APPENDIX C: INNOVATION TEST BED BRIEFING DOCUMENT

What is the test bed?
In January 2016 Care City were awarded £1.8m and successfully selected as one of five national health and social care test beds (the only one in London). The Care City Innovation Test Bed seeks to test a combination of devices and software alongside new approaches to service delivery and patient participation to assess whether we can measurably improve the wellbeing and resilience of older people with long term conditions, older people with dementia, and carers.

Which innovations will we be testing?

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Product</th>
<th>Description</th>
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<tbody>
<tr>
<td>Older people with Long Term Conditions</td>
<td>AliveCor</td>
<td>A mobile ECG</td>
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<td></td>
<td>Kinesis</td>
<td>A device which measures mobility and gait to identify people at risk of falling</td>
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<td></td>
<td>Health Navigator</td>
<td>Targeted proactive health coaching for those at risk of Long Term Conditions</td>
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<td>Older people with Dementia</td>
<td>My Brainbook</td>
<td>User led support plan and reminiscence tool</td>
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<td>Join Dementia Research</td>
<td>Dementia Research register portal</td>
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<td>Health Unlocked</td>
<td>Peer network website</td>
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<tr>
<td>Carer Resilience</td>
<td>Canary</td>
<td>Home sensor monitoring and notification system providing round the clock reassurance for families</td>
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<td>St Bernard</td>
<td>Geo tracking monitoring device to safeguard people when they are out and about</td>
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<td>Supportspace</td>
<td>Web portal to support the recruitment of Personal Assistants</td>
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Our Objectives
The objective of the Care City Innovation Test bed is to increase independence, enhance self-care and improve carer resilience for our population. Our 11 innovations have been clustered around three themes:

- Cluster 1: Older people with LTCs (Health Navigator, Kinesis, AliveCor);
- Cluster 2: Older people with Dementia (My Brain Book, Join Dementia Research, Healthunlocked);
- Cluster 3: Carer resilience (supportspace, Canary Care, St Bernard).
- Orion and Health Analytics, who have developed our local integrated clinical and social electronic care records, will work as partners across all clusters.

The expected outcome of cluster 1 is to accelerate self-efficacy, and support better outcomes and patient safety through earlier identification of risks and better management of LTCs. The expected benefits are:

- Improved self-reported quality of life (Isolation, loneliness and depression);
- Increased self-efficacy (confidence and knowledge)
- Improved health outcomes;
- Earlier detection;
- 30-40% Reduction in falls (lowering rates of injury and hospitalization);
- Reduction in stroke related disabilities.
- 20-40% reduction in unplanned hospital activity;
- 10-30% reduction in LTC related GP visits;
- Reduction in fall and stroke related ambulance calls;
- Growth in local health and social care community enterprise.
The expected outcome of cluster 2 is to reduce isolation for individuals through peer networks, support patients to receive more appropriate care through patient led support plans and reminiscence tools and encourage greater participation in dementia research - accelerating research findings into practice. The expected outcomes are:

- Improved self-reported satisfaction with services (Confidence, needs met, reduction in agitation);
- Improved self-reported quality of life (isolation, Loneliness and depression);
- 25% of the dementia population using digital services, facilitated where necessary by younger family members, friends etc;
- 10-30% fewer clinical service visits (self-reported);
- 70-90% reporting peer support ‘useful’ in the management of their condition;
- Improved access to information and advice.
- 30-50% increase in local participation in dementia research
- Reduction in admissions;
- Reduction in care giver burden;
- Real time population need insight.

The expected outcome of cluster 3 is to maximise independence and increase resilience through remote monitoring of real time activity inside and outside the home, and enhanced access to services which can support care givers. The expected outcomes are:

- Improved self-reported quality of life for patients and carers
- Improved self-reported quality of life and wellbeing for carers;
- Improved management of risk;
- Growth in carer employment retention;
- Reduction in delayed discharges;
- Reduction/delay in care home admission;
- Reduction in missing person incidents.

What is happening over the next 3 months?
Care City will be working across the system to identify areas for initial implementation, recruit to Care City Evaluation and Implementation team, identify local sponsors for each innovator, create logic chains for each innovation, secure funding for testing and recruit the first cohort of community members and create the baseline for current response.

For more information on the Test Bed or to express and interest in getting involved please contact the Care City Test Bed Project Manager Katharine.Langford@Innovationunit.org or Helen.Oliver@nelft.nhs.uk Interim Care City Managing Director.