ASSISTIVE TECHNOLOGY: WITNESS SESSION 1

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REASON FOR ITEM

To hear from witnesses, as part of the Committee's 2010/11 review examining the use of assistive technology by adult social care to support independent living.

OPTIONS AVAILABLE TO THE COMMITTEE

To question the witnesses about role and function of assistive technology, an update on progress made in Hillingdon and identify any further issues for future witness sessions. (Suggested questions attached as **Annex A**).

INFORMATION

1. The Committee is responsible for undertaking the 'policy overview' role in relation to Social Services, Health and Housing. This role is outlined at the start of the agenda.

2. Previous experience from both Hillingdon and other Councils indicates that the Committee can have the greatest impact by focusing on a particular topic at one or several meetings.

3. Following discussion at the Committee's meeting on 15th June 2010, Members decided to review the use of assistive technology by adult social care to support independent living.

4. This is the first witness session for the review. This will provide an overview of the role and function of assistive technology and an update on progress made.

5. The following will be attending to give evidence to the Committee:

   o Head of Commissioning
   o Head of Access and Assessment
   o Equipment demonstration – Careline Manager
   o User/carer perspective – Case Studies are attached in Annex B.

   Officers are currently in the process of arranging a visit to a carer for the Chairman and Labour Lead.

6.   Questions (attached as Annex A) have been sent to the witnesses in advance. Members are not constrained by these and may wish to ask supplementary questions. A copy of the amended Scoping Report is attached as Annex C.

Attachments:

Annex A: Questions for the witnesses
Annex B: Case Studies – User/Carer perspective
Annex C: Copy of the amended scoping report

SUGGESTED COMMITTEE ACTIVITY

- Question the witnesses, adding supplementary questions as appropriate.

THE USE OF ASSISTIVE TECHNOLOGY BY ADULT SOCIAL CARE TO SUPPORT INDEPENDENT LIVING

QUESTIONS FOR THE WITNESSES

1. How can telecare and telehealth assist in keeping Hillingdon residents independent in their own homes?

2. What benefits can this have for users, carers and the council?

3. What services does Hillingdon provide?

   I.   To whom?

   II.   Service location?

   III.   How are these services accessed?

4. How will the pilot mobile telecare response service work?

5. How has this developed elsewhere (with reference to best practice)?

CASE STUDIES

Case Study A

Background
Mrs A is a 92 and lives alone in a ground floor maisonette. She has advanced dementia, frequent infections and incontinence; she also has heart and gastric problems and has a history of frequent falls resulting in hospital admissions. Mrs A has had 5 hospital admissions during a six month period.

Mrs A receives homecare 4 times a day to assist with personal care tasks and meals she also attends a day centre once a week. Her daughter, Mrs T, provides support and makes several visits throughout the day to check on her mother. This impacts on Mrs T's wellbeing as she is reluctant to go out and leave her mother for too long in case she falls.

Mrs A's last hospital admission was in April 2010 when she was found on the floor by the carer.

Reason for Telecare referral
The hospital consultant recommended that Mrs A was placed in a care home as the risk of her falling and laying on the floor for a prolonged period was high, but Mrs T was not happy with this and wanted her mother to stay in her own home for as long as possible.

The hospital Occupational Therapy Team referred Mrs A for the following telecare equipment: bed & chair occupancy sensor, falls detector and a property exit sensor, in order to facilitate hospital discharge, provide support for Mrs T and enable Mrs A to remain her own home.

Outcome
Telecare provides an early warning if Mrs A is out of her bed during the night or away from her chair during the day for longer than the agreed timescale set, this gives Mrs T piece of mind and enables her to reduce the number of visits she makes to her mother during the day giving her time and freedom to pursue other activities.

Mrs A has not had any further admissions to hospital and her daughter has been able to delay making the decision to place her mother in a care home.

Case Study B

Background
Mrs D is 88 and lives in sheltered accommodation; her daughter Mrs J lives locally and assists her mother with shopping and cleaning. However, she does work full-time.

Reason for Telecare
Mrs D was admitted to hospital for a total hip replacement. There were complications resulting from the operation and this led to an extended stay in hospital. This resulted Mrs D having low confidence and poor mobility. Mrs D and her daughter Mrs J were concerned about Mrs D falling and injuring herself especially at night.

A telecare Lifeline unit linked to a bed occupancy sensor was requested by the Hospital Occupational Therapy Service to provide support for Mrs D on discharge.

Outcome
Mrs D was discharged home with homecare calling 4 times a day to assist with personal care. Meals on wheels are also delivered daily.

Since discharge the bed occupancy sensor has raised an alert due to Mrs D not returning to bed during the timescale set. This has provided Mrs D and her daughter Mrs J peace of mind that in the event of a fall the monitoring service will react. Mrs D's confidence has increased and she is gradually returning to her usual activities. Mrs J is able to fully rest at night without worrying about her mother falling and this has reduced her stress levels and this has made her more productive at work.

London Borough of Hillingdon

**SOCIAL SERVICES, HEALTH & HOUSING
POLICY OVERVIEW COMMITTEE**

2010/11

REVIEW SCOPING REPORT

Proposed review title:

**TO EXAMINE THE USE OF ASSISTIVE TECHNOLOGY BY ADULT
SOCIAL CARE TO SUPPORT INDEPENDENT LIVING**

Aim of the Review

To examine the use of assistive technology in Hillingdon, e.g. telecare, telehealth, community equipment, minor adaptations and door entry systems and make recommendations that will improve the effectiveness of the service as a means of enabling disabled people to remain independent in the community and to generate cost savings for the council.

Terms of Reference

1.   To review how assistive technology has been employed by other London Boroughs and to review current best practice.

2.   To examine the opportunities presented by telecare and telehealth systems to prevent avoidable admission into residential and/or hospital, including assisting carers in their caring role.

3.   To examine the telecare mobile response service pilot.

4.   To make recommendations that will help officers and partners address any identified gaps in the role and function of assistive technology to support Hillingdon residents to remain independent and assist the council in achieving cost savings.

5.   To make recommendations with full costings to Cabinet/Cabinet members based upon the findings of this review.

Definition of Assistive Technology

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".

As the term assistive technology is so broad this report will focus on the following:

- community equipment
- minor adaptions
- door entry systems
- telecare and telehealth

Background

Demographics and Importance

The ageing population in Hillingdon 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.

Local Aspirations

Extensive consultation nationally and locally shows that the vast majority of older and disabled people wish to remain independent in their own homes. Assistive technology has an essential role to play in ensuring that this aspiration becomes a reality. The use of assistive technology in the form of telecare as an essential mechanism for addressing the needs of the ageing population and in making savings in the cost of care provision was identified in a Department of Health study published in October 2009 by John Bolton about the use of resources in adult social care and also the Audit Commission publication *Under Pressure* published in February 2010.

Community Equipment Service

Hillingdon has a high performing community equipment service which has been jointly funded with Health since 1993. This service provides daily living aids on a loan basis to people who meet the eligibility criteria for social care or who are registered with a Hillingdon GP. The service is available to children as well as adults and the equipment available ranges from simple items such as walking sticks or raised toilet seats to more complex items like electric hoists or four-section electric beds. A pooled budget arrangement means that clinicians across health and social care, such as occupational therapists, are able to prescribe equipment according to their clinical competence, which prevents users having to see different people according to where their equipment needs are identified as meeting a health or social care need.

During 2009/10 the Council and the PCT were part of a collaborative procurement exercise that was led by the Royal Borough of Kensington and Chelsea (RBKC) and involved six London councils and PCTs in total. The key objective behind the collaboration was to secure greater efficiencies through increased economies of scale. An initial saving of £60k was achieved and opportunities for this to increase are created by the possibility of other councils entering into the framework agreement that is hosted by RBKC. This

sets common prices and terms and conditions that other councils would be bound by should they wish to join it. The more councils that join the greater the opportunities for savings on equipment cost.

The tender resulted in Medequip Assistive Technology Ltd being appointed and the new contract started on the 1st April 2010 and is currently in the early stages of implementation as prescribers get used to new ordering systems, especially information technology.

Minor Adaptations and Door Entry Systems

The minor adaptations service provides adaptations up to the value of £1000 to individuals' homes. Minor adaptations would include equipment such as grab rails by a door or near a toilet or bath. It could also include some ramps.

Door entry systems includes the installation of key safes, coded entry systems and flashing light door bells for people with a hearing loss.

Both the minor adaptations and door entry systems services were included within the collaborative procurement exercise referred to above.

Telecare

Telecare is a subset of assistive technology. It is the name given to a range of equipment (detectors and sensors) that will raise an alarm with another person in an emergency. The alarm might be raised with a carer who lives in the same home as the person with the telecare equipment or they may live nearby. More usually the alarm is picked up by a locally based alarm centre, which in this borough is Careline. Examples of telecare detectors include fire, flood, gas, carbon monoxide and falls. The following are examples of telecare sensors: exit, bed, and chair sensors. These are particularly helpful for people with dementia who are prone to wandering. Telecare equipment can be very sophisticated, e.g. safer wandering devices that are linked into the GPS system and enable a person who goes wandering to be located and systems that remind people to take medication. Appendix 1 provides an illustration of some items of telecare equipment.

During 2009/10 439 older people received telecare systems. This includes people with the lifeline system and those who have a broader range of sensors and detectors as well. A target of assisting 450 older people and 20 younger disabled younger adults has been set for 2010/11.

The main beneficiaries of telecare are older people, especially those with dementia, but it can also assist people with other disabilities such as learning disabilities, mental health needs and younger adults with physical and/or sensory disabilities

The responsibility for the supply, installation, maintenance and collection of telecare equipment transferred to Careline from a private provider on the 1st

April 2010. This action brought these functions together with the response service into one place with the intention of creating cost and process efficiencies.

The effectiveness of telecare as an alternative to residential care is dependent on there being a robust response service that users, carers and family members as well as professionals can rely on. At present the response to an alert entails contacting identified key holders or the emergency services where this is not possible. From the 1st October 2010 it is intended to run a pilot mobile response service that will operate 24/7 and will involve both Careline staff as well as staff from the in-house Home Care Team. The beneficiaries of the pilot will be service users whom care management staff have identified as being vulnerable to admission into residential or nursing care or a potential Hospital Accident and Emergency attendance. The purpose of the pilot is to clarify the volume and nature of call outs and therefore the level of staffing required to support the service.

As the pilot is not due to start until October 2010 officers would propose that a report on the evaluation of its initial three month period is submitted to the Committee for consideration at its February meeting.

Telehealth
Telehealth refers to a system which enables the management of an individual's health condition at a distance or in their own home. For example, technology can enable a person to monitor their own vital signs, such as blood pressure, pulse rate, or temperature or a remote monitoring centre can take readings of physiological data and warn a clinician, e.g. a GP, if the measurements fall outside the expected parameters.

Telehealth systems can provide an early alert system for people with conditions such as chronic pulmonary obstructive disorder (COPD), heart disease, diabetes and hypertension, etc.

The development of telehealth in Hillingdon is in its very early stages in Hillingdon and preliminary discussions with NHS Hillingdon to look at the options for taking this forward took place on the 28th June 2010. The Committee may wish to note that exploring the feasibility of establishing an integrated telecare and telehealth service is one of the tasks within the Wellbeing Strategy action plan.

Links to Other Strategies and Plans

The use of assistive technology links into the Hillingdon Sustainable Community Strategy theme of improving health and social care by enabling people to live independently at home. It also links into the following strategies and plans:

- Wellbeing Strategy
- Older People's Plan
- Disabled People's Plan
- People with Physical and/or Sensory Disabilities Strategy 2008 – 2013
- Commissioning Strategy Plan 2009 - 2014
- Disabled Children Strategy 2009-2011
- Carers Strategy 2008 – 2013

As a key preventative measure, assistive technology also links into the Support, Choice and Independence programme within Adult Social Care, Health and Housing which is seeking to implement the personalisation of adult social care services in Hillingdon.

Reasons for the review

Hillingdon is facing a combination of challenges and included within these are:
- an ageing population leading to increased demand for services and greater budget pressures;
- the national and local policy priority and popular aspiration of preventing avoidable admission into institutional care;
- contracting council budget arising from national financial situation.

Assistive technology has an important role in addressing these challenges. The review provides an opportunity for the Committee to identify recommendations that will assist in the more effective use of this technology to the benefit of Hillingdon's residents.

Key questions

- What is the role and function of assistive technology?

- How has this developed elsewhere (with reference to best practice)?

- How will the pilot mobile telecare response service work?

- What services does Hillingdon provide?

   IV. To whom?

   V. Service location?

   VI. How are these services accessed?

- Are any changes proposed in the equipment that will be made available?

- How does the Council work in partnership with service providers and other stakeholders? Is there any overlap with or duplication of the work of other partners?

- Bearing in mind the current economic climate, what future savings might the successful implementation of assistive technology bring?

Methodology

- Introductory overview report from Social Services & Housing officers on assistive technology included in the papers for the first witness session.
- Evidence gathering sessions from range of witnesses including:

  - ➢ Chairman of the London Telecare Network (from LB Merton)
  - ➢ Representative from Newham/Croydon or Kent
  - ➢ Head of Access and Assessment or Service Manager Access
  - ➢ Careline Manager
  - ➢ Demonstration of telecare/telehealth equipment
  - ➢ Joint Commissioning Service Manager
  - ➢ NHS Hillingdon representative
  - ➢ Age UK

- Look at websites from a number of councils to compare how they are promoting assistive technology
- Visit to Careline Control Room
- View following website to get overview of community equipment modernisation programme www.dhcarenetworks.org.uk/csed/TransformingCommunityEquipmentService/
- View following website to get a view about potential opportunities for efficiencies from telecare/telehealth **www.dhcarenetworks.org.uk/csed/AT/?parent=7110&child=7117**

Stakeholders and consultation plan

It is proposed to invite the following witnesses to give evidence:

First session
This first session (including an officer background report) will provide an overview of the role and function of assistive technology, an update on progress made in Hillingdon.
- Witnesses will include:
  - o Head of Commissioning
  - o Head of Access and Assessment
  - o Equipment demonstration – Careline Manager
  - o Chairman of London Telecare Network
  - o User/carer perspective

Should it not be possible for a telecare user and a carer to attend the first witness session the following will be explored as alternatives ways for the Committee to gain the user/carer perspective:

- day time meeting with Committee members
- meeting at the home of user/carer with Committee members;
- written submission by user/carer.

Second session
This session will examine partnership working and future challenges faced by the Department to deliver excellent services for people with long term health problems. Witnesses will include:
- Representative from Newham/Croydon or Kent
- NHS Hillingdon representative
- Age UK and/or Alzheimer's Society

Third session
This session will examine the resource implications of any proposed delivery models, e.g. social enterprise schemes, income generation opportunities. Witnesses will include:
- Head of Finance
- Joint Commissioning Service Manager

Connected work (recently completed, planned or ongoing)

Work is currently in progress on the development of a strategy for personalisation and the use of assistive technology will form an integral part of this.

Proposed review timeframe

Meeting	Action	Purpose / Outcome
08/07/2010	Agree Scoping Report	Key questions, potential witnesses and terms of reference agreed
01/09/2010	Introductory Report / Witness Session	Brief Members on the background to the review/evidence gathering/understanding the 'as is' position.
13/10/2010	Witness session	Evidence gathering.
09/11/2010	Witness session - Finance	Evidence gathering on financial implications of proposed models of provision.
9/12/2010	Draft Report	Agree recommendations and draft report.

Risk assessment

Assistive technology covers a very broad area and there is a risk that the Committee's impact may be reduced if the scope of the review is too broad. In addition, the new contract for the community equipment, minor adaptations and door entry systems services only started on the 1st April 2010 and it will really be too early for the Committee to form a judgement about its implications for the council and service users.

For this reason, Members are recommended to focus on:

- Telecare and telehealth;

- how these services can be developed to improve outcomes for Hillingdon residents;

- opportunities for making savings for the council.

It is also recommended that Members defer a review of the community equipment, minor adaptations and door entry systems services until 2011/12 when information about the full implications of the new contractual arrangements will be clearer.

Examples of Telecare Equipment

Telecare Alarm Unit:

Alarm unit with portable button. Enables people to call for help from anywhere at home and speak to someone 24 hours a day.

Smoke detector

Protects against risk of fire. When triggered it will automatically alert the response centre. Protects people unable to respond to standard alert, for example due to cognitive problems, who are hard of hearing, may be asleep or simply lack a smoke detector.

Flood detector

Detects if a bath or basin has overflowed if someone has forgotten to turn off taps

Natural gas detector

Will detect if a gas appliance (cooker, fire) has been turned on and not ignited

Temperature alert

Placed near a cooker will detect if a gas/hot plate has been left on