



Families, Health & Wellbeing Select Committee Draft Review Scoping Report - 2021/22

Working Title: Assisted Living Technologies Review

1. REVIEW OBJECTIVES

Aim and background to the review

The aim of this review is to consider how the Council can improve its Assistive Living offer by taking stock of the Council's current offer, exploring ways in which current processes could be streamlined and investigating possible future developments and direction for Hillingdon's implementation of Assisted Living Technologies (ALT). Subject to any findings, the review could make practical, feasible and supportive recommendations to improve the Council's ALT offer to residents.

The Covid-19 pandemic has emphasised the suitability of a scrutiny review which focusses largely on Hillingdon's most vulnerable residents. As the country emerges from the pandemic many vulnerable people, particularly older adults who may have been shielding for extended periods of time, may be lacking confidence, specifically with regard to their health and care arrangements. ALT can be utilised as an important facet in older and vulnerable people regaining that confidence. In addition, the promotion of independence of younger adults as part of lifelong care planning with technology supports the management of the social care budget by delaying the need for residential or high needs care.

At the Social Care, Housing and Public Health Policy Overview Committee meeting on 13 April 2021, it was agreed that the Committee's next major review would focus on Assisted Living Technologies.

Terms of Reference

The following Terms of Reference are suggested for the review, subject to any changes agreed by the Committee:

1. To understand the Council's current offer with regard to Assisted Living Technologies;
2. To understand the demand and take up of services and explore the limitations residents encounter in accessing Assisted Living Technologies;
3. To explore the national setting and best practice around the implementation of ALT within local authorities and amongst the care sector;
4. To assess the ALT work that is currently taking place across Adult Social Care and to explore possible areas for improvement and future development by both inhouse and external care providers;
5. To review how the current Telecare Line service works from end to end and suggest ways by which the installation and repairs process could be streamlined;
6. To explore any lessons that may have been learnt in relation to ALT following the Covid-19 pandemic;
7. To influence or propose any emerging Council plans, guidance or policies with respect to the use of ALT;
8. Subject to the Committee's findings, to make any conclusions, propose actions, service and policy recommendations to the decision-making Cabinet.

2. INFORMATION AND ANALYSIS

Context

Assisted Living Technologies (ALT) are used as an important facet in helping people to maintain independence and improve social care and health outcomes. It is utilised to promote independent living and support people in need of care to live longer at home, in homely environments and in their communities. Traditionally, ALT is seen as a way in which elderly people and their carers can remain confident that, should an accident happen, there is a simple and effective way in which they can call for help. Although elderly people make up a majority of those using ALT, there are a variety of reasons for an individual to access ALT; this may include returning home after a period of illness and those living with chronic health conditions such as epilepsy. In fact, any resident with a need to be supported to remain independent could consider ALT which can include both simple and more complex systems and equipment; equipment has conventionally utilised mobile and landline technology but in recent years there has been a steady shift in exploring ALT internet connectivity ([TIHM - Technology Integrated Health Management for Dementia](#)).

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

Key information

The London Borough of Hillingdon currently has a variety of Assistive Living Technologies in place which enable residents to remain within their own home, or a supported setting, and retain their independence. The technology used is aimed at supporting residents in daily life and providing peace of mind for them, their families and carers. As a range of preventative services, promoting independence, the development of ALT can also remove or delay the need for high cost placements in residential care home settings.

The Council's Extra Care settings at 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 is reported to encourage movement, eye contact, focus and social engagement. This is a great example of interactive technology within the Council's schemes which can be used by residents or the wider community by appointment. Grassy Meadow Court has been built to Gold Stirling Standard and was awarded Gold Status in 2019, the same year it won 2nd place in the Pinder Awards.

Ipads, Facetime, Amazon and Google equipment has been used during the pandemic for resident and service user communication with family members and also for interaction with their community health providers, such as the GP, Community Matrons and Consultants. There has been allocation of this type of equipment via NWL, NorthWest London CCG to enable daily contact, care and support to continue throughout the pandemic and this type of technology progress will be retained as invaluable. Further work to explore Telehealth options with the local HHCP will be a positive step forward for Hillingdon residents.

In addition to the technology used in care homes, home care providers have started to use and in some cases develop tools for compliance with the CQC regulations in Domiciliary Care. These systems are in the form of apps on phones for the care plan to be read by the allocated worker, the tasks are then highlighted and when completed

they are accepted/receipted, this includes the high risk area of community medication administration and this significantly improves the outcomes for residents and providers. If the task is not receipted by the worker, an alert is sent to the call centre to advise that a task has been missed, enabling action to be taken promptly.

Other examples of devices and systems include:

[Everon GPS watches](#) being used to enable 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.

[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 professionals complete objective, evidence-based assessments and create appropriate care plans. The ability to understand when support is needed puts the focus on maximising independence and autonomy without compromising on the quality of care. The reports can also be used to enable evidence-based decisions on whether a person can remain at home or needs to be placed in an appropriate residential care home-based setting.

Throughout the Covid-19 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.

As an expanding market, there is an opportunity to conduct wider research and implement pilot projects either internally or with external partners (e.g. private care providers). Some example products and solutions are listed below:

[ARMED](#) – falls prevention, risk modelling, medication management

[Buddi](#) – GPS tracker, falls detector

[Apello](#) – smart living solutions, digital alarms, telecare monitoring, technology enabled care

[Tunstall](#) – connected care and health solutions

[The Happiness programme](#) - portable magic tables, interactive light technology

Any services implemented would need to meet the [TSA Quality Standards Framework](#).

Executive Responsibilities

This review would fall fully under the Families, Health & Wellbeing Select Committee's remit as set out in the Constitution and also cut across the Cabinet Member portfolios of:

- Health and Social Care;
- Families, Education and Wellbeing.

Discussions on draft or emerging recommendations may be undertaken with Cabinet Members as per the Protocol on Overview & Scrutiny and Cabinet Relations approved by full Council on 12 September 2019.

3. EVIDENCE & ENQUIRY

Lines of Enquiry and Witness testimony

Lines of enquiry will be worked up by Members as the review progresses.

Potential witnesses could include:

- Testimony from LBH Officers;
- Testimony from representatives of external ALT service providers;
- Testimony from external Care Providers;
- ALT experts (Representatives of the TSA);
- Local service users and/or their carers (in person in an informal setting and through a survey);
- Testimony from the Cabinet Members.

Emerging conclusions or themes for development

As the review progresses and feedback is received, a prospective area to explore could pertain to ALT user statistics e.g. usage data or the type of ALTs commonly being requested. These will emerge and become apparent as the review progresses.

Surveys, site-visits or other fact-finding events

There is the possibility of a prospective site visit to one of the Borough's Extra Care settings (Grassy Meadow/Parkview etc.) or other care service where ALT is being implemented. Visits such as this may afford Members a greater opportunity for understanding ALT services than the formal Committee environment.

Members may invite service users and/or their carers to attend a meeting of the Select Committee to offer witness testimony; however, Members may wish to use a survey to obtain service users views if, in the current climate, a visit to the Civic Centre is deemed untimely.

4. REVIEW PLANNING & ASSESSMENT

As the Membership of the Council, and therefore the Committee, may be subject to change following the May 2022 local elections, the suggested timescale for the conclusion of this detailed review is spring 2022.

It is advised that witnesses attend in 'themed' sessions to better focus questions and discussion. A draft schedule for the review is set out below, this can be amended as the Committee sees fit:

Meeting Date	Objectives	Possible witnesses / activity
3 June 2021	Review Scoping Report	Consider and agree Scoping Report
27 July 2021	Witness Session 1	Council Officers Establish understanding of current ALT local picture, objectives and future aims
	Prospective visit to one of the Borough's Extra Care settings (Grassy Meadow/Parkview etc.) or other care service where ALT is being implemented.	
8 September 2021	Witness Session 2	Council Officers Service Providers
13 September 2021	Feedback from Service Users	Daytime session with service users from supported living, accompanied by either a relative or support worker. Also, session to be attended by voluntary sector, represented by Hillingdon MIND, Carers Trust Hillingdon, the Alzheimer's Society.

26 October 2021	<p>Witness Session 3</p> <p>Input from Technology Providers</p> <p>In addition, further input from Care Providers.</p> <p>Technology Demonstration</p>	<p>Buddi, Apello and Tunstall.</p> <p>Care provider and possible HE partner.</p> <p>Officer-lead VR Headset demonstration to take place prior to the standard meeting.</p>
30 November 2021	Consider initial findings and suggested areas for recommendations to evaluate further.	<p>Cabinet Member may wish to be invited at this stage.</p> <p>Officers to be present to offer advice.</p>
4 January 2022	Agree findings and recommendations.	Clarification from Officers if required.
2 February 2022	Consider Draft Final Committee Report	Delegate authority to finalise text to Chairman and Labour Lead.
Cabinet- February 2022	Report presented to Cabinet.	Cabinet considers and decides whether to agree recommendations to be actioned / become Council policy.
Spring 2023	Monitoring of implementation of any recommendations.	

Specific meetings can be shortened or extended to suit the review topic and needs of the Committee.

Financial Assessment

This review is not expected to require a financial assessment at the scoping stage.

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.

Resource requirements

None identified - Officer support from Democratic Services and Adult Social Care.

Further reading

TCES – Community Equipment Services

[Home - TCES Community, Your Community Equipment Software Solution](#)

Telecare Services Association – The voice of Technology Enable Care

<https://www.tsa-voice.org.uk/>

Technology Integrated Health Management for Dementia – Surrey and Border Partnership NHS Foundation Trust

[TIHM \(sabp.nhs.uk\)](http://TIHM.sabp.nhs.uk)

National Institute for Health Research – Help at Home: Use of assistive technology for older people

<https://evidence.nihr.ac.uk/themedreview/help-at-home-use-of-assistive-technology-for-older-people/>

Skills for Care – Assistive Living Technology

<https://www.skillsforcare.org.uk/Learning-development/ongoing-learning-and-development/Assistive-living-technology/Assisted-living-technology.aspx>

NHS – Personal alarms, security systems (telecare) and key safes

<https://www.nhs.uk/conditions/social-care-and-support-guide/care-services-equipment-and-care-homes/personal-alarms-security-systems-and-keysafes/>

Telecare Services Association – The TSA Quality Standards Framework

[Quality Standards in Technology Enabled Care \(tsa-voice.org.uk\)](http://QualityStandardsinTechnologyEnabledCare.tsa-voice.org.uk)

Everon GPS Watch

[Vega GPS Watch - Everon UK Cloud-based call systems](#)

Just Checking Activity Monitoring

[Detailed activity monitoring, helping people stay at home for longer \(justchecking.co.uk\)](#)