

THE USE OF ASSISTIVE TECHNOLOGY TO SUPPORT INDEPENDENT LIVING IN HILLINGDON - UPDATE ON REVIEW RECOMMENDATIONS.

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REASON FOR ITEM

During 2010/11 the Committee conducted a review of the use of assistive technology to support independent living in Hillingdon. This report provides a brief overview of assistive technology and an update on the status of the fourteen recommendations made by the Committee which were considered by Cabinet on 17th March 2011.

OPTIONS AVAILABLE TO THE COMMITTEE

1. To note the progress made by officers on the Committee's recommendations.
2. To question officers on its content.

INFORMATION

What Is Assistive Technology?

There is no agreed definition of what assistive technology actually is, as this is a rapidly evolving area with a number of new and emerging applications. As such, it is best seen as an umbrella term for assistive, adaptive and rehabilitative technologies for those people with long term illness or disabilities.

In 2004, the Audit Commission defined assistive technology as:

"any item, piece of equipment, product or system that is used to increase maintain or improve the functional capabilities and independence of people with cognitive, physical or communication difficulties".

What types of Assistive Technology are there?

Conventional types	Jar openers; bath seats and mobility assistance - grab rails, walking sticks and walking frames
Electronic devices	Include stair lifts, electric wheelchairs. Devices to use the phone or communication devices to replace speech

Telecare	<p>These systems usually require a response from another person. These devices use telephone networks to check on a person who lives in their own home when alerted. Telecare sends an alert signal via a base unit a community alarm or monitoring service / call centre</p> <p>In care homes, Telecare services include:</p> <ul style="list-style-type: none"> Window or door sensors Falls monitors Bed sensors to prevent falls by activating a light when someone gets out of bed Bed/chair occupancy sensors Epilepsy sensors – trigger an alarm if someone has a seizure Epilepsy sensors – trigger an alarm if someone has a seizure Flood sensors – trigger an alarm if there has been a flood in a room, e.g. an overflowing bath
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Communication aids	<p>Sophisticated communication boards, or more simple visual scanning devices</p> <ul style="list-style-type: none"> Text-to-speech software Braille devices, tactile devices and other software Voice-activated software
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Why is Assistive Technology so important?

Demographics and Importance

The ageing population in Hillingdon and changing demographics makes the application of assistive technology critical to enabling disabled residents and those with long-term conditions, especially dementia, to remain independent in their own homes. Without it the cost implications for the council and key partners such as the NHS would be considerable.

Hillingdon has a population of approximately 253,000. It is estimated that there are currently 34,000 people aged over 65 in the Borough. This is projected to increase by 8.4% in five years to 37,100.

Dementia is primarily a condition faced by older people and the ageing population in Hillingdon indicates that this is going to be a major cause of need in the future. Projections suggest that the number of older people with dementia is likely to increase by 7% to 2,694 in the five years to 2015. 67% of the increase can be attributed to the over 85s, which is expected to grow by 11% within this period. People with learning disabilities are more susceptible to dementias as they get older. Projections suggest that the number of people with learning disabilities living into old age is increasing and it is predicted that there will be an increase of 7.6% between 2010 and 2015. Extensive consultation

nationally and locally shows that the vast majority of older and disabled people wish to remain independent in their own homes.

Update Response to POC - recommendations

- 1. The Committee recommends to Cabinet that Telecare is a positive use of technology which will help the Council to address the growing needs of its' ageing population. Used effectively it has the potential to radically change the way services are delivered.**

Following the review undertaken by POC Council agreed to fund the delivery of an enhanced TeleCareLine service as part of the overall Mid Term Financial Forecast savings plan.

The new service was launched in April 2011. The new core offer is:

1. Clients over 85 receive the service free of charge
2. Clients who meet 'substantial and critical' FACS criteria will be free of charge subject to financial assessment
3. First 6 weeks of service free of charge as part of reablement package
4. The number of new TeleCareLine users is estimated to grow by 3,000 over the 4 year period to 31/03/2015 (Straight line growth 'curve' used for modelling purposes).
5. Service marketed to private clients.

The TeleCareLine service has been promoted from April 2011 and feedback in recent surveys from current service users and carers demonstrates the service is supporting the needs of the ageing population of the borough. 92% of current service users surveyed stated they were either satisfied or very satisfied with the TeleCareLine Service and 69% stated they felt that TeleCareLine had taken away some of the worries of living alone. Early indications show that the new service is impacting positively on the way social care services are provided in Hillingdon : Enabling residents to remain independent in their own homes for longer.

- 2. The Committee requests that good quality information and timely advice must be provided for families, carers and service users, working with health professionals to enable them to understand their assistive technology / telecare options to assist them to make informed choices (to address their needs)**

The scaling up of the service has been supported by a targeted communications campaign which includes leaflets, representatives at local events eg 60+ Fayre and Advice Fayre as well as additional information on Council's website and articles in Hillingdon People. Staff across Adult Social Care have also been fully trained to give advice and information on the appropriate use of telecare equipment.

- 3. The Committee recommends that telecare be provided free of charge for a limited period (no longer than 6 weeks) after hospital discharge as part of the re-ablement project to provide assistance. The Committee felt that early exposure to assistive technology will help increase client confidence in the service and encourage further uptake in the service.**

This was a key component of the Leaders offer rolled out from April 2011 and is in place.

- 4. The Committee recommends that assistive technology should not simply replace personal contact but be part of a package in which AT is a complementary tool which helps to prolong independence.**

All staff have been fully trained in the effective use of Telecare equipment as a complementary service to support independence for the individual and enable peace of mind for carers.

- 5. The Committee note that, in line with their original advice, Officers have taken a cautious approach to rebranding, and that the term “TeleCareLine” is under consideration.**

From April 2011 the service has been promoted under the title TeleCareLine. This name has been well received by all new and existing service users.

- 6. The emerging body of evidence from various national review pilots has shown how valuable Assistive Technology (AT) / Telecare can be to users and carers. It is therefore essential that the status and profile of AT / Telecare is strengthened so that social care and health professionals consider this technology as an option for all service users and carers**

Changes to practice and procedure across Adult Social Care means Telecare is being considered for service users as part of their initial assessment, before other services are considered. More work will be done in the last 6 months of the year to further embed the service into the mainstream social care offer in Hillingdon.

- 7. Committee advises that effective partnership working will be central to the full development of this service and that to ensure services are delivered. The early evidence from the Whole Systems Demonstrator pilots has shown how important partnership working is. To ensure services are delivered as effectively and efficiently as possible, information sharing rules and procedures must be developed.**

Opportunities to explore engagement with Health partners on a Telehealth pilot will progress discussions on more effective data sharing.

- 8. Evidence shows the potential value of telehealth in supporting people with health conditions to live independently in the community and also in making savings to the health economy. Telehealth is under-developed in Hillingdon and the Committee recommends that officers work with health colleagues to encourage its further development.**

Discussions have commenced with health partners on developing a Telehealth pilot building on the early success of the borough's Telecare programme.

- 9. The Committee requests that officers undertake regular reviews of service costs to ensure the Authority receives value for money from service providers.**

A formal procurement process has been completed to select a preferred supplier for Telecare equipment assuring the borough of value for money in the supply of equipment to support the new service offer. Regular evaluation will be undertaken to ensure the overall service is cost effective and is contributing to the transformation of the service offer within adult social care.

- 10. The Committee recommends that the Authority pursue the development of a comprehensive in-house model, centred on a local call centre (with a responder service operating 24/7), employing local knowledge and request officers to fully explore the cost implications of this option as part of the ongoing Medium Term Financial Forecast work.**

The business case and financial model for the TeleCareLine service is based on using the in house monitoring and installation teams. The full service is provided in house.

- 11. The Committee recommends that Careline be co-located to the Civic Centre. Moving the service will allow for future expansion as the ASCH&H emergency out of hours services are based with Careline.**

Relocation plans are being executed and the Careline team will be moving to the Civic Centre from late November/early December 2011.

- 12. The Committee agrees that intervention at an early stage can act as a preventative investment and thereby reduce the number of hospital admissions and delay admissions into residential care. The Committee also notes the preventative benefits that telecare offers to residents who do not satisfy the council's Fair Access to Care Services (FACS) criteria**

The impact of the service is being closely evaluated in order to measure the impact on hospital and residential care admissions, due to the retrospective nature of this evaluation further evidence will be available in the last quarter of 2011/12.

The service is available to self funders at the appropriate charge for the level of service

- 13. The TeleCareLine (TCL) service to private clients is very important and will be a key to the success of the service. The Committee stressed that it is important that the service is marketed as proactively as possible to maximise the take up of self funders.**

The publicity on the service to date has attracted self funders; a further advertising campaign in October/November 2011 is anticipated to further expand this client segment as well as FACS eligible service users.

- 14. Part of the Project Planning has been to recognise the need to be able to respond to the effects of increased numbers requesting the TCL service. Officers assured the Committee that resources are in place to deal with the expected numbers and ensure a good service is provided**

From April to the end of September 2011 we have carried out 582 new installations. Weekly monitoring of resources has ensured sufficient capacity to meet the increasing level of referrals to the TeleCareLine service with a specific focus on the installation and mobile response teams. All local key performance indicators for service delivery have been consistently met since April 2011.