

Written evidence submitted by TSA (DHS0007)

Background context:

TSA are a not for profit, representative body for the technology enabled care (TEC) sector, working on behalf of and advising over 350-member organisations across the UK, Europe and beyond, covering telecare and telehealth providers across local government, NHS and private sector, solution suppliers, housing associations, care providers, emergency services, academia, charities, government bodies and health and social care commissioners.

Our vision is that people can choose technology enabled care to empower and support them to stay at home and in their communities for longer, maintain their independence and provide better support for their families and carers.

TSA have been at the forefront of supporting activity for the analogue to digital transition across the TEC sector for some years, building from the Digital Shift white paper (A Digital Future for Technology Enabled Care) in Autumn 2017. Alongside this activity, TSA have represented the Technology Enabled Care sector as the independent advisory body, raising the collective voice of the sector and positioning TEC increasingly more prominently on the agenda of national and local government.

TSA have a strong history of collaboration and partnering with like-minded organisations to deliver collective outcomes, including ongoing interaction with Housing LIN, ADASS, TLAP and academia, and are proud to be part of the TAPPI programme - <https://www.housinglin.org.uk/Topics/browse/Design-building/tappi/tappi2/> - and our work with partners on the [ADASS-TSA Commission](#) to explore how technology could be truly integrated into social care and supporting the creation of the People at the Heart of Care white paper in November 2021.

TEC Quality Ltd, a subsidiary of TSA, operates with an independent board and a set of independent auditors to certify organisations against the Quality Standards Framework, with over 190 organisations currently certified, TEC Quality itself is audited annually and is the only UKAS accredited scheme within the TEC sector.

TSA have well established relationships and partnerships working with ADASS, DHSC, NHS Transformation Directorate, CQC (and regulators in the other home nations), Chief Fire Officers Association (CFOA), Association of Ambulance Chief Executives (AACE), Homecare Association and Care England amongst others; during the Covid-19 pandemic TSA delivered a DHSC-commissioned programme to identify, develop and test proactive TEC services as part of continued outreach support and continue to work with NHSTD to support organisations across England and the other home nations to transition to a digital infrastructure and develop more proactive, insight-driven digital services.

Response to the nine Government Commitments:

Section 1: The care of patients and service users

Commitment 1

- Appreciating there will be detail behind this commitment and the targets involved, it would be helpful in the narrative to understand the current baseline, the rationale in the March 2023 target and the overall 75% target, as well as supporting information to understand the targets across older age groups (with potentially less uptake, but greater health needs)

- The target of 75% is ambitious, however is registering for the NHS App at outcome in itself or is there a further call to action that could be measured?

Commitment 2

- The commitment, while correct in the need to support people to maintain independence, is quite a high-level statement without any specific target in place.
- It is not clear how the commitment addresses the support services relevant to independent living. The commitment cites monitoring of LTCs, but would need to consider home care, assistive technologies, remote monitoring of alarms and activities of daily living.
- It would also be useful to reference independence in homes and communities, a good deal of independence comes from support in accessing the community, confidence to network with groups and community assets and receiving appropriate, personalised signposting into services – this is a key element of the People at the Heart of Care white paper linked to informal carers as well as the case study produced by TSA in 2021 – ‘Pam’s story’, which was as much about the enabling technology, insight monitoring as it was about accessing things on her doorstep to get her confidence back - <https://www.youtube.com/watch?v=0Epo2NSAc8&t=21s>

Commitment 3

- There are aspects of health and care records that will impact take-up and outcomes, but which are not addressed, including:
 - o awareness and understanding of records by people and staff (would this be part of the £500m white paper commitment on workforce as it is crucial to not only train staff on how to access shared care records, but also to help to embed into day-to-day activity as per the point below)
 - o embedding use of records in care processes (otherwise ignored)
 - o ownership of records, consent and sharing, enabling personal contributions to records (self-monitoring etc).

Evidence required on commitments:

- User requirements for digitisation and App content e.g., access to social care services? This would help with arguments for co-design and user take-up.

Section 2: Health of the population

Commitment 1

- It is recommended that the scope should include data issues that impact social care, including interaction with care services, alarm emergencies, activities of daily living.

Commitment 2

- The commitment is at a system level, would encourage something within the description that outline what the positive impact will be from this exercise on health and care and the patients/service users; and some form of target in terms of a deadline for x% of the data being de-personalised and then all of the data

Evidence required on commitments:

- Recommend including consideration of key points of interaction between health, social care and housing, to understand e.g., transitions between hospital and supported care (at home or in assisted environments), that impact on unnecessary admissions, delayed discharge, DTOC.
- Health of the population is increasingly impacted by self-education and self-management, where data from consumer apps and devices is important. We need evidence of what

consumers require, and how consumer generated information can be validated and incorporated in health and care processes.

Section 3: cost and efficiency of care

Commitments 1 & 2

- These are both written as if the only cost and efficiency issue relates to technology and digital tools. However, far greater cost and efficiency issues arise from the adoption of early intervention and alternative care models, e.g., home based care, supported by remote monitoring as an alternative to hospital stays, personalised home care enabled by smart technology and remote monitoring, rather than simplistic block contracts for home care.
- Increasingly we are seeing enabling technology being more of a service rather than solution cost model, moving away from hardware cost and monthly/annual software licences

Evidence required on commitments:

- Recommend adding health and economic benefits of alternative (community based) health and care models.
- Within 'evidence of roll out of digital innovation across the NHS', would suggest ensuring there is a benefits realisation to the evidence collated and incorporating social care and housing within such evidence, as there is direct impact onto the NHS in terms of benefits of digital innovation within social care and housing as examples

Section 4: Workforce

Commitments 1 & 2

- It is recommended that such a digital workforce strategy incorporates the requirement for quality standards that the QSF delivers – ensuring digital training (both use of digital solutions and the use of insights and data within everyday practices that digital can deliver) are embedded across the workforce as part of core competencies (again referenced strongly across the Quality Standards Framework).
- Aligned to this is the need to ensure that digital records are embodied into care processes and therefore cannot be ignored or put to one side when the system is stretched – therefore a combination of training/awareness and change management is crucial as a mandatory element of both induction for new recruits and for existing staff.

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