<u>**Appendix 3**</u>

Future Deployment Of Telecare And Assistive Technology

1. Introduction

Telecare and assistive technology is increasingly recognised by health and social care as an important tool in preventing, delaying or reducing demand for care and support services by keeping people well and safe in their own homes. There are also telecare products that support people to be outside their home, safe in the knowledge that help can be summoned if need be.

Assistive Technology covers a range of telehealth and telecare products including personal alarms and is described as follows:

'There are many electronic products and systems that use technology to promote health and wellbeing in the home, by monitoring activity, managing risks, increasing security, helping the person manage the important tasks within their daily lives, and bringing support more quickly when things go wrong. Memory aids, telecare and safe walking devices, mobile phones and digital apps - assistive technology all now offer invaluable opportunities to help your relative stay safe and be more in control of their own life for longer'. Which Elderly Care

2. The outline vision for Assistive Technology

Thurrock's For Thurrock in Thurrock programme aims to support people to live fulfilled lives in caring communities. This ambition will underpin the deployment of assistive technology – liberating people to safely manage their own health conditions both within and outside the home and to stay safe wherever they are. Assistive technology will only be used where it will enhance quality of life and support people to live independently.

Thurrock will gradually move from its current sporadic approach to assistive technology to a comprehensive and systematic approach which is deployed uniformly across the health and social care system. To achieve this will entail a significant cultural change across all the health and social care professions requiring awareness and training sessions for all community health and social care staff.

Thurrock residents will hear a lot more about what telecare can offer them or the people they care for – through hosted sessions at community hubs where telecare users will talk about their experiences.

The decision about the most appropriate telecare/telehealth solution to suit the needs of the individual and their home environment will be taken by assistive technology experts who are 'product-neutral'. There will be deployment of a wide range of devices, sensors and monitoring techniques as well as different channels of communication including text, skype, phone calls – all playing a part in helping people to live fulfilled lives.

To build confidence and understanding, small-scale learning projects will be set up such as the North East London Foundation Trust Community Health Services (NELFT) Florence telehealth project for people with diabetes. Establishing these initiatives as joint health-social care learning projects would help learning across the sectors. Evaluation of these projects will then be used to inform decisions about whether to extend the approach more widely and how best to engage users to optimise the benefits for the individual.

The single point of access, Thurrock First will provide an excellent launch-pad for a shared, consistent approach across the social care and health system. The Thurrock First we will also aim to be the disseminator of good information and sources of support such as SILVERLINE, the telephone befriending scheme and unforgettable.org the support network for people with dementia (set up through direct experience of caring for a mother with dementia).

3. Experiences from elsewhere

Effective use of assistive technology will only occur where it is embedded in social work and health care policy and practice. It will fail if it is simply deployed as 'a piece of kit'. Experience from elsewhere shows there are some key ingredients in making a success of telecare and telehealth.

To embed assistive technology whether it is in relation to a reablement package; supporting a young person with autism to maximise their potential; enable someone with early stages of dementia to remain safe at home; enable people with long term conditions to better manage their health or reduce hospitalisation and - ambulance callouts in a care home – staff will need to be given training and support so that they develop an understanding and confidence in telecare/telehealth solutions.

Operational procedures will need to incorporate expectations that telecare/telehealth will often feature in a care and support package. And staff will need to develop new skills and practices for example - the monitoring data uploaded by telehealth users or, if working in a residential care home – taking certain vital signs readings and uploading the data.

A second essential requirement is a fundamental belief that individuals are co-producers of their own health and wellbeing. So assistive technology needs to be part of a jointly agreed approach to supporting a person achieve their own goals in relation to their health and wellbeing. Increasingly people will be selecting their own apps to help them manage conditions, they will expect to be able to have virtual consultations with a GP and they will want to know where to access a range of reliable information on health-related matters. Peer to peer support via the web and by other means will also provide networks of mutual support and connections.

A third requirement will be accessing the technical skills of assistive technology experts who are 'product-neutral' and can make the best possible selection of telecare solutions. This expertise is not an 'add on' to a social worker or health worker's competencies. The market is continually developing new approaches and the expertise needs to keep up with these developments.

A fourth requirement is awareness raising of the general public. There are examples of local authorities working with telecare users to run sessions in a variety of settings to advise people on what telecare can offer. The Housing Service will be uniquely placed to spread awareness of assistive technology to its residents.

Examples of success:

Hampshire County Council in partnership with PA Consulting Argenti has a well-established approach to putting assistive technology into the centre of its social care service. As a result, it has made fundamental changes to the way care packages are developed and, over a three year period, has made net savings in excess of £4m as well as improving the quality of support provided. The savings are rigorously audited by the Council's audit team and reflect the savings achieved by substituting assistive technology supports as opposed to more expensive types of care. For example, it is estimated that on average, people are able to stay in their homes six months longer than they would have been before the use of assistive technology. Over the three year period referrals for assistive technology have increased from an average 5 referrals per week to 100 per week. As a result of this approach over 1000 practitioners have been trained in the use of assistive technology and its deployment, and over 6000 assistive connections across Hampshire have been set up.

Pilot studies in **Sussex** (lasting 8 months with 92 residents) and **Kent** (lasting 6 months with 43 residents) in **residential care homes** using low intensity telehealth monitoring devices showed a **75% reduction** in hospital admissions across the residents involved compared to the same time period prior to the pilots. The residents involved were selected because they had a range of long term conditions including heart failure, diabetes, COPD and UTIs. The pilots proved to be a cost effective approach to admission avoidance at £0.90 per resident per day.

In **Northamptonshire**, the telecare provider, Olympus Care Services introduced Canary monitoring sensors into people's homes (including people with dementia, frail elderly, people with mental health problems, people with learning disabilities and other vulnerable adults who wished to stay safe at home). The outcomes achieved including deferred residential or nursing home admissions, home support package hours reduced/altered to work better and night-time waking/sleeping care withdrawn as it was realised it was not needed. Based on these achievements, and with 55 Canary systems in use, the estimated savings for one year are £561,000 – a cost saving per head of £8,500 annually.

Many councils are actively helping people to help themselves, so for example, the Staffordshire Council website **Staffordshire Cares** has a range of videos showing telecare and other useful assistive living aids. They are also setting up 'road shows' to enable members of the public to talk to telecare users to learn from their experiences.

The **North East London Foundation Trust Community Health Services (NELFT)** was recently funded to run a 12 week pilot using telehealth to support people with diabetes – ages ranging from 22 -72 years old. The results show both significant

benefits in relation to patient health (significant reductions in blood sugar levels (glycated haemoglobin or HBA1c during the pilot period) as well as efficiencies (50 hours clinical time saved per week). There were also benefits for individuals such as the person who is deaf for whom a signer is needed for appointments - the texting enabled her to communicate easily, and the person with learning disabilities who was able to text in her blood glucose levels and as a result avoided hospital admission through the daily text contact.

4 Next Steps

It will be vital to involve key service leaders across social care and health as well as the Housing Service in developing an understanding of what assistive technology can offer in terms of improved outcomes for individuals and improved use of the resources available.

In order to spread awareness and identify assistive technology champions who are keen to take a leadership role in developing Thurrock's assistive technology strategy, a range of activities will be required including workshops for staff and other stakeholders, visits to good practice sites, engagement with assistive technology suppliers and the setting up of a steering group. Organisational considerations including the role of 'Thurrock First' and Careline will need to be part of the remit of the steering group – so that all key services are able to play their full role in shaping the delivery of assistive technology.

In order to achieve this Scrutiny are asked to consider the following next steps:
- Establishing a steering group to deliver the second phase of this project. The remit of the steering group will be to assess the strategic options for deploying assistive technology (telecare and telehealth) including the following considerations:
- The 'strategic fit' between Careline, Thurrock First and the Rapid Reablement Service and the wider deployment of preventative assistive technology
- Opportunities to integrate the service with similar NHS provision
- The longer term viability of retaining an in-house Careline service

Initial actions of the steering group will include:
- o Organise a visit to good practice sites to review their approach.
- o Organise a workshop to facilitate greater awareness of the benefits of assistive technology
- o Establish small-scale telehealth and telecare learning studies
- o Evaluate the learning studies and make recommendations about the future deployment of these approaches