Assistive Technology in Warwickshire Statement of Intent 2018 – 2021

Background, needs assessment and market shaping information

1. Purpose

This statement of intent sets out details of Warwickshire County Council's (WCC) assistive technology (AT) offer for the citizens of Warwickshire. This document is underpinned by engagement with partners, our customers and the wider public. The statement of intent for AT is made up of the following;

- 1. WCC's commissioning intentions and priorities in relation to the delivery of AT in the form of a high level slide pack;
- 2. Background, needs assessment and market shaping information;
- 3. Delivery plan and specific business cases that will be developed in response to the SOI.

The deployment of AT in Warwickshire is central to Warwickshire's Transformation Programme. Specifically, how people are supported to self-assess their needs and purchase their own equipment and technology if necessary and how people are supported to remain independent, transition to more independence and/or are supported to remain at home for longer via the use of equipment and technology to support or replace traditional forms of care.

There are also opportunities to work with children with disabilities and their families to understand how AT can support their daily living, but more importantly how it may assist young people in fulfilling their potential independence, and allowing them to stay in control as they become adults.

2. Aims and Scope:

The delivery of the statement of intent aims to;

- Improve and increase the AT offer to customers across Warwickshire;
- Support people in Warwickshire to stay safe, healthy and independent via the use of technologies;
- Clearly position the use of AT as crucial to delivering WCC's prevention and early intervention agenda;
- Reduce, delay or prevent the need for ongoing care by using AT at an earlier stage in people's lives;
- Promote and provide opportunities for the citizens of Warwickshire to access AT products, information and advice;
- Promoting a culture of self-care within the population;
- Work with partners across Coventry and Warwickshire to develop a joined up approach to AT.

The delivery of this SOI will impact on all age and customer groups including older people, people with a learning disability, people with a physical or sensory impairment, people transitioning between children's and adults services, people with mental health needs/difficulties, people with dementia and children with

disabilities, sensory or physical disabilities and informal carers of all of these groups. AT can be used in a variety of settings including healthcare, residential homes, Extra Care Housing, social housing, supported living or day support provision and an individual's own home (not an exhaustive list).

Telehealth customers are included in this statement of intent. WCC will seek to identify opportunities to join up with our local CCG partners, District and Borough Councils and Housing partners to deliver on shared outcomes of supporting our citizens to stay independent and well, this is specifically detailed in priority area 3 (support to those with long term or complex needs).

3. What is Assistive Technology?

Often terminology about AT can cause confusion and AT and equipment are often referred to interchangeably. The nationally agreed definition of AT is;

Any device or system that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed¹.

Irrespective of what this definition means to different audiences, AT can improve functioning and independence for people with care and support needs, with the ultimate aim of promoting their wellbeing and independence.

Increasingly, AT products are available to purchase online or on the high street and are designed to 'blend in' with the fixtures and fittings of any household.

4. Outcomes and benefits:

It is envisaged that the delivery of the AT statement of intent will help **individuals to**:

- Use their capabilities to remain Independent, have purpose and feel safe;
- Be socially connected and engaged;
- Encourage and maintain health and well-being.

Strategic service level outcomes are that AT will help assist with:

- Prevention and/or reduction of unplanned hospital or emergency admissions into 24hr care;
- Safe and supported hospital discharges;
- Support carers and minimises carer breakdown;
- Supports community cohesion and connectivity;
- Promotes safety and independence;

¹ The Royal Commission on Long Term Care, 1999.

• Promotes and enables self-care behaviours and improves physical and mental wellbeing.

5. Commissioning Intentions

Providing people with the opportunity to access the support they need - finding out what works to keep people independent, safe and well and facilitate access to this before they reach our front door.

The commissioning intentions/priority areas that this SOI will deliver are;

Priority 1: Prevention - Technological solutions that empower people to enhance their own independence and wellbeing.

Priority 2: Early intervention - Technology that supports people to stay independent at home for longer and to access the community, education or employment.

Priority 3: Long term/complex needs - Technology that helps support people with complex/long term conditions or health needs (telehealth).

See slide pack for commissioning intentions ADD LINK.

6. National and legislative context:

Positioning of AT can be at all stages of the care and support journey and the diagram below helps pinpoint the times in an individual's life that AT can be used and the outcomes this helps support. It is questionable currently if AT is being fully used at all of these stages. The TSA new model of care diagram below suggests that the use of AT across all these stages will help make existing service delivery more efficient, delay or reduce an increase in care needs, making more difference with less intensive packages, assisting the reablement journey and reducing carer breakdown.

It is important to note that although there is evidence of cost avoidance and efficiency savings via the use of AT this must be

Reliable **Prompts** alerting sooner left alone issued Reassurance Care Severity of budgets spent incidents reduced effectively Range of Needs PIR. bed/chair Confidence automatic sensors monitored sensors etc. Appropriate and prompts Pendant esponses for and base unit Safety Can call for Help called Confidence to automatically; take positive Call for help Safety and Slows Support Complex/ when needed Unable to regain down Respite for home wit independence telecare progression care Lost of care Significant harm Loss of Safety/ Supporting package Pendant Social confidence indep'ce; Recurrences and base a care activity. serious carers unit confidence Carer Stays well Serious away Correct motivation Reduced alerts decision confidence Activity to info, Optimal nonitoring wellbeing Reliable advice. quality of Maintain activities Death; wellbeing, life Needs Person ca Res. care Carer alert social and work Carer could die at activity via online upport; car develop use of time **Outcomes Solutions** Risks Situation Residential/nursing care

² TSA, The Voice of technology Enabled Care, 2017.

The Care Act 2014

The Care Act 2014 places a duty on WCC to ensure that citizens have the information and advice to make good decisions about care and support. WCC needs to be confident that the wider community, not just WCC customers, have the information and ability to self-assess and purchase AT based on their individual needs. People need to be able to access AT at a timely stage for them to support them to self-care and prevent growing needs. This will also help them to feel more confident and able to access the community, stay in contact with others and to retain independence.

7. Local context and background

Headlines:

AT products and services offer value for money and outcome focused solutions for people with care and support needs.

As part of an individual's care package, or used prior to the development of care needs, AT can help reduce risks, promote individual well-being, connect individuals to their community and feel less isolated.

Key findings:

- The AT, smart and clever technology provider market has grown rapidly over the last 5-10 years. WCC has provided a small range of products via our main contracted provider for the integrated community equipment service that have been 'prescribed' to customers in mostly a product focused way.
- Local and national service providers, District and Boroughs and some Health services also offer AT products across the county that local citizens can access.
- Mainstreaming of technology and emergence of 'Smart Homes'; There is an increasing use of technology and products that have the ability to connect to the internet by the general population for example, smartphones, Fitbit, Amazon Alexa, Hoover smart ovens etc. The average UK household is estimated to have 8.3 web connected devices and this is estimated to rise to 29 devices per household by 2029³. Health and social care support and services needs to ensure that our service delivery is keeping pace with the wider technological shift in an individual's life.
- Activity monitoring products and services are becoming more technological advanced and enable users to identify risks and areas of need before they occur. This is an important shift from 'react and respond' technology such as emergency alarms to sensors and triggers that can monitor activity monitoring sensors movement/hydration. This enables users to prevent and intervene before a crisis situation occurs.
- Consideration of how the core housing offer can be developed in response to the AT SOI. Particularly the development of 'smart homes' considering disability friendly, age friendly and dementia friendly design principles helping residents live independent and well for longer.

³ 'A digital future for technology enables care?, The Voice of technology enabled care, TSA, 2017.

• Sub Regional partners and local academic universities are exploring similar opportunities and challenges around the use of AT within health and social care. WCC will explore opportunities to link with local universities, smart houses around emerging evidence and opportunities to innovate within the AT offer.

Issues:

- A report⁴ into attitudes around the use of technology revealed that 73% believe that technology will play an important role in assisting older people in the future. 66% believe that future technologies will support living at home for longer. 69% feel that the latest technologies are easy to use. Although, 57% fear losing the ability to interact with other people due to future technological innovations. Individuals have high expectations about the role of technology and its ability to support independence but this is matched with some fears around its potential impact on social contact. Supporting people's' knowledge and confidence about AT is going to be key driver for successful uptake of AT.
- BT have confirmed that analogue phone lines will be switched off by 2025. This digital switch over will have a huge impact on telecare services with products such as lifelines being connected to phone lines and 1.7 million people in the UK using telecare. The process to get ready for the switch over has started with many of the large providers of lifelines changing their hardware to be IP enabled. The potential of this switch over is that each lifeline unit will have internet connectivity and can link to many devices at one time.
- WCC is moving to offering technology, as part of the care management process, in an outcome focused way, enabling people to utilise products that are most likely to support their individual care and support needs, and that also support people to achieve what is important to them.

7. a Current AT usage

- WCC currently commissions Millbrook Healthcare to provide AT and equipment services in Warwickshire within the Integrated Community Equipment Service (ICE). Most services offered via this contract are 'traditional' AT products/telecare both monitored and stand-alone pieces such as pendant alarms, door or bed sensors or medication dispensers.
- The data below has been taken from current ICES contract management and details specific AT items ordered and costs during the period 1St April 2017 28th February 2018. This data does not account for any AT items that may have been accessed through other channels such as by providers or customers themselves, via pilot projects or on loans or trial basis.

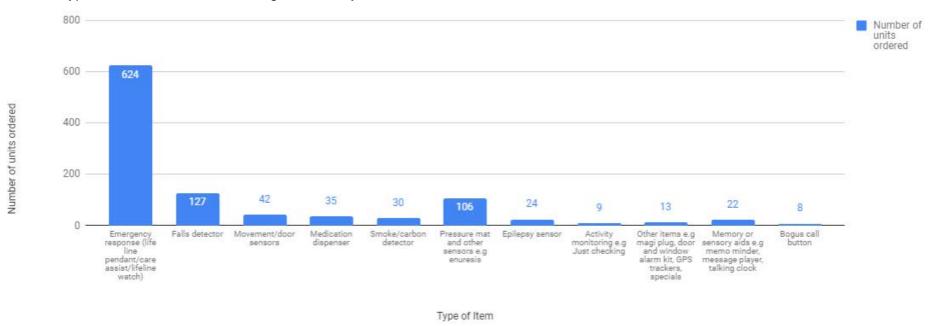
Team/area	No of AT items ordered	Total Cost
Social care	963	£81,353.25

⁴ 'How Tech Savy are we? The institution of Engineering and Technology 2016.

Health	77	£7,050.40
Total	1040	£88,403.65

(Table 2: Total number of AT items ordered during April 2017 – February 2018 via the countywide ICES contract only)

- In context, AT spend accounts for only 1.7% of overall health and social care equipment spend so is currently a very small percentage of the overall contract activity and value.
- To provide a sense of the types of AT currently being ordered by social care and support staff in Warwickshire the graph below provides a breakdown of types of AT items ordered through the countywide ICES contract.



(Graph 1: AT items ordered April 2017 - February 2018):

• The main product types ordered are traditional telecare items like lifelines and sensors/fall detectors. There is also evidence to suggest that practitioners are mainly sticking to contract stock when purchasing AT; out of 10421 Special orders (non - contract) items at cost of £548,805 only 3 of these were for AT products with a total value of £239.

7. b. Telecare:

- Lifelines are one of the most common type of telecare product with over 9,000 people in Warwickshire using these type of services. They offer reassurance to vulnerable people and their families and carers that in the event they need help and support in an emergency then this can be accessed via the push of a button on a pendant or other wearable device or mobile phone.
- A report⁵ by Care Performance Partners summarised 41 local authority evaluations and concluded that Telecare was most effective when targeted as part of an assessment or care plan with average annual savings of £1,151 per person for social care. However, this report did note that where Telecare is used for reassurance only it actually adds to costs.
- WCC commission a telecare service within the ICE contract, this includes 24/7 monitoring support as well as the provision and installation of the products. A physical response service (as an alternative to an ambulance call out for cases that are urgent but are not medical) is also available but this in its current form is unsustainable due to costs per call out. For this reason other options are currently being considered for physical response.
- WCC Customer charges for WCC telecare; this is dependent on financial assessment but a maximum of £1.11 per week will be charged for monitored telecare.

Area	Numbers of telecare users
Rugby Borough	2100
North Warwickshire Borough (covering some of	2221
Nuneaton)	
Warwick District	3570
WCC countywide ICE contract telecare users	1160
Total	9051

(Table 3: Warwickshire's commissioned telecare and District and Borough telecare services)

- Within Warwickshire, telecare can also be accessed via our district and borough partners in North Warwickshire, Rugby and Warwick. All offer reasonably priced services with contact centre and physical response support. Each district and/or borough are looking to expand the range of AT products that they offer to their customers. This local offer is positive and will support with prevention and early intervention with citizens being able to quickly and easily access AT via their local district and borough council without necessarily needing to come to WCC. When developing the information and advice offer about AT, we need to do this jointly with our partners making the options about where telecare services can be accessed clear.
- The potential functionality and flexibility of telecare is likely to significantly change over the next 7 years due to BT announcing that the digital switch over will happen by 2025. Via our commissioned provider, and in partnership with our District and Borough Council colleagues, we will be seeking to maximise the potential that the digital switch of telecare services offers us whilst seeking to minimise the impact on our customers and securing the most value for money options.

8. Trend analysis

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⁵ Telecare: outcomes and cost effectiveness, Care Performance Partners, 2015

The growth in the technology market has seen large providers such as Amazon and Google develop products for the wider population that are proving very effective in the social care and health market such as the Amazon Alexa being used to help prompt and remind people to help enhance their independence. The more traditional social care/health based AT market is a needs led market with providers developing products and solutions based on demand. Predominantly the AT market has developed products for older people where frailty, declining health and independence is an issue. This need area is also mirrored in our local needs assessment and WCC anticipate that older people and people with disabilities are and will continue to be the biggest users of AT in Warwickshire.

Key findings:

Demographics for people aged 65 and over between 2017 and 2025⁶:

- It is estimated that 20% (114,497) of the Warwickshire population is over 65
- A 7% Increase in those in Warwickshire unable to manage at least one domestic task on their own by 2020;
- 6% increase in those 65+ predicted to have a fall in Warwickshire by 2020:
- 11% increase in those 65+ predicted to have a fall resulting in a hospital admission in Warwickshire by 2020;
- 7% increase of 65+ people unable to manage at least one activity on their own in Warwickshire by 2020;
- 9.5% increase of 65+ people predicted to have Dementia in Warwickshire by 2020;
- 9.5% increase in people aged 65+ predicted to have severe hearing loss by 2020 in Warwickshire.

In addition within children's and transition to adults services Warwickshire has;

• 80-100 people passing through transitions each year;

And service activity with Children equates to;

- 123 AT users are between the ages of 18 64;
- There were only 7 AT items ordered specifically for children at a total cost of £584 during 2017 2018.

Issues:

- There is an underuse of AT products in all services areas when considered alongside demographic increases and increasing levels of needs that require support to retain independence.
- There is a crucial need for robust and universal AT and preventative services given the demographic demands that will challenge health and social care services in Warwickshire.
- There is extremely low uptake by children and young people or those transitioning to adult services and there is the need to understand benefits and outcomes for these groups.

⁶ Projecting Older People Population Information (POPPI), Oxford Brooks University, 2018.

9. AT engagement responses

Headlines:

Engagement activities took place between November 2017 - January 2018 with adults, children and young people to understand what is important to people about the use of AT in Warwickshire and how they want to access this now and in the future. 98 people took part in a survey which contributed to the results of this engagement.

The survey results mirror those of previous AT engagement in Warwickshire; that awareness levels about AT, what it is, how to access it and how it can benefit individuals is low. Low awareness is prevalent amongst customer, staff and groups of providers that we engaged with.

Key findings:

- It is important for people to use AT to help them stay independent and safe, to be socially connected and stay in contact with others and to stay healthy and well. 63% of respondents reporting that they think that AT can support them with 'being safe at home and when out and about', 43% responded to say that AT is useful in 'helping me to stay in contact with others' and 43% responded that AT can help with 'memory support' (43%).
- Some of the direct comments we received from the public include;
 - I tested a bath lift, electrical tin opener, kettle tipper. I have purchased all of the above as I could at the time and the wait for OT was far too long. I needed the items at the time not 6-8 months later.
 - My family have looked online for AT to help with my memory/independence. We are not sure what is relevant, useful, or value for money.
 - During recovery from a broken pelvis I obtained a pendant alarm. The pelvis was treated & I'm able to pursue all my activities locally and in London. I
 have kept on with the alarm because it gives such reassurance in the house.
- Comments received help indicate how AT can support overall health and care needs and reduce need for more traditional forms of care. The world of technology in care and support is changing all the time and people need help and advice to understand what they can use to help themselves.

Issues:

- Comments received during the engagement exercise and as demonstrated by survey results point to low awareness levels about AT, what it is, how to access it and how it can benefit individuals.
- Actions to address awareness of AT and access to it will be pursued within the delivery plan for this SOI.

10. Cost benefit analysis:

Extensive work has taken place nationally to understand the cost benefits of the use of technology in care and support. Predominantly, savings that are attributed to the introduction of technology are linked to cost avoidances rather than cost reduction. For example, door sensors to keep someone who has memory or cognition problems safe at home in between the hours when they have domiciliary care calls; this could potentially avoid the need to have

additional care calls for that individual. In some areas cost reduction can be achieved such as using technology to understand the appropriate level of care and support for an individual based on their patterns of activity.

A report⁷ by the LGA concluded that technology enabled care (AT) can help drive down costs by reducing the need for home care, delaying admission to residential care and helping to monitor and limit instances of carer burnout. The use of AT is referenced in a report⁸ as being integral to how council's manage demand at the 'front door' by helping people find their own solutions for their problems. It is very effective in helping to meet the needs of people with lower care needs.

A focus on prevention within this statement of intent will therefore contribute to cost avoidance by delaying entry into health and social care services and delaying and/or avoiding increasing care costs for our current customer base.

To achieve this, technological solutions need to be a formal part of assessment and care planning being clearly linked to an individual's outcomes and the services they are avoiding as a result of utilising AT. Enhanced staff training and the creation of AT champions within teams will help assists with this and is detailed within the delivery plan.

11. Current contractual arrangements:

Our current Integrated Community Equipment provider (ICE) distributes, installs (including repair and replace) AT equipment ordered by practitioners. Via this contract customers using monitored products can also utilise the 24/7 telecare response service.

There is currently a commissioning gap in terms of the more developmental areas of AT delivery, some of these areas are listed below;

- Information and advice offer with regards to uses and benefits of AT and how to access AT in Warwickshire;
- Online outcomes based assessment facility leading customers to a facility to purchase products;
- AT 'expert' assessment and advice for both customers and practitioners to access;
- Retail space and/or demonstration facilities.
- The need for a 'monitoring and response' service that is compatible with new AT products that link via a Smartphone.

12. Market shaping/position:

Key to the delivery of the intentions within this plan is being able to access a varied and accessible market place. In terms of the provider market for AT this can be viewed in two respects. Firstly, the growth in the number of technology providers makes it difficult for an individual to know who to go to and what

⁷ Transforming Social Care through the use of information and technology, LGA, 2016

⁸ Predicting and managing demand in social care, Professor John Bolton, 2016

offers the best solution. Secondly, it is important to be aware of the role of the wider health and social care provider market with regards to their integration of technology into their service offers. For example, domiciliary care providers, residential and nursing care for older people and supported living providers for people with disabilities.

Feedback from the wider provider market has revealed that the understanding and application of AT within their service models is limited and awareness is low. This being said there are some excellent examples of service providers innovatively using AT within their service models. For example, electronic care records, food and fluid charts that easily allow staff in a care home to understand the current needs of a resident and their hydration and nutrition.

13. How will we review our Statement of Intent?

The delivery of the statement intent will be progressed by the Assistive Technology working group which will be overseen by the Assistive Technology Project board. The Assistive Technology board reports to the Adults Programme Delivery Board and will interface with Transforming Care Board

There will be opportunities for ongoing engagement with wider providers and groups including update reports to;

ICE Board, Warwickshire Housing Board, the Learning Disability Partnership Board, Warwickshire Dementia Strategy Board, Carers Strategy Board. Customers and carers will be engaged within specific work related to the statement of intent delivery including;

- The communication and marketing plan;
- · Re-shaping and delivery of commissioned services;
- As part of WCC pilot activity feeding back and sharing their views.

Ongoing updates and links to resources and case studies will be posted here; https://www.warwickshire.gov.uk/telecare