

-USING DIGITAL TO ADAPT TO PROVIDE SAFE CARE AND SOCIAL CONNECTION-

<u>Organisation(s):</u>	Essex County Council, Kent County Council and Suffolk County Council	
<u>Country:</u>	England	
<u>Contact Person:</u>	policy@esn-eu.org	
<u>Theme:</u>	<input checked="" type="checkbox"/> Ageing & Care <input type="checkbox"/> Asylum & Migration <input type="checkbox"/> Young People <input type="checkbox"/> Children & Families <input type="checkbox"/> Community Care <input type="checkbox"/> Co-Production <input type="checkbox"/> Disability <input type="checkbox"/> Housing & Homelessness	<input type="checkbox"/> Active Inclusion & Employment <input checked="" type="checkbox"/> Integrated Services <input type="checkbox"/> Mental Health <input checked="" type="checkbox"/> Service Quality & Management <input checked="" type="checkbox"/> Technology <input type="checkbox"/> Workforce Support <input type="checkbox"/> Minimum Income <input type="checkbox"/> Other, please specify:
<u>Principles of European Pillar of Social Rights:</u> Check the 20 principles here .	16. Health Care 17. Inclusion of people with disabilities 18. Long term care	
<u>Current status of the practice:</u>	<input type="checkbox"/> Concept and design phase <input type="checkbox"/> Experimental and execution phase <input checked="" type="checkbox"/> Expansion and monitoring phase <input type="checkbox"/> Consolidation and transformation phase <input type="checkbox"/> Other (please specify) —	
<u>Social issues to address</u> Please explain the issue(s) in more detail.	Adapt quickly to covid-19 restrictions and keep people receiving support safe from infection and reduce the risk of infection for care workers.	
<u>Objectives:</u> Please provide a maximum of three objectives in bullet points.	<ul style="list-style-type: none"> • Increase staff efficiency by reducing travel time and allowing staff to meet people's needs remotely and to continue to work safely remotely when self-isolating • Keep people safe and reduce risk of infection • Ensure people remain connected with their social networks to prevent loneliness and isolation 	

<p><u>Activities:</u> <i>Please summarise the activities put in place to achieve the objectives (maximum 200 words).</i></p>	<p>The councils identified a locked-down tablet device (Alcove Video Carephone) to best suit their needs.</p> <p>The video Carephone allows care workers, family members and other approved services to be able to contact the recipient and vice versa through a video call.</p> <p>The device is locked down and the system is a closed system, which is simple to use for vulnerable users – only approved responders who have access to the system can use the device. It also has a SIM card pre-installed so the recipient does not require WIFI.</p> <p>The device is delivered, without entering the home, to people together with operating instructions. Once they have plugged in their device they will be instructed to press the support button which will call the suppliers Technical Support. They are then talked through the process of setting up and any questions or concerns they have.</p>
<p><u>Evaluation of practice:</u> <i>Please explain how you evaluate the practice, and if you achieved our objectives?</i></p>	<p>At the time of writing this, a full evaluation had not taken place however the following impacts have been found:</p> <p>In Suffolk and Kent there were over 2,300 care phones deployed with people using 880,000 calls made to friends and family.</p> <p>From a sample during 2021 for Kent County Council:</p> <ul style="list-style-type: none"> • Most friends and family would recommend the use of the care phone to others, with some stating the device and technology had '<i>exceeded expectations</i>'. • Most reported feeling 'confident' using the technology. • The use of the care phone was good for people without access to the internet who could not use other video call options. <p>There has also been key lessons learned from the implementation which included:</p> <ul style="list-style-type: none"> • Many providers are already using care technology to support service users and are very supportive of this approach. Co-produce with them to make the most of the opportunities and learning. • Engaging care market providers early and with purpose is key to getting the right referrals happening; maintaining income levels and making it as easy as possible for them to engage is essential. • The referrals process requires a high level of dedicated support depending on the context of each organisational design. Use of data; professional involvement and ensuring key people had responsibility for referrals was key. • Culture change remains the biggest challenge. Assumptions about tech appetite of vulnerable groups persists and can slow down the referral process – particularly amongst social

	<p>workers. Occupational therapists are often strong champions for tech.</p> <ul style="list-style-type: none"> • Having a dedicated communications team has been a major requirement to adapting to situations which can change rapidly • Governance and decision making can take longer than planned – even where there is a fast track process in place. The processes are not designed for this kind of pace and use case. Care Act implications are resolvable but need to be considered. • Getting to the people who are closest to the service user and enabling them to recommend people for receiving the technology is key; they have the best understanding of people's needs and situation and are the best advocates for them and the technology. • Focusing on the entry points for new services is a powerful way to embed technology into care and support plans from the outset e.g. hospital discharge, new care starts, social care front doors / call centres. • Add legal representative to project team for data protection and contract • Create capacity for dedicated project manager and commissioning roles within organisation at the outset
<p><u>Three key reasons for success:</u></p>	<ol style="list-style-type: none"> 1. Having a clear strategy and focus on staff training from the start and throughout the programme 2. Engagement and partnership working with frontline workers and care providers throughout. 3. Clear leadership from Directors of Adult Social Services and elected members to ensure the right resources and decisions were made
<p><u>Links to supporting documents:</u> e.g. website or report of the practice</p>	<p>https://local.gov.uk/covid-19/covid-19-local-examples-care-technology-approaches</p> <p>https://www.kent.gov.uk/social-care-and-health/care-and-support/help-to-live-at-home/kara-service</p> <p>Promising Approaches Revisited: Supplementary case studies (campaigntoendloneliness.org)</p> <p>https://rethinkpartners.co.uk/largest-and-fastest-roll-out-of-digital-care-technology-ever-kent-suffolk-essex-county-councils/</p>