

ASSISTIVE TECHNOLOGY STRATEGY

To: **Cabinet**

Date: **10th July 2012**

From: **Adrian Loades**

Electoral division(s): **All**

Forward Plan ref: **Not applicable** *Key decision:* **No**

Purpose: **For Cabinet to consider the Assistive Technology Strategy developed with NHS partners**

Recommendation: **Cabinet is asked to:**

- a) Approve the Assistive Technology Strategy (Executive Summary attached)**
- b) Delegate the monitoring of the action plan to the portfolio holder for Adult Services**

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1. BACKGROUND

- 1.1 The Assistive Technology (AT) Strategy has been developed in partnership with NHS Cambridgeshire and sets out the commissioning intentions for the next two years in relation to the development and provision of all aspects of AT to the people of Cambridgeshire.
- 1.2 Assistive Technology is an umbrella term for any device or system that allows individuals to perform tasks they would otherwise be unable to do or increases the ease and safety with which tasks can be performed. AT includes a range of health and social care equipment that can support people in the community, from the simplest medication dispenser to the most complex hoist or wheelchair.

2. MAIN ISSUES

- 2.1 An Executive Summary, including the Community Impact Assessment, is attached to this covering paper at Appendix A and the full draft strategy, including action plan, is available to read via the following link:
<http://camweb/as/ass/disserv/>
- 2.2 The AT Strategy has been formulated over the last 12 months. The reason for this significant amount of time is the need to involve partner agencies from a range of different sectors, consult with service users and family carers and to consider AT in its widest sense. In Cambridgeshire, AT is defined as a range of health and social care equipment that is available to people to support them to remain living as independently as possible in the community. Detailed definitions of the various and specific types of AT are contained in section 6 of the strategy.
- 2.3 This timescale has also meant that, since early drafts of the strategy, a number of actions have already been progressed. These have been left in the action plan (section 9 of the strategy) in order to ensure that any follow-up or monitoring work is not overlooked.
- 2.4 The development of the strategy included extensive consultation with service users and family carers and their feedback contributed towards the inclusion of specific recommendations. These issues are stated at paragraph 5.5 of the main strategy document and key messages were:
 - Information needed to be clear and readily available so that people can 'self help'
 - Accessing retail facilities was sometimes difficult in rural areas. This comment specifically led to us working with the Community Equipment Service provider (NRS) to design and develop a mobile assessment vehicle that could access rural communities.
 - There needed to be more flexibility in the use of Self Directed Support so that people could use their budgets to purchase equipment where there was an agreed need that was best met by equipment rather than other care services.

- 2.5 A Community Impact Assessment (CIA) was completed as part of the development of the strategy and this is attached as Appendix E of the main strategy document.

The key issues identified through the CIA were:

- To ensure that eligibility criteria for the different aspects of AT are clear so that people understand what can be provided through statutory provision.
- That information must be made available on line and communicated through service user forums, including to those in diverse communities.
- Ensuring that all staff are appropriately trained in assessing people for a range of AT equipment.

3. ALIGNMENT WITH PRIORITIES AND WAYS OF WORKING

3.1 Developing the local economy for the benefit of all

The following bullet points set out details of implications identified by officers:

- Through the provision of AT, people are able to access the wider community, opening up a range of options for vulnerable and disabled people
- There are positive implications in the development of the local economy in that Cambridge itself is an internationally recognised centre for research and development in all types of technology.

3.2 Helping people live healthy and independent lives

Cambridgeshire's vision in relation to AT is to ensure that people are able to access equipment, alongside other aspects of health and social care, to enable them to remain living as independently as possible within the home of their choice. The importance of this is reinforced in many national initiatives and publications. Specific reference is made to these in section 3 of the strategy.

3.3 Supporting and protecting vulnerable people

The provision of AT is a vital aspect of support to vulnerable and disabled people of all ages. AT can play an invaluable role in every pathway of care and offer individual solutions for individual needs. These can range from simple, preventative self-management through to complex integrated multi-technologies.

3.4 Ways of Working

The following bullet points set out implications identified by officers for:

- *Leadership.* Officers within the County Council provide a lead commissioning role in relation to AT working with partners as described

above. For further information of the partnership work undertaken, see page 3 of the Executive Summary attached at Appendix A.

- *Working locally.* The strategy demonstrates many ways in which services have been provided to meet individual needs at a local level. Engagement with local equipment suppliers and retailers has been particularly significant area of work in relation to the prevention and self help agenda and in the setting up of the AskSara on-line equipment information tool.
- *Investing in Growth.* Investment in AT can have benefits elsewhere in the health and social care system, as indicated in the case study examples at Appendix A of the full strategy document. See also 4.1 below for a summary of estimated savings.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource and Performance Implications

The following bullet points set out details of significant implications identified by officers:

- Investment in AT originates from three main routes: County Council, NHS and District Councils. These streams of funding are complex and varied and are detailed in the Commissioning Table at section 6 of the strategy.
- The current investment from the County Council means that social care needs are met through the provision of daily living equipment through the Integrated Community Equipment Service (ICES). The ICES is contracted out to an independent sector provider (Nottingham Rehab Supplies) and covers the provision, maintenance, collection and recycling of general health and social care equipment, including such things as hoists, bathing equipment and toileting equipment. County Council investment also covers the provision of telecare equipment, equipment for people with sensory impairment and investment in web based information and advice. The total annual investment in these areas is currently £2.5m. The greatest investment is in ICES (£2m). Although it is difficult to be precise about the financial impact of investment in ICES, an exercise has been carried out to estimate some of the actual expenditure and savings. By taking a sample of equipment provided through ICES (where the provision of equipment can replace the need for visits from a home care agency worker) an investment of £760K avoids in excess of £1m in expenditure on home care visits. These avoided costs were estimated by analysing items of equipment that support people to be functionally independent and avoiding the need for other social care support. As indicated in the strategy's recommendations, this will require further evaluation and forms part of the action plan.

4.2 Statutory, Risk and Legal Implications

The statutory responsibility surrounding the provision of equipment is contained in a number of pieces of health and social care legislation, and in

national policies as indicated in section 3 of the strategy. There are minimal risks in the implementation of the strategy, the greatest one being the potential impact if networks of communication are not comprehensively applied as it will be vitally important to ensure that staff and potential users of AT understand eligibility criteria and where responsibilities lie in relation to self help versus statutory provision.

4.3 Equality and Diversity Implications

A Community Impact Assessment has been completed for the AT Strategy and is included as Appendix E of the main Strategy document, the key elements of which are also stated at 2.5 above.

4.4 Engagement and Consultation

As stated at 2.4 above, extensive consultation was undertaken and the detail of this is contained in section 5 of the AT Strategy.

Source Documents	Location
The AT Strategy contains an extensive bibliography of references (See appendix D)	C Wing Castle Court Shire Hall Cambridge, or via the link: http://camweb/as/ass/disserv/



Shaping *our* Future:

Assistive Technology Strategy

2012 - 2014

Executive Summary



Executive Summary

The Assistive Technology Strategy sets out the commissioning intentions for the next two years in relation to the development and provision of all aspects of Assistive Technology (AT) to the people of Cambridgeshire.

Within the Cambridgeshire Health and Social Care system, AT encompasses a range of health and social care equipment, devices and systems that are available to people to support them to remain as independent as possible in the community. These include:

- Telecare & telehealth equipment
- Wheelchairs and specialist seating
- Daily living equipment
- Housing adaptations
- Equipment for people with visual and hearing impairment
- Communication aids
- Environmental Control Systems
- Orthotics and Prosthetics
- Equipment for Continuing Health Care

AT excludes specialist medical and nursing equipment, for example, continence products, syringe drivers, oxygen equipment and any other equipment that requires a prescription.

The development of the strategy has involved representatives from Cambridgeshire County Council, NHS Cambridgeshire, Cambridgeshire Community Services, District Councils, service users and carers.

The Vision

That people are able to access assistive technology, alongside other aspects of health and social care to enable them to remain living as independently as possible within the home of their choice.

This means that AT should:

- Be inclusive of all ages
- Be embedded in every pathway of care
- Offer individual solutions for individual needs
- Include simple self management systems through to integrated multi-technologies
- Offer opportunities for avoided costs
- Be equitable in terms of criteria for provision
- Integrated and coordinated in the approach to provision

The provision of AT is seen as fundamental in contributing to the prevention agenda through:

- Avoiding unnecessary hospital admissions
- Avoiding delayed transfers of care
- Supporting early discharge from hospital
- Promoting self management, independence and living at home
- Supporting carers

- Postponing the need for care packages and placement in care homes

The Strategic Framework

Both national and local policy frameworks support and encourage developments in making AT more available to the wider population as a way of enabling people to stay in their own homes for as long as possible. As a result of recognized demographic changes, it is anticipated that the market for AT is likely to grow by around 40% over the next ten years.

A number of key national strategies identify the importance of the provision of AT and these include:

- National Service Frameworks
- Our Health Our Care Our Say
- Equity & Excellence: Liberating the NHS
- Putting People First
- Living Well with Dementia
- National Strategy for Carers at the Heart of 21st Century Families & Communities
- Lifetime Homes Lifetime Neighbourhoods
- Joint Strategic Needs Assessment for Cambridgeshire

In addition to national policies, a number of pieces of research have been conducted into the benefits of AT across the health, housing and social care sectors and these studies are summarized within the strategy.

Key messages from these studies indicate that:

- The greatest benefit comes from focusing on individuals with the most complex needs
- The effective sharing of information between telehealthcare monitoring, GP records, community health and social care services, monitoring call centres, out of hours services and ambulance services is fundamental to achieving benefits
- AT needs to be integral to all pathways of care
- The greatest savings are achieved where informal carers are enabled by AT to manage without the need for overnight professional carers
- Savings are achieved in costs of residential care where the investment in AT to facilitate independent living can pay for itself in twelve months
- The use of telehealth equipment can significantly reduce hospital admissions and promote better medicine management
- The use of AT is effective in reducing falls
- The most consistent outcome of housing interventions is improved mental health

Locally, a needs analysis undertaken within Adult Social Care found that:

- Older people's knowledge and understanding of sheltered housing and telecare is limited
- A large number of queries received by Age UK are about equipment
- Users of Sense East requested more information on technology

Cambs LINK reported that people want information about buying their own equipment but reported 'bad selling' by retailers.

Commissioning AT Services Now and in the Future

A visit to any one of the national disability equipment exhibitions clearly demonstrates the huge range of equipment that is now available for people of all ages, and the obvious technological advances will only continue to escalate. The challenge for health and social care commissioners is to understand these developments whilst being clear about where responsibilities lie for meeting needs with a “piece of kit” rather than a “package of care”. This requires fundamental commissioning decisions.

The following recommendations detail the commissioning issues that need to be addressed over the next two years and beyond.

1. Ensure that high quality and accessible information is available to people through a range of formats to enable them to make informed choices in line with Cambridgeshire's strategic plan. This will need to include implementation of an on-line self help tool alongside telephone advice and assessment. There will also need to be information available regarding AT ratings and reviews by service users and carers.
2. Undertake a review of all pathways of care to ensure that access to AT, particularly Telehealth, is embedded at all stages of care and support. This would be achieved through:
 - The Whole System working group led by NHS Cambridgeshire, including medical involvement from consultants / GPs established under the Sustainable Healthcare Partnerships Programme Board undertaking work streams to redesign LTC 's Pathway's and move care closer to home away from an Acute Hospital setting
 - High health & social care service users identified through risk stratification of the GP population
 - Focussing on pathways for older people, long term neurological conditions, dementia, diabetes, COPD and CHD
 - Ensuring all documentation for pathways includes prompts for AT (ie within assessments, reviews, goal plans and support plans).
3. Ensure that the countywide Reablement Services utilise technology to increase service users' ability to self manage at home, introducing AT as part of the care package at an early stage so that service users and carers become conversant with the technology.
4. Prioritise IT project to ensure that key information from telehealthcare monitoring is accessible to clinicians across emergency services, acute, community, primary care, social care and call centres and compatible with existing IT systems.
5. Commission formal evaluation of the benefits of AT, particularly telehealthcare, working with academic partners. Evaluation needs to focus on functional and economic outcomes in order to inform and secure funding for AT future provision. Business Cases can then be built for each pathway building on the work of the Sustainable Health Partnerships. Consideration must be given to accessing a range of funding streams across all service areas.

6. Establish prescription and eligibility criteria for all aspects of AT so that service users and care managers / clinicians are clear about statutory provision versus self funding.
7. To review the legislative framework surrounding the possibility of charging for equipment, particularly in relation to equipment that is issued for 'prevention'. This will need to clarify responsibilities and procedures for Self Directed Support and personal health budgets in relation to the provision of AT.
8. Undertake ongoing evaluation of cases presented to the Exceptional Equipment Panel and use learning to inform business cases. The potential for business cases for powered standing frames, communication aids for adults and Functional Electrical Stimulation equipment have already been identified.
9. Consider possibilities for integrating different elements of AT provision where there are overlaps in the types of equipment provided or inequalities in provision between different service user groups – for example telecare and sensory equipment. This will need to consider mainstreaming the telehealthcare equipment (for example through ICES or self funding) to achieve efficiencies.
10. Establish a county wide equitable wheelchair service following the Cambridgeshire and Peterborough wheelchair service review project.
11. Establish an agreed hierarchy of AT qualifications for Cambridgeshire practitioners and commission the provision of that training. Predict numbers requiring training at each level. At Foundation level, this should include all disciplines working across hospital and community settings
12. Work with commissioning partners and independent sector providers to ensure equitable access to integrated call centre support for telecare and telehealth.
13. Work with Supporting People to review the current provision of response services and make recommendations for provision of equitable services county wide.
14. Explore the options for specialist engineering support where there is a need for technologies to interface and to assist in purchasing decisions of high tech specialist equipment.
15. Explore, with health partners, the possibility of using telemedicine for remote diagnostics and accessing remote expertise for advanced clinical management.
16. Work with district councils to develop county wide minimum standards for AT infrastructure for new housing developments and ensure that district councils use these standards when placing contracts with developers.
17. Ensure telecare component is built into care home contracts.

18. Ensure that AT plays an increasing role in diagnosis and treatment of Prisoners, to reduce the need to provide escorted visits to acute hospitals and utilising telehealth technology to aid diagnosis and prescribing treatment options. Review the telecare options in prison to meet the needs of an ageing population who are losing the physical functioning and require increased support. Build on the project being scoped to explore the use of telecare and telehealth in the local prisons to improve the outcomes for prisoners learning from the national pilots in Manchester and Wakefield Prison's
19. Work with partners in the independent sector to develop retail facilities that are accessible to rural communities.

These recommendations will be taken forward through the Action Plan action plan (see full strategy document) and will be monitored on a quarterly basis.

COMMUNITY IMPACT ASSESSMENT

Cambridgeshire's Assistive Technology Strategy

The following template has been put together to record the results of your impact assessment.

For each of these questions, take account of the following equality strands:

- Age
- Sex
- Gender reassignment
- Marriage and civil partnership
- Disability
- Ethnicity, race and culture
- Sexual orientation
- Religion or belief
- Pregnancy and Maternity

You may also want to consider these characteristics, which can be significant in areas of Cambridgeshire:

- Rural isolation
- Deprivation

	Key Sections	Your Answer
1.	Scope: <ul style="list-style-type: none"> What is the existing service, document or action being impact assessed? What are the aims and objectives of the service, document or action? 	<p>The document being assessed is Cambridgeshire's Assistive Technology Strategy which sets out the commissioning intentions in relation to the development and provision of all aspects of assistive technology (AT) to service users across all service user and age groups.</p> <p>The strategy seeks to bring together the various strands of current provision, identify areas of good practice, identify gaps in provision and improve information, and accessibility for service users with an assessed need against clear eligibility criteria.</p>
	<ul style="list-style-type: none"> What is the proposed change? What will be different? 	<p>The strategy contains seventeen recommendations for how the provision of assistive technology needs to be developed over the next two years focussing on:</p> <ul style="list-style-type: none"> Better quality information for service users Ensuring AT is integral to all pathways of care The wider use of telecare and telehealth technology Establishing clearer and consistent eligibility criteria
2.	Who should be involved: <ul style="list-style-type: none"> Who is involved in this impact assessment? <p>e.g. Council officers, stakeholders from partner organisations, service users and community experts</p>	<p>A number of stakeholders have already been involved in the development of the strategy and will continue to be involved in its development. These include:</p> <ul style="list-style-type: none"> Service users and carers via focus group sessions, the ULO and partnership boards District Councils NHS Cambs (Cathy Mitchell) Cambs Community Services (Jane Crawford-White) Supporting People (Melanie Gray & Lynne O'Brien) LDP (Paul Davies) Adult Social Care Commissioning Managers Transformation Team (Mike Hay)

3 a)	<p>What will the impact be?</p> <ul style="list-style-type: none"> • What groups will be affected by this? • What will be the impacts on these groups? • What evidence has been used to inform this view? • What plans are in place to mitigate any negative impacts identified? 	<p>Service users; potential service users; self funders; family carers; prisoners; staff working within adult services, older people's services, physical disability and sensory services, learning disability services and children's services.</p> <p>All of the above will have a clearer understanding of the commissioners' plans and intentions relating to assistive technology so that people will be supported with appropriate assistive technology to remain living as independently as possible within the home of their choice.</p> <p>The strategy includes a comprehensive section on the review of national research literature and the evidence base for the use of assistive technology. This was undertaken in liaison with Public Health. Feedback from service user forums was also used to inform the strategy. A number of local case studies are included as appendices in order to demonstrate the value in the provision of AT.</p> <p>There is a potential for the very existence of the strategy to raise unrealistic expectations amongst service users and others as to what equipment is going to be available through statutory provision. Presentations of the draft strategy have focussed on the importance of good quality information so that service users are encouraged to self help where possible. The development of clearer eligibility criteria will mitigate the potential issue over raising expectations. These will be communicated to service users as they are developed.</p>
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4. Making a judgement:

- Your final judgement – will your service, document or action have a positive, negative or neutral equality impact?
- If it will have a positive impact on some groups and a neutral impact on others, is this justified?
- Are there any existing or potential equality issues with your service, document or action that need to be addressed?

Equality strand	Judgement based on evidence cited above (positive, negative, neutral	Issues or opportunities that need to be addressed
Age	Positive (all age groups are covered by the strategy)	Streamlining eligibility between adult and children's services
Sex	Neutral	-
Disability	Positive (improving disabled people's access to AT)	Engagement with the various partnership boards.
Ethnicity, race and culture	Positive (improving accessibility regardless of ethnicity)	Information about AT will need to be available in a range of formats / languages
Sexual orientation	Positive (improving accessibility regardless of sexual orientation)	-
Religion or belief	Positive (improving accessibility regardless of religion or beliefs)	Engaging with appropriate networks – eg Voices for Change
Pregnancy & Maternity	Neutral	-
Marriage and Civil Partnership	Neutral	-
Gender reassignment	Positive (improving accessibility regardless of gender)	-
<i>You may also want to make a judgement on:</i>		
Rural isolation	Positive (improving access regardless of where a person lives)	Ability to access information on retail outlets in local areas.

Deprivation	Positive				
5. Action planning:					
<ul style="list-style-type: none">• Are there any actions that you have identified to address any potentially unjustifiable differences in impact on different equality groups• Are there any actions you have identified to take advantage of an opportunity you have identified to promote equality and diversity• Where will these actions be recorded (i.e. which service plan, strategy action plan etc.)?					
Issue/ opportunity	Action	Lead officer	Timescale	Action plan recorded in	
Differences in eligibility criteria	Clear eligibility criteria are revised and developed so that all service users are clear what can be provided	Diana Mackay	May 2011 &ongoing	AT Strategy Action Plan	
Providing good quality information to all service users	Information will be provided in agreed and alternate formats and communicated through service user forums. Information will be available via an on-line self help tool.	Diana Mackay	November 2011	AT Strategy Action Plan	
Engaging with diverse communities regarding access to equipment	Utilise existing networks for example faith based forums and traveller groups	Diana Mackay Marian Sycamore	Ongoing	Communications Plan & AT Strategy Action Plan	
Training in the provision of AT, particularly Telecare and Telehealth monitoring equipment takes account of the needs of diverse community	Develop training strategy for AT.	Jane Crawford-White and Margi Fosh (CCS)	January 2012	AT Strategy Action Plan	

6.	Monitoring and Review: <ul style="list-style-type: none"> • If the actions identified in stage 5 are not incorporated into an existing action plan, how will you monitor them? • When will you review this impact assessment? Who will be responsible? 	<p>The Assistive Technology Strategy includes a comprehensive Action Plan detailing sixteen separate action points addressing seventeen separate recommendations and include those above at Section 5. The monitoring of the action plan will be undertaken via quarterly review meetings with key stakeholders which will, in turn, report to the ICES Commissioning Group.</p> <p>The monitoring of the full Action Plan and the impact assessment will be reviewed six monthly and will primarily be the responsibility of Diana Mackay, Commissioning Manager, Adult Social Care. The Commissioning Manager will also liaise with the portfolio holder for Adult Services regarding progress with the strategy's action plan.</p>
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If it is relevant to your area, you may also need to consider the impact on community cohesion:

Community Cohesion <i>Answer the above with yes, no, or not applicable</i> <ul style="list-style-type: none"> a. Will this service, document or action help community groups to develop a vision of a shared future? b. Will this service, document or action help community groups to improve their 	<p>Yes – Through informing community groups about the range of AT available and how it can be accessed</p> <p>Yes – as above</p>
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<p>understanding and respect for each other?</p> <p>c. Does this service, document or action promote engagement of children and young people in the locality?</p> <p>d. Have local stakeholders and community leaders been engaged in the planning of this service, document or action?</p> <p>If you have answered NO to any of these questions please outline the reasons and consider if and how this work needs doing</p>	<p>Yes – the Strategy covers all age groups</p> <p>Yes – Through service user forums and Partnership Boards</p>
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