pilot, you will be notified.

1. **NRS Care Technology Assessment**

The NRS team are skilled in understanding how technology can be used to help people with care needs. They are led by a qualified occupational therapist and have trained Care Technology Consultants (CTC) who will arrange a visit to the person’s home to look at which TEC might be helpful for them. This may mean the CTC looking at different rooms in a person’s home, to get a clear idea of where best to install the TEC. If you think the participant might be uncomfortable with this, you can request a joint visit, or for family and friends to be present when the TEC assessment takes place. They will share what the piece of TEC does and how it can be used to support the person. The CTC will install and setup the TEC and provide training or further support to the person if it is needed. If TEC is not felt to be suitable for the person, the CTC will let the project team and practitioner know.

If there has been no further contact with the participant, NRS will arrange a follow up call to check in that everything is working ok They will also check in with the individual throughout the pilot to see how they are getting on.

Any maintenance of devices, ongoing support in the technology use or removal of the technology when no longer required, will be undertaken by NRS.

1. **Follow up by University of Lincoln researchers.**

The University of Lincoln are undertaking an evaluation, this will focus on participants feelings and experiences of being part of the pilot. Practitioners will be asked to mention this when the TEC pilot is first discussed with the individual and the referral first made. There will be a follow up by the university to check if the person is still happy to be contacted to take part in the evaluation which will take a number of forms, depending on which are most appropriate to the person, including:

* A questionnaire – sent to the individual for them to complete in their own time (or with support).
* An interview – the university will arrange for a researcher to contact the individual.
* Invitation to a world café event where the person can discuss their experience with researchers, the TEC provider and other people on the pilot including practitioners.

Participation in the pilot does not mean the person has to take part in the evaluation. They will be asked to give their agreement to be contacted by the University to take part. Each potential participant will be given Participant Information Sheets and the opportunity to ask questions and to decide if they wish to be part of the evaluation before agreeing.

**Funding**

There will be no cost to the participants to take part in the pilot, either directly or as part of their care budget. All costs of technology, connection and any support required will be met by LCC. At the end of the pilot, if the person still needs the equipment, we will make arrangements for it to be retained. It’s important to state that there could be a cost involved at this point, which will be confirmed with the individual taking part in the pilot.

**Consent to take part in the pilot**

The person who is in receipt of care and support must consent to being part of the pilot. Please note, the term ‘consent’ here, is used in relation to treatment and care offered to service users and does not relate to GDPR consent in the context of processing personal data. Where GDPR consent is referred to, that is made clear.

If there are concerns about a person’s capacity to consent, the practitioner must complete a mental capacity assessment in relation to this decision. If the person lacks capacity to consent, it will need to be explored if it is in the persons best interest to have TEC as part of the pilot following the same processes for making a best interest’s decision as for other types of service. If there are concerns about a person’s capacity, then a joint visit can be arranged with the CTC. NRS will also consider capacity when they have determined what technology the person is going to be using as there may be other considerations depending on the type of technology. They will liaise with the practitioner about this.

Depending on the type of technology and how it is going to be used Community Deprivation of Liberty Safeguards (DOLS) may also need to be considered. Practitioners should decide this on a case-by-case basis and if unsure should seek further advice from their manager initially and then the Legal team if appropriate.

The steps for obtaining consent for being part of the pilot are.

Step 1 - Preliminary agreement regarding involvement of pilot and participation in evaluation gained by LCC at referral. Existing Privacy Notice and Participant Information Sheet shared at this stage.

Step 2 - Preliminary agreement to be part of the evaluation reiterated by NRS at their first contact with the pilot participant.

Step 3 - LCC to send University of Lincoln names and contact details of participants securely for them to gain GDPR consent from those pilot participations agreeing to be part of the evaluation.

**Pilot Timescales**

The pilot will run from February 2024 to May 2025, with new referrals being accepted up to 6 weeks before the end of the pilot. If at the end of the pilot period, a person still has a need for use of the TEC, arrangements will be made for them to retain for as long as required, as part of the Technology service offer at that time.

Information about when your team can refer into the pilot will be published on the TEC teams’ channel and the NRS professionals’ area. As pilot places are limited to a total of 250 participants, it may be necessary to stop new referrals from time to time. When this happens, your team’s TEC champion and Lead practitioner will be informed, and the TEC Teams channel updated.

**Practitioner roles in the pilot**

* Promote the pilot to suitable participants when undertaking an initial conversation, assessment, or review.
* Ensure consent is captured from participants referred into the pilot.
* Liaise with the project team and NRS to ensure the best use of TEC for the individual.
* When TEC is provided, for practitioners to learn lifestyle and movement patterns, liaise with the project team as appropriate. There may also be a need to examine feedback from NRS if a person’s situation deteriorates.
* Consider taking part in the evaluation with the University of Lincoln researchers, which will take the views of practitioners into account as well as the participants.
* Consider participating in a World Café event.

**Drew Goble**

**Care Technology Consultant**

**Dan Clarke**

**Care Technology Consultant**