THE ARGENTI TELECARE SERVICE AT HAMPSHIRE COUNTY COUNCIL

29TH JUNE 2017
INTRODUCTION TO THE ARGENTI SERVICE
The situation in 2012

- £1m+ spent per day on Adult Social Care
- Circa 9,000 people on community packages
- Pressures: Financial/Demographic/Complexity/Geographic/Workforce

Previous experience with “telecare”

- 10 suppliers
- Care practitioners only opted in if they wished to
- Postcode lottery
- No feedback on outcomes (or anything else!)
- Provided ‘as well as’ not ‘instead of’ other services
- No vision; no plan
Argenti telehealthcare in Hants

Performance in the first 3 years:

- 72% Return on investment
- 6,200 active service users
- £4.7M net savings by the end of Year 3
- Over 1,000 health and social care practitioners trained and certified
- 9 out of 10 social workers say Argenti telecare is “good” or “very good” at achieving desired user outcomes

93% of users surveyed feel that telecare has “increased their feelings of safety and security”

98% of users surveyed would “recommend service to others”

- Winner LGC Awards 2016: Driving Efficiency through Technology
- Winner TSA Crystal Award two years running; 2015 & 2016 for Innovative service delivery
- Finalist LGC Awards: Partnership of the Year

Jan’15 featured in MJ as model of best practice
Oct’14/Sep16 – featured in the Guardian http://www.goo.gl/pVaKjd
Oct ’14 Jointly branded County-wide private pay service at argenti.co.uk

Feedback is excellent:

Better Care Fund: Argenti is working to drive wider take up of telecare with Hampshire CCGs

Recent innovations include: Early intervention pathway – supporting people with dementia soon after diagnosis

Held up as example of innovation and transformation within Adult Services in recent LGA report www.goo.gl/C8dkbN
THE ARGENTI DELIVERY MODEL
What does Argenti consist of?

A consortium of partners that deliver assistive technology as a managed service

Successfully delivering the telecare service for Hampshire: highly regarded service that saved the Council £4.7m in 3 yrs; Joint Private Pay service launched in Oct 2014

PA as the prime contractor managing day to day operations and in parallel changing behaviours, building capability and supporting Hampshire in delivering it priorities. Drawing on our telecare and telehealth expertise and wider experience in health and social care and medical-devices.

Medvivo as a monitoring provider, drawing on their experience of delivering assistive technology into health and social care settings and focussing on ‘service’ not ‘technology’

Monitoring provider
Assessments and installations
Some of our equipment providers
The Argenti service – the core technologies are familiar

- Social care not medical care
- Passive alarm monitoring
- Principally installed in the user’s home
- Emergency response

Almost half of our users have other devices, but most solutions still feature ‘button and box’

Mary - at home with her telecare ‘button’
Passive sensors connected via phone line
24/7/365 monitoring centre
Friends or neighbours have a key
If it is a real emergency
Scale and pace – how we drive transformation

• Take **responsibility** for co-design and for delivering an end to end solution
• >6,000 telecare deployments in 3 years (we have a new 5 target of 15,000)
• Focus on:
  – **Risks** – by addressing the specific care needs of each service user
  – **Outcomes** – **Qualitative** – do people have a better more independent life?
  – **Benefits** – **Quantitative** – can the council save money?
• Engage with all **care professionals** not just social workers
• Make the process of telecare referral **easy** – no more 10 page forms
• Make the use of technology **a routine part** of the social care offer
Engagement and culture (not equipment) – makes the difference

- We adopt the principle that **telecare is a good thing**
- The team attend events to explain the benefits and the process:
  - **Professional groups** – OTs, Hospital Discharge Teams, GPs etc.
  - Social work **team meetings** and **staff roadshows**
- We train and certify referrers:
  - **100 courses in 9 locations** for social workers, managers and champions
  - Compulsory attendance
  - Registers are taken and ‘no-shows’ are chased
  - There is a test and **certificate** of competence at the end of each course
  - Feedback score from delegates averages above **9/10**
Continuous improvement and innovation

- **Communication** is constant
- We sit in the Adult Services office and **talk to managers every day**
- The team produce regular email updates with good news:
  - Referrers trained
  - Service users referred
  - Cash saved
  - Personal stories
- Every query is answered and **resolved**
- We capture and respond to **feedback**
- We understand the **challenges** that staff face
- And develop new **solutions** (e.g. the SOS phone for urgent hospital discharge)
Online referrals: Risks, Outcomes, Benefits (not equipment)
PERFORMANCE MATTERS: HOW WE USE DATA AND ANALYTICS
Financial benefits are tracked and audited in detail

- Social Worker submits referral to Argenti with initial estimate of savings
- Argenti reviews savings for reasonableness, pushing back where needed
- Database of savings is held by HCC Performance Team
- HCC adjusts savings for contributions, uninstalls and changes in care package
- Annualised savings are calculated NET of all telecare and programme costs

- Year 1 NET savings (after all contract costs) = £809k
- Year 2 NET savings = £1.9m
- Year 3 NET savings = £1.9m
- Savings target for each of Years 4 and 5 = £1.42m
- Total net savings target for the 5 Years of the contract = £6.5m
- Each telecare provision for an OP client saves an average of £840 per annum
- 15% of our fee is driven by achieving audited savings
This is based on a comprehensive measurement framework

<table>
<thead>
<tr>
<th>Benefit measurement framework is underpinned by 3 pillars</th>
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<tbody>
<tr>
<td><strong>Develop framework collaboratively at the start</strong></td>
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<tr>
<td>- Co-develop the benefit tracking framework and calculations in partnership with council</td>
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<tr>
<td>- Ensure Finance; Business Performance; Service Operations are Commissioning colleagues involved from start</td>
</tr>
<tr>
<td>- Develop, refine and agree key principles of measurement</td>
</tr>
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<td><strong>A robust evidence base is built by embedding benefit measurement throughout care technology pathway</strong></td>
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<td>- All user data feeding a performance dashboard used for weekly management reporting</td>
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<tr>
<td>- Telecare savings database contains savings estimates from care managers for each referral</td>
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<tr>
<td>- User’s care records accessed in council’s care management system</td>
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<tr>
<td><strong>A data-driven user-by-user approach to calculating the savings that have been achieved</strong></td>
</tr>
<tr>
<td>- Financial benefits for telecare service are built up on a user-by-user basis</td>
</tr>
<tr>
<td>- Savings calculated based on users individual care history: each user’s care provisions and cost are compared to pre-Telecare install</td>
</tr>
</tbody>
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**Agreed, robust and objective approach to financial and non financial benefit measurement and realisation**
A live dashboard tracks the status of the service

### Visualisation of Totals

- **Total**
  - **Referrals**: 9,292
  - **Installations**: 8,252
  - **Net Service Users**: 6,029
  - **Voids**: 939
  - **Uninstalls**: 2,223

### YTD

- **Referrals**: 4,174
- **Installations**: 3,441
- **Net Service Users**: 2,101
- **Target Users**: 2,300
- **Voids**: 521
- **Uninstalls**: 1,340

### Summary of Risks as % of Referrals

- **Hoarding**: 2%
- **Epilepsy**: 6%
- **Winter chills**: 9%
- **Greater reliance**: 41%
- **Wandering**: 23%
- **Falling**: 38%

### Time between Referral and Install

- **YTD**
  - 50%
  - 29%
  - 8%
  - 4%
  - 9%

- **Total**
  - 41%
  - 27%
  - 12%
  - 7%
  - 14%

- **Timeline**
  - 1 week
  - 1-2 weeks
  - 2-3 weeks
  - 3-4 weeks
  - 4+ weeks
Not referring? We know who you are!

### Referrals from OP_PD as % of eligible population

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Basingstoke &amp; Deane</td>
<td>24%</td>
</tr>
<tr>
<td>East Hampshire District</td>
<td>32%</td>
</tr>
<tr>
<td>Eastleigh District</td>
<td>31%</td>
</tr>
<tr>
<td>Fareham District</td>
<td>31%</td>
</tr>
<tr>
<td>Hart District</td>
<td>41%</td>
</tr>
<tr>
<td>Havant District</td>
<td>26%</td>
</tr>
<tr>
<td>New Forest District</td>
<td>25%</td>
</tr>
<tr>
<td>Rushmoor District</td>
<td>56%</td>
</tr>
<tr>
<td>Test Valley District</td>
<td>34%</td>
</tr>
<tr>
<td>Winchester District</td>
<td>25%</td>
</tr>
</tbody>
</table>

### Referrals from LD as % of eligible population

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basingstoke</td>
<td>31%</td>
</tr>
<tr>
<td>Eastleigh &amp; TV</td>
<td>20%</td>
</tr>
<tr>
<td>Fareham/Gosport</td>
<td>25%</td>
</tr>
<tr>
<td>Havant and East Hants</td>
<td>12%</td>
</tr>
<tr>
<td>New Forest</td>
<td>21%</td>
</tr>
<tr>
<td>Rushmoor and Hart</td>
<td>14%</td>
</tr>
<tr>
<td>Winchester</td>
<td>11%</td>
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### Referrals from Hospital

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Referrals</th>
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<tbody>
<tr>
<td>Fareham and Gosport Community Hospitals</td>
<td>76</td>
</tr>
<tr>
<td>Frimley Park Hospital</td>
<td>127</td>
</tr>
<tr>
<td>New Forest Hospital</td>
<td>134</td>
</tr>
<tr>
<td>North Harms Hospital</td>
<td>398</td>
</tr>
<tr>
<td>QA Hospital</td>
<td>441</td>
</tr>
<tr>
<td>RH County Hospital</td>
<td>244</td>
</tr>
<tr>
<td>Southampton General Hospital</td>
<td>219</td>
</tr>
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**ROLLING 12 MONTH PERFORMANCE: REFERRALS vs. INSTALLS vs. CHURN**

<table>
<thead>
<tr>
<th>Month</th>
<th>Referrals</th>
<th>Installations</th>
<th>Uninstallations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>289</td>
<td>295</td>
<td>-6</td>
</tr>
<tr>
<td>2</td>
<td>258</td>
<td>205</td>
<td>53</td>
</tr>
<tr>
<td>3</td>
<td>266</td>
<td>216</td>
<td>-50</td>
</tr>
<tr>
<td>4</td>
<td>265</td>
<td>212</td>
<td>53</td>
</tr>
<tr>
<td>5</td>
<td>314</td>
<td>231</td>
<td>-83</td>
</tr>
<tr>
<td>6</td>
<td>345</td>
<td>247</td>
<td>98</td>
</tr>
<tr>
<td>7</td>
<td>362</td>
<td>231</td>
<td>-131</td>
</tr>
<tr>
<td>8</td>
<td>358</td>
<td>329</td>
<td>-29</td>
</tr>
<tr>
<td>9</td>
<td>357</td>
<td>306</td>
<td>-51</td>
</tr>
<tr>
<td>10</td>
<td>416</td>
<td>317</td>
<td>-99</td>
</tr>
<tr>
<td>11</td>
<td>469</td>
<td>360</td>
<td>-99</td>
</tr>
<tr>
<td>12</td>
<td>426</td>
<td>422</td>
<td>-4</td>
</tr>
<tr>
<td>13</td>
<td>438</td>
<td>365</td>
<td>-73</td>
</tr>
</tbody>
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**SERVICE USER MIX: TARGET vs ACTUAL**

<table>
<thead>
<tr>
<th>Year</th>
<th>Essentials</th>
<th>Advanced</th>
<th>Specialist</th>
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<tbody>
<tr>
<td>2015</td>
<td>10%</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>2016</td>
<td>19%</td>
<td>55%</td>
<td>55%</td>
</tr>
</tbody>
</table>

**CURRENT BACKLOG:**

- Assessments not booked, 120
- Installations outstanding, 161
WIDER SYSTEM BENEFITS AND COMPLEX CASES
Addressing sustainability for providers and affordability for commissioners

Working with Care Managers and provider organisations to identify opportunities to improve outcomes for individuals, enable more sustainable provision for providers and reduce costs for the Council.

Dimensions Home supporting six clients, including waking night due to two residents’ needs.

Impossible for Dimensions to continue as had to supplement hours during day to fulfil contractual obligation.

Joint review undertaken resulting in telecare referral

Argenti met with service users, families and Dimensions to agree technology and changes to care package.

OUTCOMES

Service Users: Two clients remained living in a safe and familiar environment

Provider: Able to sustain provision of care package

Commissioner: A sustained saving of £300/week

At least £15,000 saved per year from one referral

Trial conducted for one week before implementing agreed changes to care package

Waking-night

Sleep-in with door sensors and carer pager
Operation Magnet

- Working with the Police to support people that are living with Dementia and are reported as lost.
- Service users and their families are offered personalised technology, including an Oysta Pearl to support them if needed.
- Police can refer directly to us through the Dementia pathway and have equipment installed within 15 days of referral.
- Equipment promotes independence and allows the user to get help whenever they need it regardless of where they are.

https://www.youtube.com/watch?v=W3Edi-iHAVE
Identifying the most appropriate solution for an LD client’s needs

ROBIN HAS AUTISM. HE WAS IN HIS FINAL COLLEGE YEAR.

HE LIVES IN A RURAL AREA AND NEEDED TO TRAVEL INDEPENDENTLY.

ARGENTI PROVIDED BRAIN IN HAND, A HIGHLY PERSONALISED APP THAT ASSISTS WITH COPING STRATEGIES.

THIS REDUCED HIS ANXIETY AND HE IS SUCCESSFULLY TRAVELLING TO WORK INDEPENDENTLY.

HE USES BRAIN IN HAND TO MAP OUT PROBLEMS THAT MIGHT OCCUR AND WAYS TO HELP HIM RESOLVE THINGS CALMLY.
THE LESSONS WE HAVE LEARNED OVER THE LAST FOUR YEARS
The lessons that we have learned from working with Hampshire

- Deliver the change management required to introduce new care pathways
- Train and accredit staff in parallel with introducing the service and deploying the technology
- Quantify savings at the point of referral so that these are understood at the service-user level
- Send a trained assessor to visit the patient at home, tailoring the technology to the patient’s need
- Deploy a range of assistive technologies and are not tied to single provider
- Aggregate savings across the service lifecycle so that these translate into auditable financial benefits