Digital Innovation and Efficiency Committee

Item No.

Report title:	**Assistive Technology**
Date of meeting:	**06 March 2018**
Responsible Chief Officer:	**James Bullion, Executive Director Adult Social Services, Simon George – Executive Director, Finance and Commercial 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
- Last year, almost 5,000 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.

Given the developments in "assistive" technology it is appropriate that the Council reviews how these technologies (designed to help people to live independently) can be used to help us cope with the combined drivers of increasing demand and reducing budgets.

Executive summary

The demands presented from Norfolk residents for Social Care services is high and is growing as illustrated by the figures below.

The number of people aged 65 and over in Norfolk is due to increase from 209,700 in 2015 to 274,800 in 2030

This is a 31% increase in 15 years, and will mean that the number of people aged 65 and over, as a proportion of Norfolk's total population, will increase from 23.8% to 28.3%

About 77,700 people are limited a lot in their day to day activities and about 23,200 provide more than 50 hours of care per week

There are an estimated 19,000 who are blind, and 110,000 with a hearing impairment

With the population aged 18 to 64, there are estimated to be:

- 12,300 with a serious physical disability
- 4,500 with a serious personal care disability
- 2,800 with a moderate or severe learning disability
- 81,400 with a common mental health disorder

Assistive technologies are reducing in cost and complexity to install. The council is therefore reviewing the technologies available, where and how they have been used, to what effect and considering how best to deploy appropriate technology packages in Norfolk.

Recommendations

1. **Note current assistive technology services being delivered.**
2. **Note current plans to develop the Council's assistive technology offer.**
3. **Approve development of a demo suite / living lab with partners.**
4. **Consider options for partnership working.**
5. **Consider the extent to which Members support assistive technologies delivered by the council from an ethical perspective.**
6. **Receive a further paper once the review of Assistive Technology has been completed in ASS.**

1. The Background and Context

1.1. The number of people aged 65 and over in Norfolk is due to increase from 209,700 in 2015 to 274,800 in 2030

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Demand and planning for the future

In planning ahead, we need to carefully consider the following:
Critically, the 85+ age group is Norfolk's fastest growing, and it is this age group which has most impact on demand. Between 2015 and 2030 this age group will increase by 77%

a) Whilst people over 85 are clearly more likely to be physically frail and to find

it more difficult to undertake day-to-day tasks, they are also more likely to have dementia. Norfolk's dementia prevalence is high – being third highest in the region behind Suffolk and Southend. Dementia is likely to be one of the most important drivers of social care need in older people in Norfolk in the next twenty years

b) People with learning disabilities are living to a much older age. Whereas once relatively few people with a learning disability would live beyond the age of 65, around 12% of people being supported by a learning disability team are now over 65

c) Wider social factors are also significant in influencing demand. These include people's general health and wellbeing, their income, particularly given that social care is subject to financial eligibility; and loneliness and isolation – evidence suggests that people that are at risk of loneliness may be more likely to seek care

Assistive Technology to respond to the demand growth and funding challenges

The technology research and proposed plans fully supports the Norfolk Futures Adults transformation plans and the Adults ICT strategy (which has been co-developed with IMT).

Norfolk Futures Promoting Independence has the following main elements:

Prevention and early help – empowering and enabling people to live independently for as long as possible through giving people good quality information and advice which supports their wellbeing and stops people becoming isolated and lonely. We will help people stay connected with others in their communities, tapping into help and support already around them – from friends, families, local voluntary and community groups. For our younger adults with disabilities, we want them to have access to work, housing and social activities which contribute to a good quality of life and wellbeing.

Staying independent for longer – for people who are most likely to develop particular needs, we will try and intervene earlier. Certain events, such bereavement or the early stages of an illness like dementia can be a trigger for a rapid decline in someone's wellbeing, but with some early support we can stop things getting worse and avoid people losing their independence and becoming reliant on formal services.

Living with complex needs – for some people, there will be a need for longer term support. This might mean the security of knowing help is on tap for people with conditions like dementia, and that carers can have support. We will look at how we can minimise the effect of disability so people can retain independence and control after say a stroke or

The Councils existing assistive care services are provided by a county-wide Adult Social Services Assistive Technology Team, co-located with the Sensory Support Team at Magpie Road, Norwich. The team provides a specialist assessment function and prescribes a range of devices to meet individuals' identified outcomes. The team consists of a manager; a Business Support Officer and 7 home-based AT practitioners (6 FTE)

The service supports Adults in their own home, including sheltered housing schemes, supported living and housing with care. Eligibility is either via a Care Act assessment or preventative assessment. The provision of the service is non-means tested.

- In 2016/17 there were approximately:
  - 1,700 new people supported with equipment/devices
  - 4,000 individual pieces of equipment/devices provided

- In 2017/18 the number of new people supported with equipment/devices is projected to be approximately 2,000.

The equipment provided by the service can be broadly grouped as follows:

- **Telecare:** sensors and detectors linked to a rented community alarm, sending alerts to a monitoring centre.
- **Stand-alone:** devices working in the immediate vicinity to prompt or alert person or carer.
- **GPS location devices**: e.g. BUDDI and PEBBELL devices for locating people accessing their community.
- **Home activity monitoring:** provided for short term assessment of activity within the home to inform care and support planning.
- **Special orders:** the team remain flexible and responsive to look, and offer, identified solutions not on the current stock list.
- **Mainstream technology:** Ring video door bell, wi-fi enabled sensors, Amazon Echo and Echo Dot, use of apps.

Residents access the services through referrals made by SCCE (social care team in the customer call centre) or by locality based social care practitioners

- All referrals are triaged. Where home assessment is needed, these are referred to the AT practitioners.

- The service is also working in a number of new areas, including the supported care service and the developing accommodation-based reablement service.

The AT service also covers:

- Liaison with community alarm services.
- Provide advice and information to Children's Services, Continuing Health Care, and Residential Care providers.
- Research, testing and trialling new equipment.
- Delivering AT training.
- Attending and speaking at community/public events to raise awareness of assistive technology and the benefits.

Two case studies below give practical examples of how assistive technology is currently being used by Norfolk's residents

Case study one

Mrs A is in her mid-sixties and is registered blind but despite this disability she still managed to study at university and maintain continuous employment for many years. Following a serious accident, Mrs A had to give up her job and now lives with her husband and guide dog in Norfolk. Complications from sleep apnoea means she now has to wear a Kevler band on her head in case she literally falls asleep unexpectedly. Not having the independence to enjoy life had an enormous effect on Mrs A's mental health and consequently suffered depression being

diagnosed as bipolar.

Adopting Assistive Technology has given Mrs A the freedom to be independent again, allowing her to travel and take part in community-led activities. “I wear a ‘pebble’ pendant alarm which has a GPS device so my husband knows where I am. This also has an accelerometer which can tell my husband how fast I’m travelling, so he knows I’m in a taxi or on a train. My bed also has a pressure pad so if I get up in the night and fall asleep on the loo, an alarm will alert my husband that I haven’t returned and may have fallen.” Mr A said: “We have had the technology for four months now and allows me to get a really good night’s sleep without having to worry if my wife has fallen. I have total confidence in the technology, it’s transformed our lives.” Mrs A now engages in volunteering activities and other social groups.

Case study two

Mr B looks after his mother who suffers from dementia. Prior to this arrangement, Mr B’s mother lived on her own where on one occasion she was found wandering around outside her house in a confused state, having left all the gas rings in the kitchen switched on. Following this episode and a fall, Mr B’s mother was referred to a care home where everything was done for her, to the point where her behaviour and wellbeing deteriorated.

She now lives in a ‘granny annex’ close to Mr B and his wife and uses assistive technology which alerts the couple, should she fall. Her home is also fitted with automatic sensors which sends an alert if Mr B’s mother is out of the house for longer than a set period. Mr B said: “I would wholeheartedly recommend assistive technology. It has given us peace of mind and allowed my mother to regain her independence. Already we are seeing a difference in her health – her blood pressure has come down and her medicines have been reduced. I am so pleased and relieved she has her quality of life back.”

2. Scope of the proposed Exercise

2.1. Adult Social Care, along with IMT and other officers have been actively researching the state of the market for assistive technologies. This has involved attendance at various conferences and events, BT Adastral park and other vendors research facilities. In addition a review of our current use of technology across the whole of Adult services, including assistive technology has been commissioned. This research into who has done what, where and what effect should be available in April.

Traditional assistive technology was expensive to buy and maintain and was very hard to integrate with other systems. The new wave of technologies are much cheaper, easier to integrate and combine with other systems and equipment, easier to deploy, maintain and can be connected in a variety of ways. Intelligent “pattern” matching system are also becoming available which handle the monitoring and routing of alerts.

There is a need to help social care staff better understand what Assistive Technology is, to see and use it, so they are confident to recommend it where

appropriate. Adults, IMT and Property Services are therefore planning to create an Assistive technology show room in County Hall. This would host a variety of sample equipment installed both to test the technology (and how it is integrated) and to allow social workers to see it and use it. Much of the technology that will be installed is now low in cost and aimed at the public to install and maintain themselves. We will test how true this is and effective the different technologies can be. IMT staff have already been testing out a variety of Amazon echo devices, linked to sensors and connected devices in their own homes, initial results are very encouraging in terms of effectiveness and ease of use.

An innovation day has been scheduled which will be facilitated by Amazon and will give insights into their Echo and Alexa technologies as well as look at the wider opportunities for assistive technology to address the challenges that many of our residents have to address on a day to day basis.

Working in partnership with organisations such as UEA, Norse and local retailers could also be a way to access further research at minimal cost and provide demonstration centres for residents to visit and then hopefully go on to self-fund appropriate technologies.

As part of these investigations, members and officers need to consider the extent to which assistive technology should be implemented by the council. The benefits of being able to continue to live independently for longer must be balanced with the potential invasion of privacy impacts of remote monitoring sensors and systems. Who carries out the remote monitoring is also a relevant consideration, a system monitored by a person's friends or family may be more acceptable than one administered by the council.

Review of AT in ASS with support from IMT.

2.2. Timing

The research activity has already commenced, with attendance at various conferences, a visit the BT Adastral Park facility and commissioning independent research in February 2018. The findings of the research are expected to be available in April.

3. Financial Implications

3.1. The financial implications of encouraging self-funders to use the technology to delay themselves or their families from entering the social care system is huge. Likewise, the cost benefits of using assistive technology in combination with social care staff is potentially massive. The cost of the investigators work and setting up an assistive technology demonstration suite is comparatively very small, combined cost of under £40k.

4. Issues, risks and innovation

4.1. This whole approach to delaying the need for social services and using the latest technology in support of care packages is innovative, but we are building on a solid foundation in NCC and we are seeking to minimise the risks by thoroughly researching what has been done and what has worked elsewhere. We also expect to start new solutions small, test, refine and scale iteratively to minimise risks. There is also a very significant risk to balance which is that future savings plans are dependent on the assumption that assistive technology can be used effectively in Norfolk.

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

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