

**TRANSFORMATION FUND BID – ASSISTIVE TECHNOLOGY IN OLDER PEOPLE’S CARE AND ASSESSMENTS**

**To:** General Purposes Committee

**Meeting Date:** 20 September 2016

**From:** Charlotte Black, Service Director: Older People & Mental Health

**Electoral division(s):** All

**Forward Plan ref:** 2016/047      **Key decision:** Yes

**Purpose:** To seek approval from General Purposes Committee for investment in the expansion of the use of assistive technology in the care and assessment of older people

**Recommendation:** General Purposes Committee is asked:

- a) To approve the business case for phase 1 and the investment from the Strategic Transformation Fund to support the wider use of assistive technology. A finance summary is included in Section 6.1.
- b) To comment on the phase 2 concept and the wider work programme.

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## **1. BACKGROUND**

- 1.1 We want to maximise the potential of assistive technology to help meet people's needs and to help them to remain as independent as possible for as long as possible. We are working to embed the use of assistive technology into our thinking and ways of working at every stage of the care journey. We are building on the existing arrangements and working to reach the point where every care plan for every person has technology embedded. We also want to ensure that technology is used preventatively as widely as possible for people well before they reach the point of requiring formal care.
- 1.2 As part of that ambition the forthcoming paper is to seek approval from General Purposes Committee for investment in the expansion of the use of assistive technology in the care and assessment of older people – to support the delivery of significant savings as part of business planning.
- 1.3 The investment initially being sought for equipment and roll-out represents phase 1 of the proposal, with the intention to bring forward a subsequent linked business case for the establishment of an enhanced response service at a later date.

## **2. PHASE 1 PROPOSAL – EXPANDING THE USE OF MONITORING EQUIPMENT**

- 2.1 The proposal is to invest in and expand the use of Just Checking (or similar) equipment to reduce care spend in older people's services. As part of a social care assessment the equipment gives us a full report of a person's movements during a given period allowing us to test whether they are able to go about daily life (eating, washing, dressing, going to the toilet) unaided and to check that overnight they are safe at home.
- 2.2 This full picture of a person's daily patterns and movements allows us to say with significantly more accuracy and confidence whether they can or cannot cope independently at home and this additional information and confidence would allow older people, their families and social workers to only make the decision to recommend a move into residential or nursing care where it is absolutely essential. In this way we can reduce care spending overall whilst ensuring we do make provision for those who cannot be independent in their own homes.
- 2.3 For Older People's Services it is suggested that there is potential to achieve new savings by preventing or delaying the need for people to transition into residential care. The use of technology will also help ensure we reduce the expenditure on forms of overnight support in people's homes (e.g. sleep in or on-call support)
- 2.4 We also intend to link the expanded use of Just Checking equipment to the discharge process - it could potentially help us by supporting complex discharges, avoiding delays and reducing the cost of post-hospital care packages.
- 2.5 To achieve benefits from the use of just checking equipment (phase 1) we will;
  - Purchase an increased number of sets of equipment - proposed 30 units at cost circa £2000 per unit (60,000)
  - Invest in additional staffing capacity to support the wider use of assistive technology in OPMH services, undertaking assessments, analysing the reports, liaising with locality teams and similar (2FTE staff required at cost of 40k= £80k)

- Deliver a significant workforce development/training programme across OPMH teams to promote the potential of just checking equipment and other assistive technology to meet needs at lower cost – this would be led in partnership with the equipment provider (£40k)
- Embed consideration of the just checking equipment and other assistive technology in the pathways and working practices across teams – in particular within the reablement service. This element includes strong links to the MOSAIC project which needs to ensure our IT systems support and encourage the deployment of equipment as part of standard practice.

- 2.6 In total this therefore represents a one-off investment of £260k from the Transformation fund. There is no ongoing financial liability from this investment - the equipment purchased would normally have a lifetime use of 10 years and is recycled amongst service users after deployment for a number of weeks. Similarly the additional staffing would be recruited on a fixed term basis for 2 years with the intention for the ongoing monitoring element of the workload to be delivered by the equipment provider – allowing us to deliver service within existing staffing resources after the 2-year project period.
- 2.7 The expanded use of this equipment has the potential to deliver savings by avoiding or delaying the move of older people's service users into residential or nursing care.
- 2.8 The potential saving deliverable from this scheme has been modelled as follows;
- 288 older people moved from domiciliary care to residential or nursing care during the 2015/16 financial year and we are assuming that in future years the same number would make this transition under a do nothing scenario.
  - On average the cost to the local authority of residential/nursing compared to domiciliary care was an additional £308 per week per service user
  - On average an older person would normally spend between 18 months and 2 years in residential care/nursing care at the end of their life.
  - We are assuming that the use of assistive technology might delay this entry to residential care by 9 months (39 weeks) rather than avoiding it altogether.
  - It is assumed that in 15% of these potential transition the deployment of the assistive technology allows us to support someone at home for longer and delay the move into residential care
- 2.9 With these assumptions the predicted annual saving is £518,918 (288 clients x £308 x 39 weeks x 0.15 = £518,918). This saving would be achieved in the 2017/18 financial year.
- 2.10 Across the 5 years of the business plan the cumulative saving is therefore £2,594,590. Compared to the total investment of £260k, the financial business case is clear.
- 2.11 It is also important to emphasise that helping older people to retain their independence and links to their communities for as long as possible has a major impact on quality of life and wellbeing. These savings are therefore achieved whilst improving outcomes and care experiences for older people.

### **3. PHASE 2 - A PARTNERSHIP PROJECT TO ESTABLISH AN ENHANCED RESPONSE SERVICE**

- 3.1 Phase 2 of the proposal is for a partnership project to establish an enhanced response service to incidents where social care service users get into difficulties (often falls) at night.
- 3.2 At present the absence of a response service is resulting in several unnecessary costs to public services
- Calls to the ambulance service for people who need attention but do not actually need to go to hospital
  - Hospital admissions (and associated disabling effect) for older people who do not really need acute treatment
  - The deployment of very costly overnight support (sleep ins / waking nights) for people with learning disabilities – in case something happens
  - Decisions to recommend costly residential / nursing care for older people because they are considered to be too much at risk overnight without quick response support being on-hand
- 3.3 The response service we would like to develop would ensure that someone could respond to an incident quickly – go to the home, check them over, see that they were not seriously injured, and literally stand them back up and stay with them until they are confident to be left.
- 3.4 This out of hours response would also link to the implementation of preventative measures, fitting equipment in the home and consideration of whether the person's social care needs have changed or whether intermediate tier health services might need to be engaged. In this way an overnight call out begins a preventative / intermediate tier pathway of support rather than an acute response or no help at all.
- 3.5 If such a service existed across Cambridgeshire it would allow us to reduce the number of unnecessary ambulance call outs and hospital admissions occurring at night – with an immediate efficiency saving to the NHS both in the Ambulance Trust and for Acute hospitals. If linked to intermediate tier health and social care support, the response service would also have a preventative effect, ensuring that when a person has difficulties at night then their situation is quickly reviewed and action is taken to avoid it happening again – with the associated savings to health and social care budgets from early intervention.
- 3.6 More immediately it would allow the local authority to have further confidence in avoiding or delaying the needs for forms of residential, nursing or 24 hour care – with teams, service users and families having greater confidence in someone remaining in their own home if they know that a high quality emergency response will be available if needed. An initial estimate of this effect is that a further 10% of annual moves into residential and nursing care would be delayed - which would deliver an additional £346k saving from phase 2.
- 3.7 In some local authority areas links have been made to local fire services who can provide this out of hours service. Initial contact has been made with the Fire Service in Cambridgeshire who have expressed an interest in working with us in this way with us. They have spare on-call capacity which could be brought in quickly – with the local authority

(and potentially health partners) paying a small call out fee (circa £35) for a responder who would be trained to work as part of a preventative and emergency pathway. In Gloucestershire this model is in place with a simple service level agreement setting out the offer and remunerations.

- 3.8 Ideally we would need to establish an offer which can respond at all times of day and across all of the County (and perhaps Peterborough). Rather than being a single solution the best approach is likely to be to network the various elements of capacity held within different organisations – including intermediate health provision, housing association and district council teams , County Council roles and any agreed Fire Service offer.
- 3.9 To develop a potential enhanced out of hours response service we are;
- Working with the Fire Service to finalise the business case for their involvement – this is being considered by the Fire Authority in August
  - Working with the Ambulance Trust and CCG on the potential benefits to health partners of establishing such an offer and whether they would be interested in co-investing in it with the local authority. This is being explored through the Better care Fund and Sustainability Transformation Plan
  - Developing the links from any new out of hours first response to the wider social care and intermediate tier health offer – including in particular the JET and neighbourhood teams
  - Working with the District Councils, housing associations, providers and other partners to map the current response offer – in terms of call centres receiving the out of hours alerts and any existing capacity to send a responder
- 3.10 The initial discussions we have had with partners have been very positive. The next step is to test and finalise a business case for investing in the enhanced out of hours service, set against savings to care and health services.

#### **4. WIDER ASSISTIVE TECHNOLOGY WORK PROGRAMME**

- 4.1 This specific proposal forms part of a cross directorate work programme on the use of assistive technology. Colleagues from LGSS and corporate services are supporting Children, Families and Adult (CFA) leads exploring a range of other areas for development, including;
- Exploring the approach to identifying the latest equipment and buying it most cost-effectively – it's a very dynamic market so finding and getting the best kit at the best price is a complex task
  - Exploring how we can embed the deployment of assistive technology in children's services – especially for families with children with disabilities – helping managing demand for the Learning Disability Partnership adult care budget
  - Embedding assistive technology and telehealth in the Proactive Care and Prevention Pathway of the joint Sustainability and Transformation Plan with health partners
  - Embedding the use of Assistive Technology in Discharge Planning – how can we use AT to help us support people to leave hospital promptly and safely – especially for complex cases

- Link with Peterborough City Council's '100 homes' pilot of Alcove technology being piloted in an extra-care setting, and identify other opportunities to explore benefits (e.g. to support assessment process, replace homecare etc)
- Promoting self-help - Identify and promote opportunities for self-help and support, for example, Apple offer free training sessions to support and promote the use of their accessibility features:
- Exploring whether we might want to offer some pump-priming funding and capacity to companies looking to develop new ATT – helping them bring products to the market and potentially giving us a return on the investment
- Reviewing how the potential of assistive technology is threaded into all of our processes at every stage of people's involvement with the local authority – it should be an integral part of thinking from early help through to high cost care. The new IT systems being implemented through the MOSAIC project represent an opportunity to get this right and we should also think about embedding it in our QA framework and reviews programmes
- Exploring the case for using mainstream devices to help support people living with various disabilities such as: Sensory: sight/hearing and dual, Alzheimer's/Dementia; Autistic Spectrum disorders, Physical, mobility, communication difficulties. People who are using mainstream devices such as Apple/Android technology often find it useful to have much of their supports loaded on the one device and many people prefer to use mainstream "normal" devices avoiding the need to use dedicated pieces of equipment which are often very pricey. Many of the Apps are free and very low cost.

## **5. ALIGNMENT WITH CORPORATE PRIORITIES**

### **5.1 Developing the local economy for the benefit of all**

There are no significant implications for this priority.

### **5.2 Helping people live healthy and independent lives**

The intention of this proposal is to support people to live independently. The report above sets out the implications at paragraphs 2.1 and 2.2.

### **5.3 Supporting and protecting vulnerable people**

The use of assistive technology can be a key part of supporting and protecting vulnerable people. The part 1 proposal described in section 2 of this paper describes the impact of the technology is supporting vulnerable older people to live in their own homes. The part 2 proposal in section 3 could make a significant contribution to protecting vulnerable people, by providing a response which ensure people get help quickly but avoid the need for hospital admission wherever possible.

## 6. SIGNIFICANT IMPLICATIONS

### 6.1 Resource Implications

The resource implications are summarised at paragraphs 2.6 and 2.8 and an overview of the finance table is below.

FINANCE (Year 0 is the current financial year)		£'000					Year 0
		Year 1	Year 2	Year 3	Year 4	Year 5	
Investment	Staff	80	-30	-50	0	0	30
	Non-staff	30	-30	0	0	0	70
	Resources	30	-30	0	0	0	10
	IT/Digital	0	0	0	0	0	60
	Assets/Property	0	0	0	0	0	0
	Other	0	0	0	0	0	0
	Revenue impact of capital	0	0	0	0	0	0
	<b>TOTAL</b>	<b>110</b>	<b>-60</b>	<b>-50</b>	<b>0</b>	<b>0</b>	<b>100</b>
Saving / income total		-519	-346	0	0	0	
Net saving / income		-409	-406	-50	0	0	

### 6.2 Statutory, Legal and Risk

There are no significant implications.

### 6.3 Equality and Diversity

There are no significant implications.

### 6.4 Engagement and Communications

There are no significant implications.

### 6.5 Localism and Local Member Involvement

There are no significant implications.

### 6.6 Public Health

The use of assistive technology and in particular the equipment deployed as part of this proposal will support people to live more independently, stay connected to their communities and in their own homes and stay mobile – all of which will have significant public health benefits. The Public Health service are engaged as part of the working group and are helping to identify priority areas, needs and health conditions where technology could make a difference as the work programme develops.

<b>Implications</b>	<b>Officer Clearance</b>
Have the resource implications been cleared by Finance?	Yes Name of Officer: Chris Malyon
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	No Name of Officer: Not applicable
Are there any Equality and Diversity implications?	No Name of Officer: Not applicable
Have any engagement and communication implications been cleared by Communications?	No Name of Officer: Not applicable
Are there any Localism and Local Member involvement issues?	No Name of Officer: Not applicable
Have any Public Health implications been cleared by Public Health	See 6.6 for Public Health involvement Name of Officer: Liz Robin

<b>Source Documents</b>	<b>Location</b>
None	Not applicable