

Adult Social Care Committee

Item No:

Report title:	Assistive Technology
Date of meeting:	3 September 2018
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

In Norfolk County Council:

- a) We spend about £1 million a day on adult social care in Norfolk
- b) On any given day, we will be securing services for around 14,000 people
- c) Last year 20,205 people received short term and long-term adult social care packages
- d) Last year, almost 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

This report provides an overview of the work to support the development of a new strategy and approach for assistive technology in Adult Social Services.

Norfolk's Assistive Technology team, which is part of Adult Social Services, currently assesses approximately 2,000 people a year and figures recently received from n-able (the Norse Company that purchase the equipment) show that there is a total of approximately 7,000 people currently receiving assistive technology in Norfolk. Most assessments undertaken by the Assistive Technology team result in the provision of equipment. Adult Social Services has produced an initial benefits model which will be tested and refined as steps are put in place to capture and track the financial and qualitative benefits arising from AT provision. Some improvements have been identified during the review 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 Adult Social Services.

Recommendations:

Adult Social Care Committee Members are asked to:

- a) **Note progress to date on the review and work in progress**
- b) **Agree to receive further updates on the development and implementation of the new strategy and model**

1. The Background and context

- 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.
- 1.3 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:
 - a) Digitally enabled workforce
 - b) Digitally enabled services
 - c) Digitally enabled citizens – assistive technology is one of the strands within this component
- 1.4 Adult Social Services' vision for Assistive Technology is that:
 - a) 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
 - b) Assistive Technology will be widely accessible, easy to use, and available for people when it can make most difference to maintaining independence
 - c) Our own staff are champions for Assistive Technology and use it widely to prevent people needing formal care services
 - d) Providers embrace technology to help people stay independent in all types of settings, and maximise the efficiencies it can bring
- 1.5 The Council's existing Assistive Technology service is provided by a county-wide Adult Social Services Assistive Technology Team, co-located with the Sensory Support Team at Magpie Road in Norwich. The team provides a specialist assessment function and prescribes a range of devices to meet individuals' identified outcomes. The team currently consists of a manager; a business support officer and seven home-based AT practitioners (6 FTE)
- 1.6 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 AT following a preventative assessment enables Adult Social Services to target provision where it can prevent, reduce or delay the need for other services and maintain people's independence for as long as possible.
- 1.7 The provision of the service is non-means tested, ie people do not have to contribute to the cost of any AT equipment they have.

In 2016/17 there were approximately:

- a) 1,700 new people supported with equipment/devices
- b) 4,000 individual pieces of equipment/devices provided
- c) In 2017/18 the number of new people supported with equipment/devices was approximately 2,000. There are approximately 7,000 people currently receiving assistive technology in Norfolk

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

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

1.9 Residents access the services through referrals made by SCCE (Social Care Centre for Expertise) or by locality based social care practitioners:

- a) All referrals are triaged. Where home assessment is needed, these are referred to the AT practitioners
- b) The service is also working in a number of new areas, including the Supported Care Service and the developing accommodation-based reablement service

1.10 **The AT service also covers:**

- a) Liaison with community alarm services
- b) The provision of advice and information to Children's Services, Continuing Health Care, and Residential Care providers
- c) Research, testing and trialling new equipment
- d) The delivery of AT training
- e) Attending and speaking at community/public events to raise awareness of assistive technology and the benefits

1.11 Assistive 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 on Progress

2.1 As part of Adult Social Services' ongoing work to develop a new strategy for Assistive Technology (AT), some improvements have been identified to maximise the potential

offered by AT to prevent, reduce, delay and meet the need for care and support and to realise cost savings. These are:

- 2.1.2 **Ensuring that all those at risk of losing independence who may benefit from AT are being identified at the right time in the referral, assessment and review pathway:** further work is being undertaken to review and revise the referral, assessment and review pathway to ensure that a broader range of practitioners is 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.
- 2.1.3 **Improving practitioners understanding of the impact AT can make in keeping a person independent or delaying/reducing the need for formal care and support:** referrals from teams and practitioners are patchy and inconsistent, with some practitioners referring regularly and others not at all resulting in an inequitable offer and missed opportunities to maintain independence and reduce the cost of packages of care. A key element of the work moving forwards is to develop a new training programme for all potential referrers that focuses on developing skills and knowledge to identify the potential of AT to support people across the whole customer pathway from early help through to support for people living with complex needs
- 2.1.4 **Improving the understanding of the benefits of AT by the public and partners:** service users and the public have limited knowledge and understanding of AT and its benefits or how mainstream technology can be utilised to support them to be independent and/or to carry on caring. The information on Norfolk County Council's (NCC) website at the moment does not enable people to find their own solutions easily. NCC has ambitions to maximise the use of mainstream technology and to promote technology as a means of helping people to live good, independent lives and find their own solutions rather than come to NCC for support.
- 2.1.5 **Increasing the capacity in the current AT team to meet current demand and any growth in the service, including further pilots/new projects:** the AT team currently has a small backlog of people awaiting assessment. Whilst the backlog has reduced slightly over the last three months, the service does not have capacity to absorb any increase in referrals and/or increasing requests for involvement in new projects and provide a timely response. As part of the Outline Business Case submitted to the Promoting Independence Programme Board meeting in May 2018, it was agreed that an additional three practitioners be recruited to the team and the process is now underway to recruit to these posts.
- 2.1.6 **Improving the current delivery model:** the current contract arrangements with n-able were put in place as part of the agreement around the transfer of the Assistive Technology practitioners back to Adult Social Services. The contract is currently under discussion with n-able – both Norse and Adult Social Services agree that the current contractual arrangement is not affordable or sustainable moving forwards, both at the current activity level and for a scaled up AT offer from Adult Social Services. The delivery model is inefficient in that there are multiple contact points for the customer with different agencies which result in unnecessary delays in the customer being able to benefit from AT. Two workshops have been held with n-able to examine the pathway in detail and identify changes and improvements to the processes, some of which have already been implemented. Discussions are continuing to inform the future delivery model.
- 2.1.7 **Obtaining reliable data from NCC systems to establish the usage and benefits of AT:** Although outcomes for individuals are recorded at the time of assessment, these are not currently reported on. Monthly KPIs (Key Performance Indicators) are received from n-able which report on the contract KPIs and we also receive a detailed report on the orders placed for each month down to service user level. We have recently worked with n-able to receive a transfer of data to enable further analysis and triangulation with NCC

data. 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. Work is currently taking place to write a detailed specification for a LAS (Liquidlogic Adults System) report and to develop a comprehensive performance dashboard.

3 Assistive Technology service development and pilots

- 3.1 The following are highlights of some of the key areas of work the service is taking forward as part of its service development and testing of future potential application through new pilots. Data gathered from the new developments and pilots will be evaluated to inform the full business case and development of the benefits model.
- 3.2 **The Herbert Protocol** – the Assistive Technology Team is working with Norfolk Constabulary and the Safeguarding Team on the re-launch of the Herbert Protocol in Norfolk for vulnerable people who go missing. For each person with dementia that is visited by Norfolk Constabulary following a missing person incident, Norfolk Constabulary will make a direct referral to the AT team for assessment and where appropriate provision of suitable equipment, which may include GPS location devices. This new approach will be trialled for a period of six months with a review at the three-month point.
 - 3.2.1 This pilot will test the benefits of an early referral and capturing a group of people we might not otherwise have ‘access’ to until the point of crisis.
- 3.3 **Reablement** – as part of the new in-house accommodation-based reablement service at Benjamin Court, an AT Practitioner has been appointed who is based on site. This provides an opportunity for AT to be considered at an early stage in someone’s reablement journey. It is anticipated that this will lead to increased take up at the right point in the pathway and have a positive impact on reducing the number of people who go on to need additional services.
 - 3.3.1 Work is also planned with the home-based reablement service to pilot a more proactive approach to the use of AT as part of a reablement package rather than as an ‘onward referral’ at the end of the reablement intervention.
 - 3.3.2 This will test the benefits of an Assistive Technology offer at a key point in the pathway and will test the premise that 100% of people on the reablement pathway are considered for AT and the benefits of this.
- 3.4 **Delayed Transfers of Care (DToC)** - 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.
 - 3.4.1 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.
 - 3.4.2 This pilot will test whether small scale ‘simple’ equipment can be provided directly by the hospital social work team thereby facilitating discharge and reducing delays caused by onward referrals.
- 3.5 **Occupational Therapy (OT) pilot** – the AT service is undertaking a pilot to work with the existing Occupational Therapy/Assistant Practitioner service in Northern Locality so that OTs will be able to assess for AT and prescribe any relevant equipment. This would

complement the OTs' existing role, ensure that AT is considered early in the pathway and reduce onward referrals to other teams.

- 3.5.1 This pilot will test the benefits of other practitioners being able to assess and prescribe for AT, which potentially could add some additional capacity to the AT offer within existing resources and streamline the customer journey.
- 3.6 Further work is also planned to explore opportunities to maximise the use of AT working with providers of care and support, health partners and colleagues in Childrens' Services.

4. Financial Implications

- 4.1 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. In their recent report for Adult Social Services, Socitm cited savings from Hampshire, Glasgow and West Berks. Hampshire County Council are frequently cited as a 'leader' in terms of achieving significant savings using assistive technology, primarily telecare, to support older people to continue to live at home and prevent early or unnecessary admissions to residential care.
- 4.2 A visit was recently undertaken by officers from Adult Social Services, Information Management and Technology and the Chair of the Digital Innovation and Efficiency Committee to visit Hampshire County Council (Hants CC) to learn more about their approach, model and savings. A further telephone conference has taken place with Hants CC to examine in more detail the methods used for identifying and tracking the financial benefits of utilising assistive technology at scale and to help us understand fully the potential savings in Norfolk.
- 4.3 We will also examine in detail reported savings in other authorities to help test our assumptions and inform our model in Norfolk.
- 4.4 In the absence of a strong evidence base, Adult Social Services has produced an initial benefits model which will be tested and refined as steps are put in place to capture and track the financial benefits arising from AT provision. This will be done using several sources, including evaluation 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.

5. Issues, risks and innovation

- 5.1 Key issues are identified in Section 2 above. These will be addressed as part of the on-going development of the new strategy and approach and the full business case, which will be presented to the Promoting Independence Board.
- 5.2 Risks will be monitored through the project governance and reporting arrangements in Adult Social Services. The use of pilots gives us an opportunity to test thoroughly new ways of working and approaches, thereby minimising the risks.
- 5.3 We are also continuing to explore and learn from research and the experience and work of other authorities to inform our approach. In February 2018, Adult Social Services commissioned Socitm 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 now exploring. We are currently analysing the feedback from the recent trip to Hampshire to gather learning points and ensure these are considered in the development of Norfolk's model.

- 5.4 **Innovation Centre at County Hall:** as agreed at the March Digital Innovation and Efficiency Committee meeting, work has been progressing with the set-up and configuration of an Innovation Centre located in the County Hall Mezzanine which will allow IMT to work with services to demonstrate new technology in several familiar environments including:
- a) Office of the future
 - b) In the home
 - c) Meeting spaces
 - d) Canteen / coffee shop
- 5.4.1 We will show Technology, how it can be used out of the box and explore stories of how it is used elsewhere.
- 5.4.2 IMT has now secured the space, the internet has been installed ready for use and furniture and the initial Technology has been ordered.
- 5.4.3 IMT will be testing some of the initial technology such as Amazon Echo, Amazon show, Internet of things buttons, Logitech Harmony and LoRaWan in the next two to three weeks.
- 5.5 **Smart flat, Norwich:** Adult Social Services is working in partnership with Rotary House for the Deaf to open a new 'smart flat' this summer on King Street, Norwich. The flat will allow demonstration of various types of assistive technology, designed to support elderly and vulnerable adults to remain living independently at home and in their community. As well as technology to help with hearing impairment, it will include:
- a) telecare sensors linked to a community alarm monitoring centre
 - b) devices to provide localised and distant alerts to a person or their carer
 - c) GPS location devices
 - d) home activity monitoring systems
 - e) other mainstream technology such as Wi-Fi sensors, Amazon Echo 'Alexa' devices and useful tablet based apps
- 5.5.1 The 'smart flat will' be available to view by appointment through the Assistive Technology Team or Deaf Connexions, who are based at Rotary House, and will provide both the opportunity for individual service users to try out the different technologies as well as provide a venue for events, training and drop-in sessions.
- 5.6 **Amazon Innovation Day:** early in March 2018, Amazon Web Services hosted an Innovation Day in Norwich with 40 attendees, including Members, officers, practitioners, service users and carers. Feedback from the day was positive and provided an opportunity to start to explore how mainstream technologies could support people to live independently for as long as possible.
- 5.6.1 The output of the day was a long list of potential uses or skills where Amazon Echo could be developed further which has now been distilled down to some key areas where we feel Amazon Echo could both support individuals' outcomes and Promoting Independence objectives. Amazon devices have also been trialled by some staff in IMT and some service users with sensory impairments. The use of Amazon devices has also been included in the design of the new supported living flats for people with learning disabilities at Netherwood Green. The development work with Amazon will be taken forward as part of the ongoing development of the assistive technology strategy and service.

6. Conclusion

- 6.1 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.
A review is being carried out of Assistive Technology by Adult Social Services, which will lead to the development of a new strategy and approach.
- 6.2 Some improvements have been identified during the review that will 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.
- 6.3 The report highlights of some of the key areas of work the service is taking forward as part of its service development and testing of future potential application through new pilots, including:
- a) The Herbert Protocol
 - b) strengthening working with the reablement service
 - c) looking at how AT can support timely discharge from hospital
 - d) a pilot to work with the existing Occupational Therapy/Assistant Practitioner service
 - e) developing a new training programme for all potential referrers
 - f) development work with Amazon
 - g) examining in detail reported savings in other authorities to help test our assumptions and inform our model in Norfolk
- 6.4 Data gathered from the new developments and pilots will be evaluated to inform the Full Business Case and development of the benefits model.

7. Recommendations

- 7.1 **Adult Social Care Committee Members are asked to:**
- a) **Note progress to date on the review and work in progress**
 - b) **Agree to receive further updates on the development and implementation of the new strategy and model**

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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