Using assistive technology to improve lives

Norfolk County Council

Norfolk County Council successfully uses assistive technology (AT) to support its service users and carers. Its telecare service enhances people's quality of life and helps them maintain and maximise independence.

Skills for Health

skillsforcare

Background

The council created a new role: the assistive technology practitioner (ATP), with financial support from Skills for Care. The development of the ATP role, an expert practitioner, who can combine technical understanding of equipment with the ability to work with vulnerable people in a person centred way, has been very successful. The role is now fully integrated within the Council's services. A job description is at Appendix 1.

What's on offer?

AT is available to all adults and is mostly used by people over 65 who are physically frail or have dementia. In Norfolk this group makes up 20% of the population (against a national average of 16%), and these figures are expected to rise.

AT is used in the community to support people, either in their own homes or living in 'Extra Housing' complexes to improve their quality of life, maximise and maintain independence and to help carers.

How does it work?

Practitioners, such as social workers, make a referral to the AT service where they think it will be beneficial. An ATP then visits, makes an assessment and recommendations. AT has proved invaluable in improving lives in many different situations; three examples of how it has worked well are described below.

Enabling Mr Parker to walk his dog

Mr Parker was a recently bereaved man in his seventies with dementia. Following his wife's death, the most important thing to him was to be able to walk his dog. However this posed a serious risk to his safety as he frequently got lost; on one occasion being found, dehydrated and disoriented, over 20 miles away by a member of the public. Mr Parker's daughter, who was looking after her father and her own family, was becoming increasingly exhausted.
Mr Parker was provided with a 'Buddi' location device, which tracked his whereabouts.
His Buddi had geo-fence set up, if Mr Parker went beyond the agreed one mile zone, his daughter would be alerted.

Benefits: Use of the Buddi enabled Mr Parker to stay at home, doing what he wanted to for a further eight months, saving the cost of residential care for that period and police expenses when he was lost. It also prevented carer breakdown.

Supporting assessment and intervention

Mrs Wilson was an elderly woman with dementia and diabetes, living at home. Her social worker was concerned about her deteriorating condition. Mrs Wilson's family felt she should move into residential care. As part of her assessment a 'Just Checking' monitoring device was installed to track Mrs Wilson's activities. The monitoring charts were made available via the internet to Mrs Wilson's family, so that they could keep up to date even though they were not nearby. The monitoring showed that:

- Mrs Wilson was fine in the mornings and able to manage independently. Her difficult time was shown to be in the evenings so her morning care was cancelled, and she was given extra evening time
- during the night Mrs Wilson was going to the kitchen and eating sugary foods that were affecting her blood sugar levels. Sugary foods were removed from the kitchen, Mrs Wilson was given a biscuit by her evening carers to prevent night time cravings, and Mrs Wilson's day time condition improved. Mrs Wilson, through her own choice, was able to reduce her attendance at the day centre by one day a week
- Mrs Wilson was also noted to be making frequent visits to the toilet during the night, alerting staff and resulting in early diagnosis of a urinary tract infection.

Benefits: Monitoring led to a better assessment of this person's needs and enabled Mrs Wilson's care to be tailored to her needs.

Increasing independence and freedom

Mr Reid was a married man in his forties with three children. He suffered from frequent falls that sometimes resulted in serious injuries, caused him and his wife anxiety that often prevented him from going out alone. Mr Reid also had memory problems as a result of head injuries following his falls.

Mr Reid was provided with a 'Buddi' so that he could go out on his own, and feel confident about calling for help if he needed it. His Buddi was fitted with a 'man down' function that alerted the Community Alarm Service if he fell. He also had a 'Forget Me Not Calendar' to help him remember appointments and a 'Memex' to help him remember to take his medication.

Benefits: The use of AT dramatically increased Mr Reid's confidence, freedom and independence and made his wife feel more confident and able to manage her caring role.

Outcomes

In Norfolk a number of benefits to using AT have been identified:

- care is delivered closer to home
- individuals have more involvement in their own care, and are more empowered in managing their own life
- people's independence can be maximised and maintained for longer
- carers can be more easily involved when they live at a distance and are supported in their role
- the number of GP visits is reduced
- unplanned acute hospital admissions and acute outpatient admissions are reduced
- admissions to residential care are either delayed or reduced.

These benefits have a positive effect on organisations:

- AT promotes integrated working across health and social care
- reduced admissions increases hospital capacity
- fewer police hours spent looking for people increases capacity for other tasks
- GP and NHS Norfolk objectives for frail and older care are supported
- the sustainability agenda through reducing the carbon footprint is supported.

Impact

A review of a sample of cases where people were using AT indicated several actual and potential cost savings:

- hospital based services—10.5% identified as avoiding hospital admission
- residential or nursing care—38% resulted in an average cost reduction of £11,152 per service user who would otherwise be redirected to residential or nursing care
- home based services—28% required less domiciliary care input, creating an average saving of £139.21 per week.

(Cordis Bright, 2008)

The Council's own Internal Financial Impact Assessment, carried out in 2010, showed that for every £1 spent on the AT service, there was £3.75 saved elsewhere, one third in health, two thirds in social care.

Further savings have been made in the recruitment and selection budget, since the calibre of people applying for the ATP posts is consistently high, and there has been a 0% turnover rate to date.

Learning

Key learning points:

- there are clear financial benefits in using AT, but most importantly AT can improve the quality of life for people
- often the cost savings accrue to one organisation when the financial outlay is with another. Different funding and financial monitoring would help in keeping AT as a service priority
- the role of the assistive technology practitioner is crucial to the success of using AT. It is really important that the worker can communicate effectively with the service user, make the right judgement about the appropriate technology, as well as being able to recognise and respond to other social and health care needs that may be identified
- using AT can have unplanned advantages, for example in working with the police to track and manage people with dementia who may become lost.

Next steps

There is an ongoing demand for AT to support people at home, but not everyone who would benefit meets the council's criteria for a cost free service. To ensure that the service remains available, and accessible to everyone who might benefit from it, the council is considering developing a retail model. To achieve this, an arm's length service will be created. Individuals will continue to be assessed to ensure that they use the right technology for their needs, but where people do not meet the Council criteria; they will be offered equipment on a leasing arrangement.

References

Cordis Bright, 2008

Contacts

www.norfolk.gov.uk
http://www.norfolk.gov.uk/Adult_care/Staying_independent/Assistive_technology/index.htm

Links

http://www.skillsforcare.org.uk/workforce_strategy/workforce_innovation_programme/prevention/NToW6.aspx (includes video)

Further information

For further information about the health and social care integration work between Skills for Health and Skills for Care please contact:
Skills for Care info@skillsforcare.org.uk
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