

CHESHIRE EAST COUNCIL

Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 3 March 2016
Report of: Director of Adult Social Care and Independent Living
Brenda Smith
Subject/Title: Progress Report on Assistive Technology Task and Finish Group Recommendations
Portfolio Holder: Cllr Janet Clowes – Care and Health in the Community

1 Report Summary

- 1.1 This report is to give an update on progress in respect of assistive technology and outlines how Cheshire East Council Adult Social Care is addressing the recommendations of the Health and Adult Social Care Overview and Scrutiny Committee – Assistive Technology Task and Finish Group (February 2015).

2 Recommendation

- 2.1 That this report is presented to Members for information and comment.

3 Reasons for Recommendations

- 3.1 To update Members on the progress to date against the recommendations of the Assistive Technology Task and Finish group

4 Wards and Local Ward Members Affected

- 4.1 All Wards.

5 Background and Options

- 5.1 The Policy Development Group - sub group, which subsequently became the Overview and Scrutiny Task and Finish Group (the Group), held several meetings between March 2014 – January 2015, with a variety of officers to discuss how the use of Assistive technologies could be developed throughout adult social care service to help people remain independent and health in their own homes for longer.

- 5.2 Through the review the Group considered three policy areas:

- 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?

5.3 The Group presented their final report and recommendations to Cabinet in March 2015 (Appendix 1: Health and Adult Social Care Overview and Scrutiny Committee Assistive Technology Task and Finish Group full report)

5.4 As the report made two recommendations to the Cheshire East Health and Wellbeing Board, a report was taken to the Health and Wellbeing Board Meeting in September 2015 with those recommendations. The Health and Wellbeing Board made four resolutions in respect of the report and recommendations:

1. That the various bodies' experiences of good practice in the use of assisted technology be shared and built into the commissioning monitoring process.
2. That an update report in respect of Section 256 funding, coming through the Better Care Fund, and also the LD s.256 pilot be submitted to a future meeting of the Board.
3. That further consideration be given to the demographic implications in respect of using the age of 85 as a cut off point
4. That the ongoing work to review and update the Health and Wellbeing Strategy consider the place of Assistive Technology as a priority for the Board and how its use might be promoted and incorporated through the ongoing development of integrated teams, and other developments coming out of the Connecting Care and Caring Together Programmes.

6.0 Response from the Director of Adult Social Care to the recommendations for Cheshire East Council

Adult Social Care Services have committed to implement the recommendations as approved by Cabinet in March 2015. Details of progress against the recommendations are detailed below with the Task and Finish Group recommendations included as headings in bold.

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.

The future development of additional Extra Care Housing within Cheshire East will be reviewed to assess the need for this type of accommodation going forward. This will include an overview of the location of current schemes, the type of schemes that are available e.g. to rent, shared ownership and owner-occupation, the level of care provision in the schemes and how best to develop sustainable accommodation for older people taking into account future demand, preferences of older people living in Cheshire East and ensuring choice for older people.

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

Within Adult Social Care, as new contracts are reviewed and retendered we are including the use and provision of assistive technology within these contracts. In the last 12 months new contracts that include this requirement are:

- the Dementia Reablement Service
- the Life Links Pilot
- when individual packages of care are recommissioned or designed. For example; one of the Specialist Assistive Technology workers offered advice on technologies to protect the wellbeing of a resident of an EMI Residential Care Home.

Over the next 2-3 months we are recommissioning key information and advice contracts and will include assistive technologies within the new contracts. When home care services are recommissioned for April 2017, the use and provision of assistive technologies will be included within the contracts. Long Term Residential & Nursing home contracts are due to be reviewed in the next 12 months and assistive technologies will again be included within the new contracts.

The increased use of direct payments also provides an opportunity for individuals to consider how assistive technologies can support them. The Specialist Assistive Technology workers and the Life Links service can offer information and advice to enable people to take up technologies as part of their support planning.

As part of the pilot developing assistive technology options for people with learning disabilities, the specialist Assistive Technology Worker has been

working with providers of support for people with learning disabilities, as well as the individuals themselves, to consider where technologies can support and promote independence.

- 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.**

This recommendation to build on the initiative piloted by Peaks & Plains and NWAS has been integrated into the recommissioning of assistive technology support service financed through the Better Care Fund. Within the new contract specification there is a requirement on the provider to work with the ambulance service and primary care colleagues within the NHS to reduce hospital admissions. This will be achieved by providing a prompt response to people who have had a fall at home and where they have not sustained an injury, supporting them to get up and remain in their own home. The new contract will also require the provision of information to primary care colleagues about any incidents involving their patients that may require their follow up. For example, any incident where a customer has fallen but where hospital treatment is not required will be reported (with the customer's consent) to their GP surgery. The aim of this approach is that primary care colleagues will be aware of these incidents and will be able to follow up with their patients as required.

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

The current telecare contracting arrangements does not enable the full three levels model of telecare service to be implemented effectively. This will be addressed in the new assistive technology support service contract. The new charging rate has been adopted following the public consultation and the date of implementation was 12th December 2015. Customers are being charged at the standard (lowest) rate, which is currently £5 per person per week.

- 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.**

The revised charging for telecare services has been implemented from the 12th December 2015.

The impact for people who have been affected by this change has been closely monitored and at the end of January 2016, 23 people (out of a total of 1926 people who receive telecare) who have decided to discontinue their service since the information about the changes to charging was communicated gave the rise in cost as the reason for their decision. Community teams have been working closely with those individuals who have asked to have their service removed to consider how any outstanding needs can be met so that people remain as independent as possible, to ensure that eligible needs are met and any risks are managed.

With regard to potential users of the telecare service, when the impact of the Christmas period is taken into account (referrals reduce routinely between Christmas and New Year), there has been no change in the number of people who have been referred for telecare since the change in the charges was announced. This suggests that potential service users have not been deterred by the change. In the 3 months since the announcement (November 2015 to January 2016) 313 people have been referred for telecare and in the 3 months before the announcement (August 2015 to October 2015) there were 342 people referred.

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

There has been effective communication with service users through the consultation process and through the information that has been sent out to service users about the changes in charging. A system has been put in place to identify those people who are over the age of 85 and live on their own and are entitled to a free service following the changes. Those people who fit into this category received information about this change and the charge for their service has been removed from the date of implementation.

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.

Community Social Work Teams (SMARTs) and Occupational Therapy teams routinely provide information and advice about assistive technology to people where their needs are assessed under the Care Act 2014 as not being eligible for support from the Council. The Specialist Assistive Technology Workers

working within the Community Teams are a key part of the provision of information and advice about assistive technologies, constantly updating their knowledge of the developing market for products and services. The information provided includes how people can access assistive technologies privately. This information can be given where people contact Cheshire East Council by phone for advice or following an assessment of their needs under the Care Act.

Through the pilot developing assistive technology options for people with learning disabilities, the specialist worker has made a number of recommendations for individuals where the needs are highlighted are low to medium risk. For example, as part of an assessment of a sibling, a man with learning disabilities asked about support to manage low level risks when he was spending time on his own. Advice and information were provided about telecare so that he was able to access the service privately.

In addition, the Council, using s.256 funding, has commissioned the Life Links service pilot, which supports people who are not in contact with adult social care to be as well as they can be and to have a good quality of life. Information and advice about assistive technologies is a key part of the Life Links service. The Life Links website and the Wellbeing Co-ordinators employed by the service provide information and advice about assistive technologies to any citizen or their family/carers without needing a formal social care assessment. This universal service aims to widen the public's knowledge of assistive technologies so that they can purchase these as prevention and early intervention to increase independence and self care. Cheshire East's Dementia Reablement Service offers help and support for individuals in the early stages of dementia and information and advice about assistive technologies is an integral part of the service's offer. People are provided with details of products and services that might be able to support them and how they can purchase these privately.

Assessments that take place in the Independent Living Centre in Wilmslow, where people are assessed as not having eligible needs include the consideration of information and advice about assistive technologies with the aim of supporting and promoting independence for the individual.

As part of reablement services in Cheshire East, where workers have supported individuals to increase their independence and where those individuals do not have eligible needs, information and advice will be provided to enable people to purchase assistive technology equipment and services privately to develop and sustain their independence.

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.

Information and advice about additional equipment that people in receipt of a telecare service from the Council may benefit from is routinely discussed as part of the assessment process. There are a number of examples of where service users have acted on the information provided, including the purchase of 'day-night' clocks for people with dementia who have difficulty in determining whether it is daytime or night time. Another example is where a service user with physical disabilities is considering the private purchase of a video camera system which will enable him to see callers at his door, speak to callers and open the door remotely if he would like to let them in.

As part of the pilot developing assistive technology options for people with learning disabilities, there have been a number of instances where additional technologies have been recommended and taken up by people who are receiving services. For example, a man with learning disabilities and autism was unsettled at night time and his behaviour was concerning his mother as his main carer. Following an assessment, it was clear that the son was anxious about the house being in darkness. The specialist worker suggested that the family purchase a torch for the son, to enable him to see when it is dark without disturbing his mother and an automatic verbal reminder for next to the front door, reminding the man not to leave the house at night time. The family took up these suggestions and both the man and his mother's anxieties have reduced substantially as a result.

The worker has also worked with a number of people with learning disabilities to support them to use their own technology to access the internet and apps to promote their independence. For example; there are 2 people with learning disabilities who are now able to do their own weekly shop independently, using the internet or apps rather than relying on support staff to assist them.

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.

The Task Group report was presented to the Health and Wellbeing Board in September 2015 and the Board have resolved, "that the ongoing work to review and update the Health and Wellbeing Strategy consider the place of Assistive Technology as a priority for the Board and how its use might be promoted and incorporated through the ongoing development of integrated

teams, and other developments coming out of the Connecting Care and Caring Together Programmes.”

Assistive technologies are increasingly featuring in health discussions about future approaches to meeting health outcomes. For example; Eastern Cheshire CCG are commissioning a pilot service for people with Diabetes where assistive technology is an integral part of the service for patients. In addition, Eastern Cheshire CCG have also invested in telehealth in nursing homes locally.

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.

Following the presentation of the Task Group report to the Health and Wellbeing Board in September 2015, the Board have requested, “an update report in respect of Section 256 funding, coming through the Better Care Fund, and also the LD 256 pilot be submitted to a future meeting of the Board.” Quarterly reports on the Better Care Fund (formerly the Section 256 funding) are submitted to the Health and Wellbeing Board and an update report about the mainstream assistive technology scheme and the pilot scheme developing assistive technology for people with learning disabilities is scheduled for May 2016.

The pilot is being formally evaluated for both effectiveness and value for money before any proposal is made to continue longer term.

6.11 That officers be requested to explore the possibility of providing telecare services free of charge to over 85s who live alone and whether this would be financially sustainable and effective in maintaining independence.

The recommendation to explore the possibility of providing telecare services free of charge to over 85s who live alone was taken up and was projected to be financially sustainable and effective in maintaining independence. The recommendation has been implemented as part of the Adult Social Care Charging Policy Review.

At the end of January 2016, there were 413 people receiving the telecare service (out of a total of 1926 customers, 21% of the total) who are receiving the service free of charge because they are over 85 and live on their own.

At the Health and Wellbeing Board in September 2015 as part of the discussion of the Task Group report, the Board resolved that, “That further consideration be given to the demographic implications in respect of using the

age of 85 as a cut off point.” The minutes state that it was considered that, “the age 85 year cut off was not appropriate in some areas where critical illness came earlier and that this could exclude people in more deprived areas. Using the “last 10 years of life” might be a more appropriate measure.”

In considering a charging approach based on the last 10 years of life, there are considerations about the capacity of the Council’s systems to charge people based on this approach. The charging model has to apply consistently to a specific rule and cannot be manually applied to individual cases. The Council has completed extensive public consultation in this area and amended policy as a result so any further changes would need to follow a similar process.

The major target groups for telecare services are people who are living with dementia and frail people who are at risk of falls. Chronological age is the most significant factor in the incidence of both dementia and frailty. The Projecting Older People Population Information System reports that in Cheshire East 25% of people over 85 are estimated to have dementia, compared with 12% of people aged 80 to 84 years. With regard to falls, 43% of people aged over 85 are estimated to be likely to have a fall, compared with 33% of people aged 80 to 84 years. The rationale for a cut off point at age 85 is that increasing age is an important factor associated with the risks that telecare is intended to manage, to a greater extent than critical illness.

7.0 Contact Information

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