Health and Adult Social Care Overview and Scrutiny Committee

Assistive Technology Task and Finish Group

March 2014 – January 2015

Chairman's Foreword

Insert Foreword from Councillor Saunders

1.0 Introduction and Background

1.1 Prior to Council agreeing changes to its decision making and governance arrangements in May 2014, the Adult Social Care Policy Development Group (PDG) set up a sub group to look at Assistive Technology (AT) and how its use could be developed throughout adult social care services to help people remain independent and healthy in their own homes for longer. The sub group was set up following a PDG meeting in February 2014 where a report about the potential to develop the use of assistive technology in adult social care was received. The Sub Group had the following membership:

- Councillor Jos Saunders (Chairman)
- Councillor Janet Jackson
- Councillor Brendan Murphy

1.2 At the Council's Annual Meeting on 14 May 2014 the Council decided to replace the previous scrutiny committee and policy development group system with a new Overview and Scrutiny Committee system. The responsibilities of the Adult Social Care PDG were taken up by the Health and Adult Social Care Overview and Scrutiny Committee; the Committee decided to continue the work of the PDG's sub group by setting up a task and finish group with a new membership:

- Councillor Jos Saunders (Chairman)
- Councillor Carolyn Andrew
- Councillor Laura Jeuda

2.0 Methodology

2.1 The PDG sub group which subsequently became the Overview and Scrutiny Task and Finish Group (the Group) has held several meetings and site visits over the course of the review including:

- A site visit to Liverpool Museum to see the Mi Smarthouse Exhibit to discover more about the types of AT that are currently available and how they work to help people live independently or assist carers with caring duties.
- A visit to Peaks and Plains Housing Trust to discuss the provision of the Council's Telecare service and the additional services provided by P&P to their tenants and other private customers.
- Meeting with officers to discuss financial aspect of Assistive Technology.

2.2 During the review the Group considered three policy areas suggested in the original report to the PDG which are:

- Effectiveness: - how effective is assistive technology in achieving good outcomes for prevention and early intervention of illness to help maintain independence?

- Universal Accessibility: - how accessible should the Council make AT? Should it be reserved for the few with critical and substantial needs or should it be made available to everyone who could benefit from it?
- Charging: - Who should pay and how much; what is financially sustainable for the Council and what are the cost benefits of providing AT?

3.0 Background

3.1 British Assistive Technology Association definition of assistive technology: Assistive technology is any product or service that maintains or improves the ability of individuals with disabilities or impairments to communicate, learn and live independent, fulfilling and productive lives.

3.2 Telecare Services Association definition of telecare: Telecare is support and assistance provided at a distance using information and communication technology. It is the continuous, automatic and remote monitoring of users by means of sensors to enable them to continue living in their own home, while minimising risks such as a fall, gas and flood detection and relate to other real time emergencies and lifestyle changes over time.

3.3 Nationally it is felt that AT should be used a lot more than is currently the case as AT can support individuals to retain or regain independence. This in turn reduces the costs of social care support for individuals and to local authorities as commissioners. AT takes many forms and provides a variety of benefits to people with diverse ranges of need.

3.4 Assistive Technology can help people to live more independently but it also makes valuable contributions to making people safe. For example; a woman living on her own with a diagnosis of dementia had some telecare fitted to manage a number of identified risks in her home. She had a heat rise detector fitted in her kitchen, flood detectors in her bathroom and kitchen where she also had a heat rise detector. Weeks after the equipment was installed there was an alert from her heat rise detector in the kitchen followed by an alert from the smoke detector. Staff at her local call centre received the alert and tried to speak to her via the loud speaker on her lifeline unit but received no reply. They contacted the fire service who attended and put out a fire in the kitchen which had started in the cooker. The woman herself had been distressed and confused by the incident and had stayed in the kitchen trying to stop the smoke alarm from beeping. She was rescued from her home uninjured with only cosmetic damage to her property. Without the telecare being fitted, the need to manage the risks to her health and safety meant that she would have been assessed as needing to go into permanent care which she (supported by her family) was anxious to avoid.

3.5 Another example; a woman living on her own and receiving daily domiciliary support had reported having two night time falls in a short period of time. There was no obvious cause for these falls and support workers had also reported that she was reluctant to eat when

they assisted her to prepare a meal at tea time. A reassessment led to consideration of whether this woman needed to move on to permanent care. The woman herself expressed her wish in the strongest terms to remain in her own home. She had a bed sensor placed under her mattress which produced an alert if she was out of bed for more than 15 minutes at night time which managed the risk of a night time fall. She also had a lifestyle monitoring system installed as part of the reassessment which showed that she was moving around in the kitchen half an hour before the daily support called to assist with her tea time meal. It became clear that she was able to prepare food for herself and was doing so before the support worker arrived. Her reluctance to eat was not an indicator of a general increase in needs as had been assumed. Three years later the woman was still living independently in her own home with support tailored to her needs.

3.6 Fire Authorities have done a lot of work over the past few years in the community, particularly elderly people living alone, to ensure that homes have the appropriate safety equipment (e.g. fire alarms) properly installed and maintained.

4.0 Findings

Mi Smarthouse Exhibit, Museum of Liverpool

4.1 The exhibition included technology for all rooms in a normal home, kitchen, bathroom, living area, bedroom and front door. Technology displayed in the exhibit included:

- Outside key safes for front door keys,
- Fingerprint recognition locks on doors,
- intercom with video link,
- alarms to alert when front door is left open,
- easy to use kettles and stoves,
- talking microwave,
- electronic adjustable beds and arm chairs,
- wifi light controls,
- remote power outlet controls,
- colour coded remote buttons that link to various appliances,
- large print home phones with pictures of people on speed dial.

4.2 There were examples of technology, such as front door sensors, that could be added to the range of items that the Council supplied to service users. However some of the equipment wasn't seen as essential to independent living or was too expensive to be a viable option to supply as part of a social care package (e.g. easy to use kettles and talking microwave). The Council is also unlikely to fund big capital expenses such as special adjustable beds or chairs.

4.3 Nonetheless, the Council could provide a signposting service to those service users who want to purchase such equipment. Anything that service users are able to do for themselves

would assist the Council in reducing the level of assistance it needed to provide whilst maintaining the recipients own living standards.

4.4 As well as the list of technologies above, the exhibit demonstrated the use of the internet, linked to the television or computer, to communicate with health and care services. This enables users to contact their GP or Nurse to discuss illnesses and treatment without them having to leave their home. Technology also enabled users to submit vital statistics such as blood pressure, weight and heart rate etc. online.

Council's Telecare Service

4.5 The Council's Telecare Service is currently provided through a service contract by Peaks and Plains Housing Trust. The Trust provides 24/7 monitoring on telecare.

4.6 The basic service comes with one control box which was used for communication between the resident and the monitoring team. Service users living in a two story house can find it difficult to get to the box quickly from a different floor. The Group was informed that additional boxes connected to the original can be installed with an additional cost.

4.7 All technologies used are linked to a control unit in the home which is connected to the P&P contact centre. If any of the devises are activated the contact centre will make a call to the control box to check in with the resident. If no response is received then a call is made to the house phone which will be followed by response staff attending the home if required.

4.8 Customers are given a comprehensive assessment with the installation of equipment to ensure its suitability. This is when the Trust will also identify the most appropriate responder e.g. family member, neighbour or Peaks and Plains staff.

4.9 The Council's customers (i.e. C+S eligible) are currently charged £1.14 per week for monitoring and response but not for renting equipment. A person's family is able to purchase top ups through P&P if desired on a flexible basis (i.e. they were able to increase or decrease level of service at any time which was useful when away on holiday and required extra assistance).

4.10 The Telecare contract allows new technologies to be added as and when they are introduced.

Financial Implications for Council

4.11 The Council's Telecare customers receive the service at a heavily subsidised rate and some customers do not pay for the service having been financially assessed as being eligible for support.

4.12 The cost of maintaining care plans and carrying out financial assessments is insufficient to keep up with the demand of reviewing 2000 assessments to reclaim £1.14 per week which therefore makes the current situation unsustainable. Telecare has also developed since this charge was originally but in place and much more options are available. The Council also needs to consider that service users require different levels of support which incur different costs. Therefore there is a need to examine how Telecare can be changed.

4.13 At the time of writing this report the Council is conducting a public consultation on a new adult social care charging policy. Most of the proposed changes to the old policy are necessitated by the Care Act 2014 but there are also proposed changes to the Telecare charging structure.

4.14 The Council is proposing three levels of Telecare service with associated charges.

(1) The first level proposed is similar to the current basic level. This would involve a standard charge that all service users would be liable for; this removes need for financial assessments at low levels.

(2) Level two would include more equipment such as fall sensors and property exit sensors. This would require a higher level of response from the provider therefore incurring a greater cost. This level would involve a financial assessment of the service user.

(3) The third level would be something that the Council does not currently provide through its current Telecare contract. This would involve more complex cover and more technology e.g. GPS trackers.

4.15 Evidence from elsewhere shows that there is some price elasticity in the demand for AT and people are likely to accept charges knowing the value of the service. In developing its charges, the Council will benchmark against comparator authorities and the private sector to ensure charges are competitive. The table below shows what some other authorities in the North West are currently charging.

4.16 Table 1

Halton Borough Council	Service Level 1 – Community alarm emergency response - £5.64/week Service Level 2 – Telecare service environmental monitoring response service - £6.76/week Service Level 3 - Telecare lifestyle/environmental monitoring response service - £9.00/week	http://www3.halton.gov.uk/Pages/adultsocialcare/pdf/CommunityAlarmLeaflet(new).pdf
Knowsley Council	Level 1 Lifeline unit Pendant or wristband You pay £1.09 per week for Level 1 package Level 2 Lifeline unit Pendant or wristband	http://www.knowsley.gov.uk/residents/care/telecare-alarms/telecare-monitoring-charges.aspx

	Environmental sensors (e.g. bogus caller alarm, smoke detector, flood detector) You pay £1.09 per week plus 33p per week for each environmental sensor Level 3 Lifeline Unit Pendant & wristband Lifestyle sensors (e.g. wandering alarm, bed sensors, chair sensors) You pay £1.09 per week plus 75p per week for each lifestyle sensor Level 4 Lifeline unit Pendant or wristband Combination of environmental and lifestyle sensors from levels 2 and 3 You pay £1.09 per week plus 33p per week for each environmental sensor and 75p per week for each lifestyle sensor	
Sefton Council	Based on assessment equipment can be fitted to individual needs Lifeline - £11.22/month Lifeline with falls/sensors fitted - £21.70/month Cost is means tested	http://carehomeguides.com/sefton

4.17 The Council's Top Up Policy (family members paying to enhance a service users care package) also applied to AT services.

4.18 The charging policy for people with Learning Disabilities (LD) is the same as that for the Elderly and Infirm and AT is used as part of the overall support package for people with LD.

Registered Social Landlords

4.19 Registered Social Landlords in the Borough all provide an AT service to its residents and private customers. Peaks and Plains, Wulvern Housing and Plus Dane Cheshire are all providers of AT and could be encouraged to market their services beyond just their residents. The Group has learned about the services RSLs can provide during a visit to Peaks and Plains (P&P).

4.20 P&P used to provide a standardised service for all customers but has developed a "5 star" service which offers five different levels depending on the clients requirements.
The basic package of a pendent alert button and control unit for the private sector is £4.01.The top rate is £15.93 per week followed by £12.37, £10.02 and £7.68. Costs are based on a 1 to 5 star rating which prescribes the number of house calls per week the

customer is entitled to. The cost includes a fee for renting the equipment and cost of monitoring and response and additional pieces of technology costs extra.

4.21 RSLs provide a variety of technologies including: smoke detectors, temperature gauges/alarms, flood detectors, door sensors, emergency pull cords, fall detectors, pill dispensers, pressure sensors for beds/chairs and pagers for carers (linked to the control unit). As well as providing assistive technology inside the home RSLs may potentially be able to support people outside the home, enabling people to be more active and avoid isolation in the home.

4.22 There is unlimited capacity to increase the number of Telecare and private customers RSLs serve and many of them are keen to develop their services further. RSLs can play a key role in supporting the Council and Health Commissioners to increase the use of assistive technology and telecare across the Borough.

Case Study (How AT enables a man with Alzheimer's disease and his wife [carer])

4.23 During its visit to P&P the Group met with one of the Council's customers who had volunteered to share her story. She was the carer for her husband who had Alzheimer's. The husband enjoyed getting out of the house and travelling on the bus to various locations. This often caused difficulties for his carer as he would sometimes become lost or not return home for long periods meaning that the Police were sometimes called to help bring him home.

4.24 To enable him to continue enjoying his trips outside yet enable the carer to keep track of him at the same time they were provided with a GPS tracker. The supplier taught the carer to use the technology on a computer and it enables her to work with the supplier to track down her husband should he wander out of his "safe zones" (familiar areas he usually goes to). The tracker gives the carer peace of mind, enables her to find her husband quickly when he needs assistance and enables the husband to enjoy his time out and about which is very important to his wellbeing.

Involvement of Health Care Providers

4.25 The Group believes that AT is able to support hospitals and social care services to get patients discharged quicker, reducing costs of hospital stays. RSLs work with the discharges programme board (consisting of hospital and social care managers) to install technology in patients homes were needed to enable people to be discharged into their own homes when they would otherwise have been kept in hospital or admitted to residential care. Below are further examples of how health care providers may be able to contribute to, and benefit from, AT services.

4.26 The Group has learnt that P&P recently took part in a pilot with North West Ambulance Service (NWAS) to help reduce hospital admissions when ambulances were called to

tenants/service users. Using "Winter Pressure Funding" the pilot ran for 9 weeks. If NWAS was called out to a tenant for a fall or something that did not necessarily require hospital treatment, rather than take tenant to hospital, the paramedics would inform the Trust who would then check in on the tenant and provide support to stabilize them. The pilot worked well with reduced admissions to hospital, meaning reduced costs for NWAS and the Hospital Trusts. P&P is currently working with Eastern Cheshire CCG to consider running the scheme again, this time for a six month period.

4.27 Pharmacists can play a role in increasing the use of pill dispensers, as they reduce the risks of users forgetting to take pills or taking too many/wrong pills. There is a cost to users for pharmacists' services to fill dispensers, as well as the cost of the equipment itself which might discourage some people from using them. However promoting the benefits of the technology and looking at ways to reduce the cost may encourage wide spread use.

4.28 There may also be a role for GP surgeries to play in promoting the use of AT. GPs could contribute to the identification of people who may be close to crisis or might benefit from some support as part of early intervention and prevention.

Assessments and Signposting

4.29 There are requirements in the Care Act 2014 which entitle anyone to a Needs Assessment. This means that the Council is likely to be approached by a number of people who will not be assessed as having critical or substantial needs. Whilst the Council is only required to support people with critical and substantial needs it is still in a position to be able to help those at low and medium risk avoid becoming critical and substantial by providing signposting and advice about the various AT and other services that people would be able to purchase for themselves. The Council's website would be a useful place to have a directory/portal where people can get access to information about available products and services in the area.

4.30 The Group asked how the Council might encourage people with low to moderate needs to invest in AT as part of early intervention and prevention. There is potential for a website promoting the benefits of AT that would also include a questionnaire for people to fill out, identifying potential needs and then signposting them to potential services. Officers were also working with GPs to encourage their patients to take on AT (where beneficial) ensuring they are aware of their needs.

4.31 As a private provider, anyone can refer a family member or themselves to an RSL for private assistive technology services. If it transpires that a person referred to an RSL is identified as possibly having critical or substantial (C+S) needs they will be referred on to the Council for assessment.

4.32 As well as providing the AT services the RSLs can signpost users to other services, activities and groups they may be interested in, and some proactively assess people for falls and social

isolation to help prevent injury and illness. For example, P&P assesses it's none C+S customers on a six monthly basis to see if their conditions have degenerated to establish whether they needed any additional services. This helps to avoid potential crisis points resulting in hospital admissions.

4.33 The Group considered ways of reaching out to people who were not yet C+S but would benefit from AT and avoid becoming C+S and maintain independence for longer. Ways identified include:

- accessing applicants for blue badges,
- those who receive council tax credits,
- through GPs and Hospitals,
- through the fire authorities community home safety scheme,
- through Age UK, Healthwatch and other sign posting organisations,

Private Service Users

4.34 The Council is aware that some private customers are choosing to go into residential care unnecessarily i.e. when they are not in critical or substantial need. This is difficult for the Council to monitor and discourage because it does not have any contact with these people therefore they can not be identified. Private providers tend not to question whether an individual is genuinely in need of residential care when they come to them (it is not in a providers interests to turn potential customers away).

4.35 These private customers will often be in residential care for a long time due to their relatively good health (the average length of stay for Council service users with C+S is three years). This often results in privately funded customers reaching the capital thresholds for eligibility for Council funding or reaching the care cost cap because residential care is expensive (The Care Act makes the Council responsible for anyone who reaches the care cost cap of £72,000).Those individuals who reach the capital threshold would then become eligible for Council funding, which results in a cost to the Council that could be avoided by those individuals living independently in their own home longer and only going into long term care when necessary.

4.36 The Council is trying to encourage private providers to do more to ensure potential customers are in need of their services and that they can afford to fund their care for at least three years.

Extra Care Housing

4.37 Before the Council admits people into residential care it explores all alternative options, including AT and Extra Care Housing.

4.38 Extra Care Housing offers a positive alternative to residential care in the same way as AT. ECH is a communal estate where care is provided to all residents, enabling them to maintain

independence, support each other (also providing a social element) and provides economies for care services by having a number of service users in close proximity.

4.39 ECH has AT integrated into the property as standard and the control boxes are linked to an onsite monitoring service. Oakmere in Handforth, Beachmere in Crewe and Willowmere in Middlewich are all examples of ECH developments in Cheshire East however it is felt that more sites are needed to cope with the Borough's growing older population.

Cost Benefit of Keeping People out of Residential Care

4.40 The Group wanted to establish whether it was possible to illustrate the assumption that investing in AT and other alternative services to residential care and domiciliary care would result in an overall cost saving. The Group was informed that it is difficult to calculate precise figures because of the complexity of care services, the needs of each individual and the size of the cohort.

4.41 There are a number of factors that contributed towards someone remaining independent at home for longer (e.g. AT, support from a carer, individual needs both mental and physical, personal preference etc). If one element of support was missing from an individuals care package there is a likelihood that they would not be able to live independently and would require residential care.

5.0 Conclusions

5.1 Based on the three policy areas considered during the review, namely effectiveness, universal accessibility and charging, the Group has developed the following conclusions.

Effectiveness

5.2 The Group believes that assistive technology is very effective in helping people live independently in their own homes for longer. By avoiding the need for residential care and promoting independence, not only does it provide people with better quality of life but it also reduces costs to the Council and service users (and their families).

5.3 In certain situations AT could reduce the demands on care staff or family carers, reducing the costs to Council and reducing the burden on family members. In some instances AT can be used to support service users in carrying out tasks independently however it is noted that AT cannot replace the need for human interaction and socialising that is so important to a person's wellbeing. There are some examples of how AT can facilitate social interaction, such as Skype being linked to the television which enabled users to video chat with friends and family or easy to use mobile phones users could call friends on.

5.4 As well as helping people to socialise using AT in their homes the Council needed to enable service users, particularly some elderly people who were socially isolated, to have opportunities to get out and socialise with others in community settings. Linking the use of a variety of services, including AT, to create a full package of support for service users would meet more of their needs and improve their overall health and wellbeing to a greater extent.

5.5 The Group agreed that the benefits of AT from an early intervention and prevention perspective, helping to reduce accidents and incidents of ill health, that result in reduced demand for health services, mean that Health Commissioners should also consider supporting the use of AT to help reduce their overall costs.

5.6 The Group believes that there is a need to engage CCG's, GPs, Pharmacies etc. to involve them in the use of AT in people's homes and to help people access services. The technology demonstrated by the Mi Smarthouse Exhibit shows how users can interact with their GP or Nurse without having to leave the home. Having access to your GP via email would also help users to share the health queries easier and might enable GPs to deal with more people quicker and easier than during a visit to the surgery.

5.7 Health care providers need to have a knowledge and understanding of AT and the benefits it can bring. Health providers should be encouraging the use of AT by signposting patients to particular items in the interest of early intervention and prevention.

5.8 The Group is interested in the impact of the innovative approach to handling ambulance call outs piloted by P&P and NWAS and was keen to explore extending this to the South of the Borough.

5.9 The Group believes that Extra Care Housing (ECH) with AT integrated into it is an effective option for people who want to maintain their independence but require close monitoring to ensure they are safe and secure. The Group agreed that the Borough needed more ECH in the future to cope with increased need.

Universally Accessibility

5.10 The Group suggests that there were two areas of work for the Council:
(1) to provide services for those with critical and substantial needs; and
(2) to assist people currently at low to medium risk with early intervention and prevention.

5.11 As well as increasing the use of telecare in the care packages of people with critical and substantial needs the Council should also encourage these services users to expand their use of assistive technology by purchasing additional items that are available in the private market that they feel would benefit them and support their independence.

5.12 The Group does not believe that the Council should be providing direct access to AT to those who are not eligible because of limited capacity and budgets. However the Council can support these low to medium risk residents with information and advice regarding the

benefits of AT increase the accessibility of AT by having effective signposting. The Council should be encouraging people to support themselves and think about their needs at an earlier stage in order to maintain their health and independence for longer.

Charging

5.13 The Group is keen to see the use of assistive technology expanded and promoted but wants to ensure it was done in a sustainable and effective way.

5.14 The Group believes that the current pricing of Council Telecare is not sustainable and that changes to the charging policy are needed. It is understood that this may lead to service users being charged more however it will be necessary to ensure the Council can continue to provide effective services.

5.15 Whilst there may be a need to increase charges for some services to ensure they are sustainable, the Group emphasises the need to ensure charges are set at a level that avoids service users opting out of Telecare services. If a person with critical or substantial needs chose not to use Telecare, the chances of incidents that cause harm are raised which could lead to the need for residential care, therefore resulting in additional cost to the Council.

5.16 Whatever charges are chosen the Group advises that the Council will have to be clear with residents about the needs to increase charges to avoid a negative reaction.

6.0 Recommendations

6.1 That the development of Extra Care Housing be prioritised to ensure that there is sufficient supply in the Borough to meet the rising demand from the growing older population.

6.2 That the use/provision of assistive technology is included in all of the Council's contracts with care providers that it commissions.

6.3 That the Council with its CCG Partners, the North West Ambulance Service and Housing Associations give consideration to funding to implement the initiative piloted by Peaks & Plains and NWAS to reduce the number of hospital admissions across the Borough.

6.4 That the three levels model of Telecare service proposed in the Charing Policy public consultation be adopted.

6.5 That charges for the three levels of Telecare service be set at a level that ensures the service is financially sustainable without deterring potential service users.

6.6 That the need to implement new charges for assistive technology and rationale for the charges chosen be effectively communicated to service users.

6.7 That when residents request an assessment and are assessed as being low to medium risk they are provided with information and advice about assistive technology, and the benefits of early intervention and prevention, to enable them to access products and services privately.

6.8 That service users in receipt of Telecare service also be provided with information and advice about additional assistive technology to enable them to access products and services to further support their needs privately.

6.9 That the Health and Wellbeing Board be requested to encourage health service providers and commissioners to promote the benefits of assistive technology to patients and service users in order to increase its use as part of early intervention and prevention initiatives.

6.10 That the Health and Wellbeing Board be requested to consider how funding for assistive technology projects can be increased through contributions from health and care commissioners.