Digital Innovation and Efficiency Committee

Report title:	**Assistive Technology Update**
Date of meeting:	**23 January 2019**
Responsible Chief Officer:	**James Bullion, Executive Director of Adult Social Services**

Strategic impact

In Norfolk County Council:

- We spend about £1 million a day on adult social care in Norfolk.
- On any given day, we will be securing services for around 14,000 people
- Last year 20,205 people received short term and long-term adult social care packages
- In 2017-18, over 6,000 had reablement services helping them get back on their feet after a crisis.

We are fundamentally re-thinking our approach to delivering public services. Many of our services were designed in a very different era and policy framework. Funding regimes now do not account fully for demographic change or socio-economic changes, instead the drive is for local government to become self-sufficient through council tax and increased revenue from locally raised business rates.

At the same time as funding has been reduced, our population continues to grow and the pattern of family life has changed. Medical and technological advances are huge – people live longer and have access to many more medical specialists than in the past. More profoundly disabled young people with increasingly complex needs are coming into adulthood every year. People move around more for jobs than in previous generations, so families cannot always be near to older relatives to help and care.

A growing 'older' population affects Norfolk more than most other places – it has, and will continue to have, a higher proportion of older people compared to the average for the Eastern Region and for Norfolk's 'family group' of similar councils.

Adult Social Services' vision is to support people to be independent, resilient and well. To help achieve the vision, the department has its Promoting Independence strategy which is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care.

Assistive technology (AT) has a key role to play in supporting people to live independently for as long as possible and providing support to family carers to enable them to continue caring for as long as they are able and willing to do so.

Executive summary

Norfolk's Assistive Technology team, which is part of Adult Social Services, assesses approximately 2,000 people a year and there is a total of about 7,000 people currently receiving assistive technology in Norfolk. Most assessments undertaken by the Assistive Technology team result in the provision of equipment.

In March 2018, the Digital Innovation and Efficiency Committee received a report summarising Adult Social Services' approach to assistive technology and outlining work to explore new opportunities to maximise the use of AT to support people to live independently for longer and reduce demand on services and budgets.

This was followed by a report in July which provided an update on work undertaken since then and an overview of the work in progress and planned work to support the development of a new strategy and approach for assistive technology in Adult Social Services.

This report provides a further update of work undertaken since then.

Recommendation:

Digital Innovation and Efficiency Committee Members are asked to:

1. **Note progress to date and work in progress.**
2. **To consider whether they would like any further updates at future meetings of this Committee.**

1   Introduction and Background

1.1   The Care Act (2014) gives local authorities a clear and new responsibility across the whole population to prevent, reduce and delay the need for care and support.

1.2   Operating under increased financial pressure, Norfolk County Council is committed to helping more people to be independent, resilient and well and has endorsed a strategy and programme of work, Promoting Independence, to achieve this.

Part of the Adult Social Services Promoting Independence programme is the roll-out of a new social work model 'Living Well/Three Conversations'. Increasing the use of technology is seen as a key enabler of this. The Promoting Independence Programme also includes an overarching Technology Enabled Care (TEC) Strategy which has three key components:

- Digitally enabled workforce
- Digitally enabled services
- Digitally enabled citizens – assistive technology is one of the strands within this component.

1.3   Adult Social Services' vision for Assistive Technology is that:

- Technology plays a major role in supporting people to live independently for as long as possible, and in helping carers to continue caring for as long as they are able and willing to do so

- Assistive technology will be widely accessible, easy to use, and available for people when it can make most difference to maintaining independence

- Our own staff are champions for assistive technology and use it widely to prevent people needing formal care services

- Providers embrace technology to help people stay independent in all types of settings, and maximise the efficiencies it can bring

1.4   Assitive technology is currently committed to deliver £1.5m savings over the next three years distributed as follows:

Reference	2018/19 £	2019/20 £	2020/21 £	2021/22 £
In Adult Social Services budget	None	0.300m	0.500m	0.700m

2   Update

2.1   At its meeting in May 2018, the Adult Social Services Promoting Independence Board agreed the overall objectives and measures for the Assistive Technology (AT) review. The key objectives are:

- To ensure that the referral, assessment and review pathway maximises the potential benefits of AT and interventions are targeted at relevant points on the customer pathway
- To raise staff awareness of the benefits of Assistive Technology
- To provide a comprehensive information and advice service re AT
- To ensure that the delivery model is efficient, cost effective and responsive
- To establish a comprehensive performance and monitoring framework for AT.

This section provides an update on work being undertaken to deliver these.

2.2   Service Data, Growth and Capacity

The original business case used data collated manually by the AT team in March 2018 and extrapolated this for an estimate of annual activity which showed:

- Approximately 2,100 referrals arising from either a preventative assessment or Care Act assessment are received by the AT team per annum
- Of these, 1,800 resulted in an assessment
- Approximately 93% of the assessments result in the provision of equipment

Since May 2018, the AT team have received an average of 46 referrals per week, an increase of approximately 12%. As there has not been a significant increase in the amount of training or promotion, it is assumed that the growth is due to a general greater awareness of the benefits of assistive technology.

The team are completing an average of 34 assessments per week, approximately 5.5 per week per practitioner. Since May, the waiting list has increased from 125 to 300. These figures do not reflect the impact of the three new full-time equivalent AT Practitioners posts who started in post at the end of October 2018.

2.2.1 The ambition is to increase the take-up of Assistive Technology to prevent/reduce/delay the need for care and support and to maximise peoples' independence for as long as possible. It is therefore reasonable to expect that with an increase in staff training and raised awareness and information amongst both staff and the public, that there will be further increases in the number of referrals and assessments for Assistive Technology. This will necessitate additional investment in assistive technology.

Based on an assumption of an increase of 20% in referrals during 2019-20, which would lead to approximately 2,500 assessments, Adult Social Services approved funding in November 2018 for:

- Three more full time AT practitioners, additional management capacity (two Team Leaders) and more business support
- Some additional funding for equipment for 2018-19 and 2019-20 onwards
- A small amount of funding for e-learning for 2018-19
- To support a bid to the Adult Social Services Capital Steering Group for capital funding for AT equipment and/or use of the underspend on Strong and Well capital.

The current AT Team structure is flat with the Team Manager managing 13 people. The two Team Leaders will provide further management capacity to free up the Team Manager to take forward key areas of strategic and developmental work and any further growth in the team.

2.3 Referral Assessment and Review

As part of the improvements work is being undertaken to review and revise the referral, assessment and review pathway to ensure that a range of practitioners are able to refer to the assistive technology service and that full consideration is given to the potential of AT at the start of, and at key points along, the customer journey.

2.3.1 Occupational Therapy (OT) pilot

Initial discussions have taken place regarding the potential for Occupational Therapists and Assistant Practitioners to be able to assess for AT and it has been agreed that this will be piloted in Northern Locality. Due to other commitments, the locality requested that training took place in late 2018 and was arranged to take place in the Smart House. At this stage, some reservations have been expressed about the possible implications of this which require further consideration as the pilot is implemented.

2.3.2 Herbert Protocol

The Assistive Technology Team worked with Norfolk Constabulary and the Safeguarding Team on the re-launch of the Herbert Protocol in Norfolk for vulnerable people who go missing. The official relaunch of the Herbert Protocol was in November 2018 and the AT team participated in the event.

For each person visited by Norfolk Constabulary following a missing person incident, Norfolk Constabulary makes a direct referral to the AT team for assessment and where appropriate provision of suitable equipment, which may include GPS location devices. From May to November 2018, the AT team received six referrals from the Police for assessment. Feedback to date has been positive and this will be formally reviewed over the next two months.

2.3.3 LAS (Liquidlogic Adults System)

Consideration of a referral to Prevention Services, including Assistive Technology, has now been incorporated into the Process Map for Living Well as part of Conversation One. A meeting has been held to discuss opportunities to build consideration of AT into other key areas of the LAS process, including risk

assessment, the annual review process and how to record AT if assessed for and provided by other practitioners.

2.3.4 Reablement

An Assistive Technology Practitioner is now based full time at the accommodation-based reablement unit at Benjamin Court. The practitioner is an integral part of the multi-disciplinary team there and has identified significant potential savings arising from their interventions. Some examples of these are included below.

Client	Reason for admission	Equipment Provided	Cost £	Prevented	Cost per year	Annual saving/ cost avoided £
A	Fall at home wasn't wearing pendant alarm as unable to wear neck pendant at night due to setting off accidently. Difficulties with mobility, therefore at risk if there was a fire. Not managing diabetes	2 x carbon monoxide detectors Smoke alarm Heat Sensor Wrist fall detector	208.58 54.78 74.60 89.12 427.08	Residential care admission	25,894.24 25,894.24	25,467.16
B	Had a fall at home which resulted in a broken right hip. Has high blood and a diagnosis of skin cancer on her legs.	Falls detector Heat sensor Smoke alarm	89.12 74.60 109.56 273.28	2 weeks respite care Ambulance – see/treat/ & convey Non-elective A&E admission	993.22 248.00 1,590.00 2,831.22	2,557.94
C	Was admitted to NNUH following a fall at home.	Community alarm required Requested Wellbeing 2 x carbon monoxide detectors Falls detector Heat sensor Smoke alarm	193.80 90.00 66.30 48.96 399.06	Delaying enhanced residential care (4.5 weeks)	2,501.82 2,501.82	2,102.76

2.3.4.1 The potential savings will be tested out in the development of the benefits model and tracking of individuals to assess to what extent the need for care and support has been prevented, reduced or delayed.

2.3.4.2 The outline business case also outlined a proposal for a pilot project with a couple of teams in the home-based reablement service. Although this has been agreed in principle, due to lack of capacity in the AT service, it has not yet been possible to commence this project, and this is planned for later in 2019.

2.3.5 Prompt Service

A meeting has been held with the Medicine Support Service to discuss the need to change the referral pathway for the Prompt Service element of the Medicine Support Service so that AT is considered first: there are many devices and options now available that will provide prompts for this purpose. The current Prompt Service is provided at a cost of approximately £0.060m per annum. The provider has been advised that the service will be reviewed with a view to providing alternative solutions for people who need this kind of support.

2.3.6 Portal

Discussions have taken place with the project team for the Liquidlogic Portals work with a view to setting up an online guided questionnaire around AT so that people will

be able to identify and find their own solutions where appropriate. This will be an extension to the Wellbeing Questionnaire which is currently in development and due to go live in early 2019.

2.4 Information and advice

The original business case identified the need to: ensure comprehensive information and advice is available to users and carers to enable people to assess their own needs and find their own solutions; to develop the NCC website including the use of videos; and identify and promote trusted suppliers of AT equipment, linking in with Norfolk Community Directory and Marketplace.

A draft Communications and Engagement plan has been produced and is being finalised.

The AT section on NCC's website has been identified as one of the priority areas for redevelopment. The web team ran two workshops at the end of November to undertake a range of user-journey mapping to inform the new content.

2.5 Staff Awareness and Practice

2.5.1 Smart Flat

The Smart Flat is part of improving staff awareness of AT and practice. The smart flat at Rotary House has been receiving visitors since the end of November 2018 and has already been an invaluable training and testing resource for our newest practitioners. Scheduled training sessions for social care staff (booked via Learning and Development) will start in March following existing sessions at County Hall in January and February. February and March will include training sessions for the NNUH (Norfolk and Norwich University Hospital) AT champions and the Northern locality Occupational Therapists and Assistant Practitioners to further explore pilots of low level equipment assessment and provision. Open visiting times (by appointment) for other professionals will be scheduled from February.

No plans have been made yet for public access. Short device demonstration video productions, using the smart flat, should commence by Spring to facilitate better online AT content and contribute to potential e-learning and remote training.

An official launch (with host Rotary House and Deaf Connexions) is due to be scheduled for later in February or early March.

Now that there is a working template, the AT service plans to replicate the smart home at the Acorn Centre in Great Yarmouth and explore potential venues within Wells Hospital and in Cromer. Potential venues for South or West Norfolk have yet to be identified.

2.5.2 The Innovation Centre

Alongside the Smart Flat, the Innovation Centre at County Hall has been set up by IMT and enables demonstration of new technology in several familiar environments: Office of the future; In the home; Meeting spaces; and Canteen/coffee shop.

The space includes technology such as Amazon Echo, Amazon show, Internet of things buttons, Logitech Harmony and LoRaWan (Long Range Wide Area Network)

and a range of AT equipment. The AT team recently used this space for awareness raising sessions as part of the recent Ageing Well network events.

2.5.3 Training

The AT Team has continued to deliver the bi-monthly scheduled training sessions. The Learning and Development Team reported an increase in requests for training and therefore an additional session was booked in for December. This will mean that approximately 60 social care staff will have attended the face to face Understanding AT training sessions in 2018/19.

The AT team are going to provide a wider range of options to improve staff awareness and to develop their knowledge and skills:
- The development of an e-learning package by AT staff;
- more face to face sessions;
- the offer 'drop-in' days at the Smart Flat and Innovation Centre at County Hall;
- plus they will continue to offer the option of visit to Team Meetings for a shorter 'training/information' session.

The take-up of these options will be monitored and reviewed to assess the impact.

2.5.4 Information/Guidance Sheets

As part of the work to take forward the OT/AP pilot in Northern Locality, some draft guidance/information sheets on a few different types of equipment have been produced for staff. The aim is to develop these further and make them widely available to support development of knowledge and understanding of the range of equipment.

2.6 Data capture/analysis

A key priority is to establish robust methods for capturing and reporting on AT that provide evidence for demonstrating the effectiveness of AT in meeting both departmental and person-centred objectives and its impact on reducing spend. This includes implementing changes to the AT Assessment and Review forms in LAS (Liquidlogic Adults System) to enable recording of outcome measures and having a new LAS report that captures the relevant information and evidence for tracking benefits and costs.

This has been a priority area of work since May 2018 as information captured primarily through LAS is crucial to testing and refining the initial benefits model included in the original business case.

The changes to the LAS forms went live on in October, and the report should be ready soon.

An additional LAS change has been made to allow capture on the system of the end date for the AT service: previously this was recorded as a service in perpetuity and therefore it was not possible to capture information on how long people were in receipt of AT to inform the benefits model. N-able will provide the AT team with weekly data on any end dates for services so that these can be added to LAS. The AT team will also add this data on a retrospective basis from 1 July 2018 to build up the evidence base.

2.7 New delivery model

The short-term priority and approach for Assistive Technology is to be able to respond to demand and demonstrate benefits, whilst at the same time developing a long term sustainable approach.

2.7.1 The AT service is currently working with the Social Work Team at NNUH to look at how AT can support timely discharge from hospital and looks at ways of ensuring that any delays in accessing AT are minimised as far as possible. Two champions have been identified in the hospital social work team who will develop skills and knowledge about AT to provide an expert resource to colleagues in the team. This will include looking at whether the champions can be provided with a suite of AT equipment which can be provided at the time of discharge. Initial training has taken place with the champions and will be completed shortly with further training at the Smart Flat.

2.7.2 Workshops have been held with key staff at n-able and the AT service to examine the customer journey and contact points to identify any efficiencies and 'quick wins' within the current arrangements. As a result of this, n-able has taken on the task of arranging community alarm installations which was previously done by the AT Team. By doing this, n-able are now able to co-ordinate their visit to install equipment at the same time as the alarm installation which will reduce delays for the customer. The AT Team has also been set up as one of n-able's 'satellite stores' and set up with bar code scanners so that they can keep a small stock of equipment at the team base for practitioners to take out on visits with them and install at the time of assessment.

2.7.3 Monthly contract meetings are taking place with n-able to develop a new delivery model which is sustainable, cost-effective and more responsive moving forwards. It has been agreed that this will be completed by March 2019.

2.7.4 The AT Team continue to look at opportunities for innovation, utilising new technologies and work with organisations to improve our AT offer, including:
- trialling a small robot which can be set up for reminders and prompts as well as potentially reducing social isolation and loneliness (Vector)
- actively contributing to the recent Hackathon
- developing productive links with one of the alarm providers around opportunities for piloting new approaches
- assessing the value and potential of new developments made by organisations and developers approaching NCC
- Exploring opportunities around the use of video technology as part of our offer, linking with the organisation we're currently piloting video interpreting with.

3 Financial Implications

3.1 Assitive technology is currently committed to deliver £1.5m savings over the next three years distributed as follows:

Reference	2018/19 £	2019/20 £	2020/21 £	2021/22 £
In Adult Social Services budget	None	0.300m	0.500m	0.700m

3.2 In the absence of a strong evidence base, Adult Social Services produced an initial benefits model which will be tested and refined as we use: evaluations of pilots/new activity; data captured from the recent changes to the LAS (Liquidlogic Adults System) AT assessment and review forms; and a new LAS Performance dashboard.

3.3 At present there is a lack of a sound evidence base, both locally and nationally, on which to model the potential for savings achievable using assistive technology. We will continue to examine in detail reported savings in other authorities to help test our assumptions and inform our model in Norfolk.

4 Issues, risks and innovation.

4.1 Risks will be monitored through the project governance and reporting arrangements in Adult Social Services. The use of pilots gives the department an opportunity to test thoroughly new ways of working and approaches, thereby minimising the risks.

Adult Social Services are also continuing to explore and learn from research and the experience and work of other authorities to inform its approach. In February 2018, Adult Social Care commissioned Socitm (Society of Information Technology Managers) to undertake a high-level strategic review and challenge of the savings assumptions for NCC's digital transformation and the AT service. Socitm worked with us for a short period and provided us with some reference sites demonstrating good practice which we are exploring.

5 Conclusion

5.1 Assistive technology (AT) has a key role to play in supporting people to live independently for as long as possible and providing support to family carers to enable them to continue caring for as long as they are able and willing to do so.

Adult Social Services have reviewed Assistive Technology and identified some improvements to ensure that the benefits of AT are maximised to prevent, reduce and delay the need for formal care and support and that consideration of assistive technology is fully integrated into practice across all areas of the Department.

The report provides an update on some of the key areas of work the service is taking forward as part of its service development and the testing of future potential applications through new pilots.

6 Recommendation

6.1 **Digital Innovation and Efficiency Committee Members are asked to:**
1 **Note progress to date and work in progress.**
2 **To consider whether they would like any further updates at future meetings of this Committee.**

Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

Officer name:	Veronica Mitchell	Tel No:	01603 223853
	Janice Dane		01602 223438
Email address:	veronica.mitchell@norfolk.gov.uk		
	janice.dane@norfolk .gov.uk		

If you need this report in large print, audio, braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.