

## Review of Assistive Living Technology

<b>Committee name</b>	Families, Health & Wellbeing Select Committee
<b>Officer reporting</b>	Darren Thorpe, Head of Business Delivery & Market Management
<b>Papers with report</b>	None
<b>Ward</b>	All

### HEADLINES

This review takes stock of the Council's current offer of assisted living technologies for the benefit of residents and looks at what further development and strategy the Council will use going forward to ensure the promotion of self-management, independence and for the Council and the wider health system, the management of demand on Social Care budgets.

Hillingdon has a solid core offer of Telecare and associated products for the remote monitoring of resident well-being. Alongside this the Council provides a responder service 24 hours per day, 7 days a week for those who do not have a suitable contact if they need assistance. This core offer includes pendants/call buttons, sensors for movement, gas & fire sensors and GPS tracking technology.

As part of the accommodation plan for older people, the Council has invested in Extra Care Services at Grassy Meadow Court and Parkview Court, where the properties are designed with assistive technology at the forefront of the support offered to residents and an example of this is that the housing manager is able to run a daily check on each person if they choose this, by talking to them via their telecare installations. Assistive technology is considered against any purpose built accommodation, but it is important to note that when contracting care provision be it in a care home or and in an individuals own home that a full range of kit is available to support that person.

Going forward, the significant rise in available technology to promote self help gives a range of opportunities now to support lifelong care planning from children through to adulthood.

The range of equipment is not limited to those with landlines or internet access with the introduction and availability of 5G hubs, therefore the reach for Assistive Technology has significantly increased and the Covid imposed use of remote working, monitoring and communication has given a refreshed impetus to continue with expansion.

The range of equipment being used by the general population for commercial use such as smart hubs, with voice activated light bulbs, door bells with video, text activated or time activated options on kitchen equipment, heating etc now make it significantly easier for those with additional needs to be supported to self-care.

This report establishes a definition of Assisted Living Technologies, sets out the current position

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in Hillingdon and opportunities within the wider marketplace. It seeks the Committee's approval to proceed with the on-going development and implementation of an ALT Strategy as part of the Council's wider digitisation agenda.

## **RECOMMENDATIONS:**

### **That the Committee:**

- 1. Notes the current position regarding the local ALT offer**
- 2. Agrees the action plan and future aims**

## **SUPPORTING INFORMATION**

### **What is ALT?**

It is important to establish what we mean by the terms "Assistive Technology" and "Assistive Living Technology".

Skills for Care offer a definition of Assistive Technology as a broad term to describe equipment that helps people to live independently and have greater control over their health and wellbeing, improving the quality of life for both users and their carers. It can include both simple and more complex systems and equipment.

They further define Assisted Living Technology as follows:

Telecare: the use of technology, including monitors and sensors, to promote independent living and support to people in need of care to live longer at home, in homely environments and in their communities. This may include returning home after a period of illness.

Digital Participation Services: to educate, entertain and stimulate social interaction to enrich the lives of people in need of social support.

Wellness Services: to encourage people to adopt and maintain a healthy lifestyle, to prevent or delay the need for support.

The Alzheimer's Society refer to Assistive Technology as devices or systems that help maintain or improve a person's ability to do things in everyday life. These can assist with a range of difficulties, including problems with memory and mobility.

Telehealth & Telemedicine is the use of video technology and health related remote monitoring to enable GP's, specialists and consultants to support patients and other professionals remotely by making a diagnosis, flexing treatment plans and medications and recommending treatments.

[\(\[Connecting Services, Transforming Lives - The Benefits of Technology-Enabled Care Services \\(tunstall.co.uk\\)\]\(https://www.tunstall.co.uk\)\)](https://www.tunstall.co.uk)

## Hillingdon Demographics

The current population of Hillingdon is 309,300 and was estimated to increase by 2.2% (6,720) over the next 5 years (ONS Sub-National Population Projections, 2018-based). Like all local authorities in England & Wales, Hillingdon's population projections were retrospectively revised in 2018 and along with 39% of LAs show a decrease in expected growth. In the 2014 data release, our population was expected to be 323,000 in 2020; the current population is 4.2% lower than what was predicted.

The current population is split into the following age bands:

<b>Age</b>	<b>2020 estimate</b>	<b>%</b>
0-4	21,541	7.0
5-9	22,334	7.2
10-14	19,946	6.4
15-19	18,023	5.8
20-24	20,346	6.6
25-29	22,072	7.1
30-34	23,675	7.7
35-39	24,216	7.8
40-44	22,763	7.4
45-49	19,995	6.5
50-54	19,426	6.3
55-59	18,027	5.8
60-64	14,824	4.8
65-69	11,500	3.7
70-74	10,625	3.4
75-79	7,635	2.5
80-84	6,220	2.0
85+	6,142	2.0
<b>Total</b>	<b>309,310</b>	<b>100%</b>

(Source – [Joint Strategic Needs Assessment \[JNSA\] Populations Statistics 2020](#)) published by LBH BPT in April 2020)

There has been an increase of 56,300 (22.3%) in the population of Hillingdon since 2010/11.

Currently there are 42,102 people over the age of 65 and 6,142 people over the age of 85 in the borough. This increase over the past 5 years is broadly in line with the expected numbers.

(Source – [ALT Review 2010/11](#))

The number of people aged 18-24 predicted to have a long-standing health condition caused by a stroke, by age and gender, projected to 2040 is as follows:

<b>Year</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>2040</b>
People aged 18-44 predicted to have a long-standing health condition	59	57	56	55	55
People aged 45-64 predicted to have a long-standing health condition	469	500	516	522	518
Total population aged 18-64 predicted to have a long-standing health condition	528	557	572	578	573

Notes:

Rates for men and women reporting strokes are as follows:

<b>Age Range</b>	<b>% males</b>	<b>% females</b>
16-44	0	0.1
45-64	0.8	0.5

Source: Projecting Adult Needs & Service Information (PANSI) - Institute of Public Care & Oxford Brookes University

### **People with Dementia in Hillingdon**

The number of people aged 65 and over predicted to have dementia, by age and gender, projected to 2040:

<b>Year</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>2040</b>
People aged 65-69 predicted to have dementia	190	223	256	263	262
People aged 70-74 predicted to have dementia	323	317	372	427	439
People aged 75-79 predicted to have dementia	456	558	557	653	748
People aged 80-84 predicted to have dementia	686	708	864	862	1,028
People aged 85-89 predicted to have dementia	706	792	812	1,009	1,039
People aged 90 and over predicted to have dementia	672	790	931	1,049	1,261
<b>Total population aged 65 and over predicted to have dementia</b>	<b>3,033</b>	<b>3,388</b>	<b>3,791</b>	<b>4,262</b>	<b>4,777</b>

Source: Projecting Older People Population Information System (POPPI) - Institute of Public Care & Oxford Brookes University

In the UK, the population of people over 85 years old is expected to double over the next 20 years (Officer of National Statistics 2017); and with four in five people over 85 having two or more serious health conditions (Barnet K et al 2012), the increase in people using ALT means that employers and staff need to be more aware of what types of ALT is available and how it can be used. Just as technology has become part of everyday life, the use of ALT has also become more acceptable and established. By embracing this sort of technology, we can empower people to

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own their own care and transform the way that services can be delivered.

### **Current offering - Telecare**

The Hillingdon Telecareline service for residents to have access to remote monitoring that enables people to get the right support at the right time and give family members peace of mind that help is on hand.

Telecare is the core offer to any resident being assessed for social care needs on discharge from hospital. In some of the Councils properties this is hard wired and part of the core offer of the service.

The current number of Telecareline users is 6,835 as at 31 May 2021 and the breakdown of levels is as follows:

Level 1	2,885
Level 2	3,291
Level 3	153
Level 4	105

New users have increased by an average of 61 per month between April 2020 to March 2021. The number of new Level 1 clients aged 65+ for this period is an average of 18 per month.

The Telecareline emergency call alarm system and answering system is outsourced to a provider named Anchor OnCall, who provide 24/7 support and answer calls within the standards set out by the current TSA Telecare standards. Anchor OnCall will provide assurance and escalate calls to either a named responder, the council's own Mobile Response team or the relevant emergency services.

During April 2020 to March 2021, there were a total of 86,230 inbound calls/alerts to the monitoring centre for Telecareline customers. 76,731 of these were from customers and 9,499 from communal areas within sheltered or extra care schemes. A large majority of these will not have been emergencies but would have provided reassurance to those using. On average 98.4% of telecare alarm calls are answered with 60 seconds, these are then triaged as appropriate for a response.

The installation, maintenance and repair of equipment is provided by the Council and referrals are handled via the Hillingdon Social Care Direct team.

The service is currently offered free of charge to residents aged 75 and over. The 4 levels are broken down as follows:

- **Level 1** - is the standard service comprising of a lifeline unit and pendant, smoke detector and bogus caller alarm, the resident must have 2 named responders who hold a key and agree to respond to an emergency any time (£1.13 per week)

- **Level 2** - In addition to Level 1 support this also includes access to a mobile response service for those residents who do not have named responders (£5.00 per week)
- **Level 3** - In addition to the Level 1 service, the resident would also have access to a range of additional detectors and/or sensors appropriate to their assessed need (£8.50 per week)
- **Level 4** - This level of service would include access to the full range of TeleCareLine sensors and detectors to address needs, including safer wandering equipment and also the Mobile Response Service (£12.00 per week)

A further range of enhanced equipment is available to support people with memory loss and can be adapted to meet individual needs. Additional equipment can include a carbon monoxide detector, a heat sensor, a bed monitor, a falls detector, and a property exit sensor.

## **Social Care:**

### **Extra Care**

Extra Care housing is designed specifically for people aged 55+ with additional care needs, that enables people to live independently, whilst providing reassurance to friends and family peace of mind. It provides the security and privacy of a home of your own, a range of on-site facilities and staff are available day and night to provide care as required.

Grassy Meadow, Park View Court, Triscott House and Cottesmore House have a range of Assisted Living Technologies in place. All flats and communal areas have Tunstall alarms available should a resident require support. Door sensors are fitted as well as smoke alarms to ensure residents are safe. Park View Court and Grassy Meadow Court have interactive bathrooms available set up with special lighting and Bluetooth connectivity so music can be played whilst using.

Both schemes have a Tovertafel (Magic Table) situated in the communal lounge to encourage interaction, reminiscence and relaxation for people with dementia. The combination of light and sound provides physical and mental stimulation and encourages movement, eye contact, focus and social engagement.

### **Care Homes, supported living schemes and day care settings**

Care homes have not historically been big users of ALT as they have 24 hour staffing in place, however, some of the Council's Learning disability services have used sensors for the monitoring of individuals with epilepsy for some time and this is a significant area for development and promotion and in particular those younger children, whose parents are caring for them at home. During the Covid Pandemic, restrictions on visiting in care homes has promoted the use of devices for communication with both relatives and GP's and community matrons. Virtual ward rounds of the care homes have taken place with the use of ipads and facetime. These are practices that will be developed further and improved upon.

The use of communication tools for those with LD/mental health and autism are fully accessible via apps and create interaction and remove bars to being independent for these people.

One supported living provider for people with LD contracted by the Council has developed their own range of monitoring equipment to assist in the compliance and quality monitoring services and this includes the monitoring of time and place of care delivery within 15 minutes of the allocated time, the administration of medication, completion of care tasks and the remote monitoring of the environment, for example, the usual sensors, but also fridge temperatures to ensure that the food people are choosing in their own homes is kept safely. In addition, the technology is used by this provider in home care and is also used to promote safety for their staff and enables them to remotely monitor those that are lone working, by giving them access to a call/help function on their device.

### **Current offering - Digital Participation Services & Wellbeing Services**

Good examples of encouraging and enabling social interaction are the Magic tables in 7 of the borough's libraries, including Botwell Green, Uxbridge, Ruislip Manor and Northwood Hills, as well as Grassy Meadow Court, Park View Court and Queens Walk Resource centre.

Other examples of Digital Participation Services and Wellbeing Services include:

#### **We Care UK/Alexa Echo Devices**

Throughout the pandemic, there have been various projects undertaken to support residents. In December 2020, the Sport and Physical Activity Team began working with WeCareUK (an independent charitable organisation) to supply Alexa Echo devices to residents living with dementia for a 6-9 month trial. The aim was to study the usefulness of such devices in supporting a person living with dementia. Each Alexa Echo device has an 8 inch screen and a total of 10 devices were distributed to 6 residents and 4 professionals working in dementia support in the borough. Success so far includes the use of video calling both by professionals and family members. This proved very helpful in assisting the person living with dementia to recognise who they are speaking to which is difficult in a traditional phone call. Family members reported the benefits of the 'drop in' call functionality, which allows them to check on their loved ones without them needing to answer the call. Vocal reminders can also be set which are relevant to the person, including things such as 'time to take your medicine', 'it's time to drink some water', 'why don't you take a walk'. It was also used as a reminder for other dates or appointments such as doctors or phoning the hairdresser. Photos can also be uploaded to the screen so it can be used as a frame, setting reminders for favourite music or TV shows to be played at set times throughout the day. This was found to be especially useful with 'sundowning' to help distract a person.

#### **GPS Watches**

Everon GPS watches are being used which allows people with dementia or other cognitive impairment to live a more active, safer and freer life. 'Safe' zones can be configured on the watch and position alerts are sent on a regular basis which makes it easy for family members, carers or emergency services to follow or locate the wearer via computer, smartphone or tablet. This technology encourages independence whilst also providing peace of mind. We currently have 24 units issued to residents, of which 7 have a learning disability and 17 are older people.

These watches/devices can be used for travel training purposes and also for those who are at risk of leaving an area without the required support so a GEO fencing function allows parameters to be set and if these are breached, notifications are sent to the designated responder.

### **Just Checking Technology**

Just Checking technology consists of small wireless movement sensors which can be discreetly placed around the home, which gather data on the activity of the person living there. It can identify which rooms have been visited and for how long. It includes door sensors on internal and external doors to see when they are opened and for how long. In combination with the movement sensors, you can tell when visits have been received and when an individual leaves or enters the property and how long they are out. This technology provides full activity reports which can help care professional's complete objective, evidence-based assessments and create appropriate care plans allowing the right support at the right time to be put in place.

A good example of when this can be used is when a person reports that they are self-caring, eating and drinking etc, when it appears evident that this is not the case. The system is purely movement based and the discreet monitoring will tell the care team if that person is moving from the chair to the kitchen for example, spending time in the kitchen making drinks and food etc and if they are sleeping in the chair as opposed to going to bed. It helps to understand the patterns of behaviour that allow care to be tailored.

### **Virtual Reality Technology**

The Council recently purchased 24 virtual reality headsets from The Cornerstone Partnership (in association with Antser). The headsets provide the user with immersive experiences in a range of situations including childhood trauma, domestic violence, drug and alcohol abuse, child criminal & sexual exploitation, as well as autism and dementia.

Staff within social care teams are being accredited to use the technology and roll out across the different teams, and also with care providers, voluntary organisations and the public.

The training is intended to enable staff to be able to have an empathetic view from the service users perspective on why they behave in certain ways and how they can make changes to their approaches and practice that improve services to residents. The Council will work with the provider to increase the topic content included and Children's social care are looking at using the headsets for virtual team or social worker engagement and virtual contact with children and young people. We are also looking at developing staff profiles within the headsets so children can choose their own social worker based on their interests.

### **Barriers to using ALT**

The 2019 Sector Pulse Check by Hft investigated social care providers appetite for, and understanding of assistive living technologies. It found that 76% of social care providers use assistive technologies, although only 19% use them as a core part of their service provision.

When asked about barriers to greater use, funding was the most mentioned obstacle, along with limited understanding of technology.

<b>Barrier</b>	<b>%</b>
Providers cannot fund assistive technologies	75
Local authorities are unwilling to fund it	71
Lack of awareness of assistive technology	59
Staff are unsure how to use the technology	59
Providers do not know/understand how to access the technology	58
Providers are unsure what technology is available	47
Lack of available training in assistive technology	42
Family members have concerns over support being provided by technology	39
People we support are unsure how to use technology	34
Providers are unsure where to source technology	31
Technology companies do a poor job of promoting which services and products are actually available	29
No solution to meet their needs	12

During the pandemic, providers reported that the main barriers to using assistive technology was lack of available equipment, some staff did not have the necessary skills to support residents, residents were not used to using this type of communication tool or the setting did not have adequate internet or wifi connections.

The Council is currently working on the available infrastructure to ensure that the availability of adequate Wifi is not a barrier to using assistive technology to support an individual to remain independent. The availability of 4/5G home hubs allow for these circumstances.

Safeguarding – a range of questions in relation to the capacity and consent of individuals can pose a barrier to using technology, although this can be well managed through the appropriate MCA assessments and in the individual’s best interests. In addition, the use of Alexa type of hubs has raised questions about how people are safeguarded from financial abuse if some is able to ask Alexa to order something for example. This can be alleviated via the control settings within the kit being limited.

## **Summary**

It is clear that residents of all ages desire being able to be as independent as possible and that this is conducive with the need to manage demand on social care budgets going forward. As the integration with health and social care begins to form, work with partners from these sectors as well as voluntary organisations to gain a rounded approach to using technology to support residents is vital. The learning from enforced virtual ways of working, communicating and providing greater access to health support in some cases needs to be retained and built on and the timeliness of this report will focus the work to establish an ALT strategy for the Council that extends beyond the Telecare offer.

## **Vision for Adult Social Care**

The development of an overall strategy for ALT within the borough will support the vision for Adult

Social Care including that:

- Care and support will be personalised and will prevent, delay and reduce the need for long term care.
- Residents will be enabled to live independent and fulfilled lives, supported within and by their local networks wherever possible.

### **Action Plan**

- Officers will review the 'core' kit available from the Telecare offer, identify any cost implications to any additions to the kit
- Research what is provided by contracted providers through the provider forums
- Address any barriers to using technology where it is needed
- Develop a strategy for the modernisation of the ALT offer, which includes a core offer to all residents in need, the integration of the health and care partners approach to remote monitoring and the expectations of providers via the procurement and contracting route in relation to the use of ALT to support residents and deliver reductions in unnecessary contact time.
- Research the use of DHSC and NHSE innovation grants for improvement or pilots
- Create a plan for the maximisation of uptake and monitor the impact on well being and social care demand.

### **Implications on related Council policies**

A role of the Policy Overview Committees is to make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

### **How this report benefits Hillingdon residents**

None at this stage, pending any findings by the Committee and any recommendations forwarded to Cabinet.

### **Financial Implications**

None at this stage, pending any findings by the Committee and any recommendations forwarded to Cabinet.

However, as the review progresses, the Committee should seek to ensure any recommendations are feasible, cost-effective or indeed can save the Council money. Any early findings or recommendations by the Committee which may result in a call on Council budgets should be discussed at the earliest opportunity by the Chairman, with the relevant Cabinet Member, Cabinet Member for Finance and the Leader of the Council to assess viability.

This is in accordance with the approved Protocol on Overview & Scrutiny and Cabinet Relations approved by full Council on 12 September 2019.

### **Legal Implications**

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None at this stage.

## **BACKGROUND PAPERS**

None