

**Report to:** **Adult Social Care Housing and Health  
Committee**



**Date:** **9 September 2014**

**Report of:** **Strategic Director of Adult Social Services Housing  
and Health**

**Ward Location:** N/A **Author(s) and Contact Phone Number(s):**

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**Area Served:** Borough wide **Chair of the Committee:**

Cllr Colin Stears

**Report title:**  
Draft Assistive Technology Strategy 2015/16

**Summary**

A draft Assistive Technology Strategy 2015/16 has been prepared following the implementation of a new referral to response Telecare service, launched in November 2013 and expanded to include a broader range of assistive technology products and services. This strategy sets out the direction of travel for assistive technology over the next two years as the Council seeks to increase the number of people using assistive technology to manage their health and social care needs. The Sutton Clinical Commissioning Group (SCCG) supports the approach of extending the use of assistive technology and has already agreed to a pilot a project funded through an integration grant and referred to in this report.

**Recommendations**

The Committee is recommended to:

1. Agree the draft Assistive Technology Strategy and draft action plan;
2. Approve the plans for consulting with users, carers, staff and the voluntary sector on the draft strategy and action plan;
3. Delegate agreement to the final Assistive Technology Strategy and action plan to the Chair of the Adult Social Services and Health Committee and the Strategic Director, Adult Social Services, Housing and Health.

**Background Documents and Previous Decisions**

Adult Social Services and Health Committee September 2012: Assistive Technology 2012-15  
Adult Social Services and Health Committee July 2013: Telecare Services - Outcome of Tender

**Signed:**

*Adi Cooper*

**Strategic Director Adult Social Services, Housing & Health**

**Date:** 18<sup>th</sup> August 2014

## **1. Context**

- 1.1 Cuts to local authority funding as a result of national government policy to reduce the public sector deficit, are being increasingly felt by local government. The whole of local government is changing as councils across the country face unprecedented reductions to their funding, coupled with increasing demand for services due to demographic pressures and the consequences of other national government policies, such as welfare reform and the Care Act 2014.
- 1.2 In Sutton, the council has achieved a 25% reduction in spend against the budget since 2010, finding savings of £32m over a four year period through its Smarter Services Sutton (SSS) programme. The delivery of these changes will largely be complete by the end of the 2014/15 financial year.
- 1.3 Despite this, further funding and grant reductions are expected from national government over the medium term, with a funding gap of £40m projected by 2018/19, representing a third of the council's base budget. To address this funding gap, the council has initiated the Smarter Council programme to drive through the transformation of council services. This programme is focused on four key themes: Opportunity Sutton, Prevention, Neighbourhood Working and Developing Our Own Organisation. The delivery of projects underneath these themes will fundamentally change the shape of the council and its services in Sutton over the next few years.
- 1.4 In addition there is a drive through the Care Act for health and social care services to work together to deliver efficiencies and improve user experience. Therefore it is relevant to note that the draft Assistive Technology Strategy has been developed through discussions with colleagues in the Sutton Clinical Commissioning Group, although it is not intended to be a joint strategy at this point.
- 1.5 This Strategy focuses on ways to significantly increase awareness of the potential application of assistive technology and on broadening the use of technology (including telecare, telehealth and daily living aids), so that people can maintain their independence for as long as possible, thereby reducing and/or delaying the need for statutory social services. This not only enables people to remain independent in their own homes for as long as possible, but also reduces the costs longer term to the local authority of funding statutory social care needs; this is in keeping with the preventative ambitions of Sutton's Community Wellbeing Programme and meets the requirements of the Care Act 2014.

## **2. Background**

- 2.1 The Council commissioned a 'referral to response' service in November 2013, bringing together all the components of Telecare provision and mobile response for adult social services clients and people living in Sutton Housing Partnership sheltered housing schemes within a single contract. This service is run by Eldercare and is also available for residents to purchase themselves (self funders).

- 2.2 The Council, in partnership with the Sutton Clinical Commissioning Group (CCG), used part of a one off integration grant from NHS England in 2013/14 to set up a telehealth/telecare pilot in August 2014. The purpose of this pilot, which is still continuing, is to identify whether or not a joint telehealth and telecare package of care reduces the need for hospital admission as a result of fractured neck of femur (fractured hip) for people over the age of 65 who are at risk of falling.
- 2.2 The provision of daily living aids is met by the Integrated Community Equipment Service (ICES), a service delivered by Croydon Equipment Solutions, since October 2011. Daily living aids are available to residents to purchase themselves from the Aztec centre in Croydon and there is limited availability through local pharmacies and DIY stores.

### 3. Issues

- 3.1 Whilst there is evidence that assistive technology can play an important role in increasing choice and control, enhancing and maintaining independence as well as reducing and delaying the need for statutory social care services and admissions to hospital, the take up of these technologies both nationally and locally is low. The two main reasons identified for this are:

#### 3.2 Awareness

- People are not aware of the range of technology that is available and how it can be of help to maintain independence, reduce risks and enable people to manage everyday activities better
- People do not see the relevance of assistive technology to their lives and cannot imagine themselves using it
- People do not know where to go to purchase assistive technology

#### 3.3 Confidence in Products

- Mindset – fear of technology or fear that technology will replace physical care
- People want to be able to try products before committing to buying them or have a money back guarantee
- People like to know whether other people in a similar situation have found the products/services beneficial. The ability to access customer reviews of products/services would be helpful to prospective consumers.

- 3.4 A draft action plan has been developed to address the issues identified. This is attached as Appendix 1 to the Strategy.

### 4. Recommendations

- 4.1 It is recommended that the Committee:

1. Agree the draft Assistive Technology Strategy and draft action plan
2. Approve the plans for consultation with users, carers, staff and the voluntary sector on the draft strategy and action plan
3. Delegate agreement to the final Assistive Technology Strategy and action plan to the Chair of the Adult Social Services and Health Committee and Strategic Director, Adult Social Services, Housing and Health.

**5. Impacts and Implications:**

Financial

- 5.1 The proposals detailed in the assistive technology strategy are to be met from existing budgets within Adult Social Services, Housing and Health.
- 5.2 Any increase in provision in assistive technology through personal budgets will be met within the current allocation of the personal budget. It is expected that meeting needs in this way will deliver better outcomes, enabling the person to live more independently as well as reduce the cost of meeting their statutory eligible needs.

Legal

- 5.3 The proposals detailed in the assistive technology report will enable the council to meet some of the prevention requirements of the Care Act 2014.

Equalities

- 5.4 An Integrated Impact Assessment has been completed and included as Appendix 3 to the draft assistive technology strategy. This Integrated Impact Assessment will be updated where relevant as a result of the planned consultation.

**6. Consultation**

- 6.1 The strategy and action plan will be consulted on for a period of 12 weeks from September 2014. The consultation will include Sutton residents, users, carers and the voluntary sector.

**7. Appendices**

- 7.1 Appendix A Draft Assistive Technology Strategy 2015/16

Appendix A



# **Assistive Technology Strategy 2015/16**

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### 1 **National Policy**

1.1 Over the past decade Government policy has been to encourage care outside of hospitals and care homes, by developing health and social care services within the community. This was included in the Health and Social Care Act 2012 and is being further developed in the Children and Families' Act 2014 and the Care Act 2014.

1.2 The financial pressures facing public services for the foreseeable future make it crucial that initiatives to deliver care in innovative, integrated, coordinated and cost effective ways are pursued as a matter of urgency. The potential for assistive technology to manage the increased demand expected as a result of an aging population and legislative changes such as the Care Act 2014 were highlighted in the report 'Ready for Ageing' from the Lords Select Committee on Public Service and Demographic Change.

1.3 The Department of Health believes that at least three million people with long-term conditions and/or social care needs could benefit from telehealth and telecare by 2017, and is promoting these services through its 3 million lives (3ML) programme.

1.4 The Care Act 2014 introduces a statutory duty for local authorities to make sure that people who live in their area receive services that prevent their care needs from becoming more serious. Assistive technology can contribute to achieving this, in particular supporting the prevention duty in the Care Act 2014. This strategy provides several examples of how assistive technology can reduce or delay an individual's needs for statutory social services.

1.5 As a result of the Prime Minister's Dementia Challenge and Dementia Friendly Communities campaign, Alzheimer's Society set up a task and finish group on dementia-friendly technology in October 2013. The main task of this group has been the production of a dementia-friendly technology charter which was published in June 2014. The overall aims of the charter are:

- To help every person with dementia have the opportunity to benefit from technology appropriate to their needs.
- To outline and encourage the implementation of high-level principles and best practice for organisations that provide services to people with dementia.

### 2 **The Vision**

2.1 The Vision that this strategy aims to achieve is to: significantly increase awareness and broaden the use of technology so that people maintain their independence for as long as possible thereby reducing and/or delaying the need for statutory services.

### 3 **Definitions and Scope**

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- 3.1 The definition for assistive technology is one that was developed by the Foundation for Assistive Technology (FAST) in 2001 working with the sector and is as follows:

“Assistive Technology is any product or service designed to enable independence for disabled and older people.”

- 3.3 In line with this definition the scope of the assistive technology strategy includes daily living aid, telecare, telehealth and telecoaching (Appendix 2 provides examples of products and their uses). Specifically excluded are remote consultations with clinicians (Telemedicine), use of assistive technology in hospital settings and mobile working for staff.

**4 The Local Position**

- 4.1 There were 191,123 people living in Sutton at the time of the 2011 census and this is projected to rise to around 222,000 by 2021<sup>1</sup>. The population is predicted to increase, not only in size through increasing birth rates and migration, but the population is also increasing in age.

- 4.2 The figures below show the expected percentage increase in population between 2011 and 2021 by age.

Age	Expected % Increase in Population
65+	18.7%
75+	17.1%
85+	2.3%

- 4.3 **Carers**

In the 2011 Census over 18,000 people in Sutton (9.6%) reported providing some level of unpaid care to family or friends.

- 4.4 **Children (aged 0-19) with a Disability**

887 children were registered with Sutton’s Children’s Disability Database in July 2012; including learning disabilities, physical disabilities and communication difficulties.

- 4.5 **People with Learning Disabilities**

Sutton’s profile of people with learning disabilities is unique compared to other parts of England, with older populations of people with learning disabilities than previously expected. In general as people with learning disabilities get older they will have increasingly complex health and social care needs.

- 4.6 **People with Dementia**

<sup>1</sup> 2011 Census



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Currently there are estimated to be 2,000 residents in Sutton living with dementia, with only 700 of these having a dementia diagnosis. Of these at least 150 with a primary need to dementia are currently supported by social services. The number of people living with dementia is expected to increase by 18% to 2,360 by 2021.

4.6.1 It is estimated that 63.5% of people with dementia live in the community, of whom two thirds are supported by carers and one third live alone. Approximately 36.5% live in care homes. The majority of residents in care homes for older people have a form of dementia.

### 4.7 **People with Long Term Conditions**

The number of people aged over 65 years with a limiting long term illness is projected to rise from 11,570 in 2010 to 17,670 by 2030.

### 4.8 **People at Risk of a Fall**

The consequences of falling can be minor, but with increased frailty and osteoporosis the consequences can be significant, resulting in a fractured neck of femur.

4.8.1 The rate of Hip fractures in people aged 65 and over is 486 per 100,000 in Sutton. For over 80 year olds the rate is much higher (1,516 per 100,000).

## 5 **Current Assistive Technology Provision**

### 5.1 **Telecare provision**

In 2013 a referral to response service was commissioned, bringing all the components of telecare provision and mobile response within a single contract. This service is run by Eldercare.

5.2 The service is for social services clients, people living in Sutton Housing Partnership sheltered housing schemes and is also available to residents to purchase themselves (self funders).

5.3 Eldercare ensure adult social services staff have an up to date knowledge of new technologies through regular training/awareness sessions. In addition Eldercare has recently opened a shop in Carshalton Beeches which includes equipment demonstration. This enables people to understand what is available, how it can assist and enables them to purchase the equipment (including support services such as call monitoring and mobile response as required).

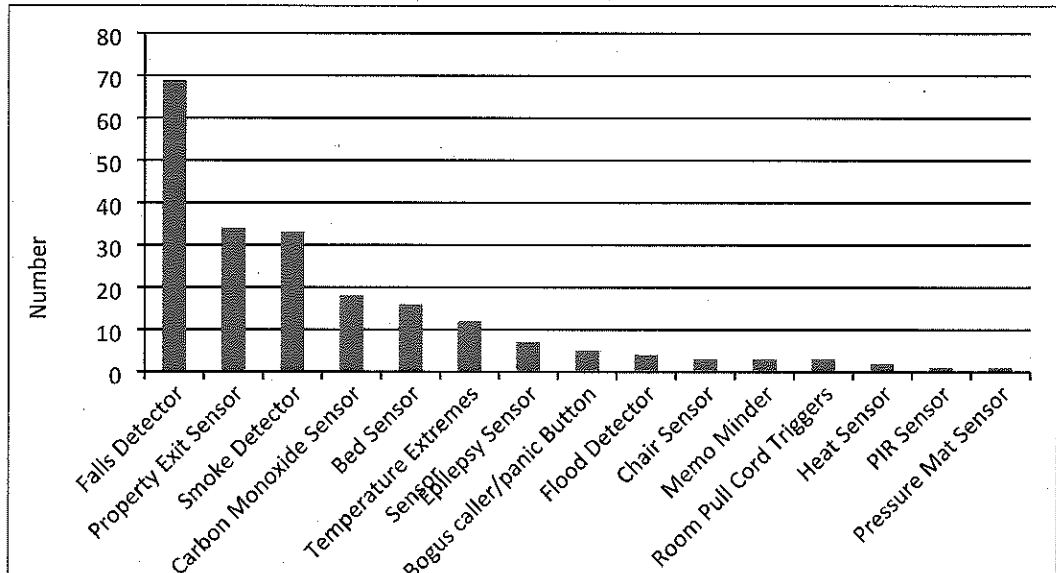
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5.4 **Current Usage**

As at March 2014 293 people were receiving telecare as part of a social services package of care.

Service	Number
Basic community alarm service + keyholders	91
Basic community alarm service + Mobile Response	91
Community Alarm + Telecare sensors + keyholders	36
Community Alarm + Telecare sensors + Mobile Response	75
<b>Total</b>	<b>293</b>

The table below shows the type of Telecare equipment in use for Social Services Clients in Sutton as at 31.3.2014.



5.5 In addition to the 293 Social Service clients a further 915 residents purchase telecare service themselves from different providers that provide telecare in Sutton.

	Total Number of Clients	Number of Clients with Mobile Response
Sutton Social Services clients	293	166
Eldercare private clients in Sutton	565	89
Age UK Aid Call private clients in Sutton	261	-
Merton Mascot private clients in Sutton	51	24
Mole Valley Telecare Services	38	-
<b>Total</b>	<b>1208</b>	<b>279</b>

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**5.6 Supported Housing Environments**

Sheltered housing, extra care and supported housing schemes are built with a hard-wired emergency alarm system usually with pull cords in each room which allow residents to summon assistance in the event of an emergency. Communal door entry systems, individual smoke detectors within each flat and a fire alarm system covering communal areas may also be connected to the emergency alarm system.

- 5.7 There are in excess of 1,150 rented supported housing properties in Sutton with a hard-wired emergency alarm system. These are owned by LB Sutton and Registered Social Landlords. In addition there are a number of private, leasehold sheltered housing schemes which also have a hard-wired emergency alarm system.

**5.8 Current Telehealth provision**

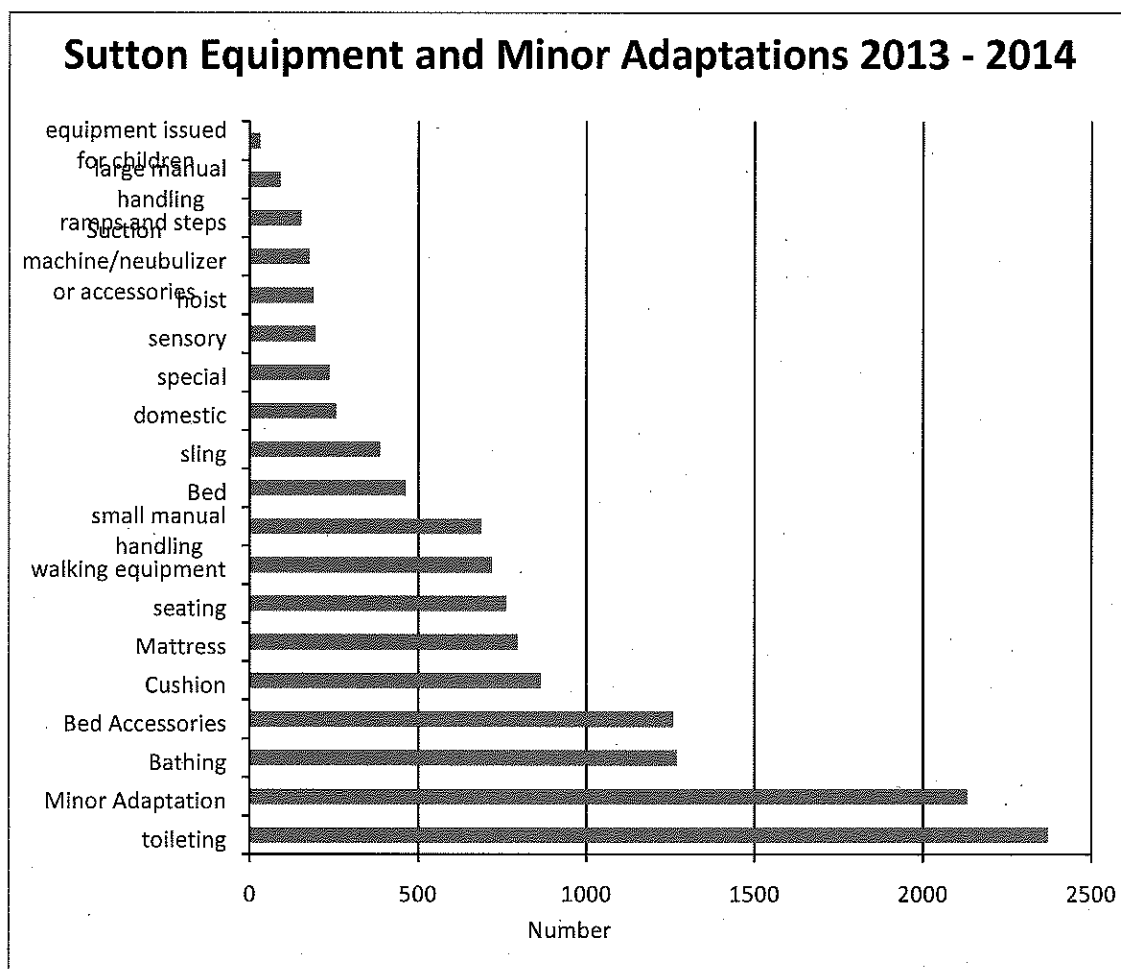
Sutton started a telehealth pilot project in August 2014 focussed on falls prevention and reducing hospital attendance resulting from fractured neck of femur. The results of this pilot will help to develop an evidence base for the benefits of telehealth which will inform future commissioning of telehealth services.

**5.9 Provision of Daily Living Aids**

The provision of daily living aids is met by the Integrated Community Equipment Service (ICES) delivered by Croydon Equipment Solutions. Daily living aids are available to residents to purchase themselves from the Aztec centre in Croydon and there is limited availability through pharmacies and local DIY stores.

- 5.10 The table below shows the provision of equipment and minor adaptations during 2013/14 by the ICES service.

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**6 Feedback from residents and practitioners**

6.1 Eldercare carry out an annual, random 5% sample, customer satisfaction survey. Results for 2013 showed:

- 97.1% of respondents would recommend the service to others.
- 61.6% of respondents were 'very satisfied' with the speed that the response centre answered their call. Another 32.7% were 'satisfied'.
- 96.5% of respondents thought that the service represents value for money

6.2 Anecdotal evidence suggests that telecare provides carers with peace of mind and helps make their caring role more manageable as this provides them with the reassurance that if something should happen when they are not around then the person they are caring for can call summon assistance.

6.3 Feedback from social workers has indicated that equipment such as 'Just Checking' is a valuable tool in understanding how telecare equipment can be

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used most effectively, particularly when assessing people with cognitive impairment where they may not recall their daily living habits accurately.

- 6.4 The START(reablement) service has identified that as Telecare is provided outside of the START service option and is not free for the first 6 weeks, the processing time for support planning and financial assessment can lead to delays in telecare being installed to support discharge from hospital.

**7 How has assistive technology been used elsewhere**

- 7.1 The Government has supported several large scale initiatives to assess the benefits of integrated care supported by Telecare and Telehealth in particular the Whole System Demonstrator (WSD).

7.2 Whole System Demonstrator (WSD)

The Whole System Demonstrator (WSD) started in 2008 and set out to assess telehealth and telecare in three areas (Cornwall, Kent and Newham), it involved 6,191 patients in 238 GP practices.

- 7.3 Telehealth findings from the WSD trial were first released as headline findings by the Department of Health in December 2011. The findings reported the following reductions for people involved in the trial when compared with patients on usual care:

- 45% reduction in patient deaths
- 20% reduction in emergency hospital admissions
- 14% reduction in elective hospital admissions
- 15% reduction in A & E visits
- 14% reduction in hospital bed days
- 8% reduction in NHS costs

7.4 London Borough of Havering

The London Borough of Havering have seen significant benefits over the past two years for adult social care clients with a combined package of telecare and homecare, compared to a similar group of clients receiving just a package of homecare. These benefits include a reduction in hospital admissions including a reduction in admissions due to falls, a reduction in admissions to residential/nursing care as well as users reporting an improvement in their quality of life.

- 7.5 In January 2013 a survey was conducted for recipients of assistive technology and their carers, 69 service users (35.57%) and 29 carers (36.25%) responded – the feedback was similar for users and carers.

- Between 80% – 90% agreed that people generally 'feel better' with the assistive technology in place.

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- Between 50% - 60% agreed that assistive technology prevents escalation to hospital or residential care.

7.8 Better Nights – An evaluation of Choice Support in Southwark

An initiative by service provider Choice Support to remove waking night staff from community-based supported living services for people with learning disabilities has saved a local authority £250,000. The report, Better Nights, by think-tank the Centre for Welfare Reform, found that replacing waking night staff with sleep-in staff and assistive technology in services to 26 people with learning disabilities resulted in better outcomes for people using the service.

## 7.9 Report authors Professor Roger Ellis OBE and Professor David Sines CBE, of the Social and Health Evaluation Unit of Bucks New University found:

- A £256,902 per annum saving for Southwark Council
- 10 examples of qualitative improvements in peoples' lives.

They added that risks were properly assessed and ameliorated using assistive technology, and that there was full stakeholder consultation in what was a well-managed project.

7.10 London Borough of Croydon

One of the reasons people with dementia are more frequently admitted to hospital is that they are often unable to communicate that they feel unwell which means that their condition is not identified until it reaches a more advanced stage. In order to prevent this London Borough of Croydon has used multi-user telehealth hubs in care home settings for people with dementia.

## 7.11 Early concerns that residents with dementia might resist having their vital signs taken have proven to be unfounded and the telehealth monitoring has become another opportunity for social interaction between staff and residents which is valued by both parties. Staff report that it has helped them to better understand the residents' health needs and has empowered them to manage their care more proactively.

7.12 London Fire Brigade

In his introduction to the Dementia Friendly Technology Charter, Ron Dobson, Commissioner, London Fire Brigade says:

'We all need to take fire safety seriously, but fire can pose a much greater risk for people living with dementia. This charter is a key document which aims to raise awareness of the importance of identifying and eliminating fire safety risks in the homes of people living with dementia. In particular, it points to

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technology enabled services such as monitored smoke detectors, as potentially life-saving solutions for people living with dementia'.

7.13 Torbay Council

Torbay Council provide community alarms free for the first 3 months while someone is undergoing a period of assessment or rehabilitation to determine their long term care needs. After the 3 month period the client decides whether or not they want to continue with the service or to have the funded alarm removed. If they decide to continue the service with the existing provider they would not have to pay the normal installation fee.

7.14 High-Tec supported housing (Brandon Trust/Advance Housing/Gloucestershire County Council)

The scheme accommodates 10 people aged from 18 to 45 with mild to moderate learning disabilities and physical disabilities. Each flat has its own assistive technology "hub" including a button which allows tenants to speak to guests and release the main front door from their flat. Tenants can also contact staff using an integrated or remote call button with a two-way speech channel from their flats or the communal areas of the complex. There is a key fob system which lets tenants who can't manage a key open their own doors. Additional technology for people who are hard of hearing include a flashing doorbell a vibrating pillow alarm and a flashing alarm that are triggered by fire and smoke.

7.15 Support staff have their own centrally located technology "hub", which receives information from sensors in the flats and informs staff, via a phone, that help is needed, The sensors pick up anything from a carbon monoxide leak to someone getting out of bed or having an epileptic seizure at night, depending on the occupant's needs.

7.16 Assistive technology enables risk to be managed in a way that ensures people are safe without fostering over-dependent relationships with staff. Living with a greater degree of independence helps people to more readily acknowledge their own skills and competence and encourages their aspiration for greater independence.

7.17 Developments in technology mean that day to day devices are increasingly being use to meet support peoples, examples include:

- Skype
- Apps that provide voice, sound and vibration feedback to maps to both augment and replace visual feedback – this has proved useful for people with a vision impairment
- The use of games consoles, such as Wii, in the rehabilitation for stroke survivors to enable them to undertake activities of daily living

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### **8 Issues**

- 8.1 Whilst there is evidence that assistive technology plays an important role in increasing choice and control, enhancing and maintaining independence as well as reducing and delaying the need for statutory social care services and admissions to hospital, the take up of these technologies is low.
- 8.2 National research and feedback from practitioners indicates that following issues are barriers to increasing the use of assistive technology in Sutton:

#### Awareness

- People are not aware of the range of assistive technology that is available and how it can be of help to bridge the gap between changing ability and the everyday activities that people want to do. This extends to front line staff in the voluntary sector and to a lesser extent health and social care staff
- People do not see the relevance of assisted technology to their lives and cannot imagine themselves using it.
- People do not know where to go to purchase assistive technology and support services

#### Confidence in products

- Mindset – fear of technology or fear that technology will replace physical care
- People want to be able to ‘try before you buy’ and have money back guarantees
- People considering purchasing products or services often like to know how effective other people have found them. The ability to access customer reviews would be helpful to prospective consumers.

#### Compatibility

- Sheltered Housing schemes hard wired systems do not always enable the addition of telecare sensors and therefore require dispersed alarm units to be installed

#### Evidence Base

- The evidence of the benefits of telehealth is mixed

### **9 Plans to address these issues**

- 9.1 A draft action plan has been developed to address the issues identified, this is attached at Appendix 1.



Draft Action Plan

	Objective/Outcome	How will we achieve this	Measures & Targets	Timescale
1	Increase awareness of technology	<ul style="list-style-type: none"> <li>• Improve the information available on Council's website explaining how technology can support people to remain living in their own home.</li> <li>• Include links to national websites that support people to understand what technology is available to meet their needs e.g. <a href="http://www.asksara.dlf.org.uk">www.asksara.dlf.org.uk</a></li> <li>• Continue to deliver training to front line staff (Social Workers/Occupational Therapists) and staff in the voluntary sector about technology that is available and how it can meet identified needs</li> <li>• Use community festivals e.g. St Helier Festival to promote assistive technology</li> <li>• Presentations about the use and benefits of assistive technology at provider forums</li> </ul>	<p>The public are aware of the benefits and availability of technology</p> <p>Front line staff are aware of the benefits and availability of technology</p> <p>The public are aware of the benefits and availability of technology Providers are aware of the benefits and availability of technology</p>	<p>October 2015</p> <p>April 2015</p> <p>Ongoing</p> <p>September 2015</p> <p>July 2015</p>
2	People have confidence in equipment and can test the benefits before committing to buying	<ul style="list-style-type: none"> <li>• Work with providers to explore the option of 'try before you buy' for customers wanting assistive technology</li> <li>• Work with providers to explore the option of money back guarantees for equipment</li> </ul>	<p>People have the opportunity to try equipment</p>	<p>July 2015</p>

	Objective/Outcome	How will we achieve this	Measures & Targets	Timescale
3	Redesign Processes	<ul style="list-style-type: none"> <li>All support plans evidence that assistive technology has been considered to meet a person's needs</li> <li>Use 'Just checking' routinely to inform assessment, review and support planning for clients with dementia</li> </ul>	Increased use of technology in assessment and care planning	May 2015
4	Develop Market and improve compatibility	<ul style="list-style-type: none"> <li>Engage with local retailers to encourage them to provide access to a broad range of assistive technology solutions</li> <li>Work with Eldercare to investigate the possibility to extend the range of technology they provide within their shop</li> <li>Commissioners work with housing providers to ensure that developments facilitate the use of assistive technology and consider compatibility issues</li> <li>Assess the potential of using multi-user Telecare hubs in residential/nursing care settings to reduce hospital admissions</li> <li>Introduce an online choose, book and buy option for assistive technology to include the functionality for customer reviews</li> </ul>	<p>The public have greater access to technology locally</p> <p>Increased potential for assistive technology to be used</p> <p>Increased use of technology to prevent hospital admissions</p> <p>The public have easier access to technology</p>	<p>October 2015</p> <p>Ongoing</p> <p>November 2015</p> <p>November 2015</p> <p>December 2015</p>
5	Increase evidence base for telehealth	<ul style="list-style-type: none"> <li>Evaluate the Telecare/Telehealth pilot to test the effectiveness of technology in reducing fractured neck of femur in patients with a history of falls and any other benefits identified by the pilot.</li> </ul>	Clinical staff have local evidence of the benefits of technology	October 2015