

# Assistive Technology

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Health in Hackney Scrutiny Commission  
*4th December 2019*

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# Assistive Technology (AT)

Many local authorities are considering how technology can be used to help people with health and social care needs.

There are many interpretations of the meaning of AT. For the purposes of this project, we are considering AT to be software applications and tech hardware that can **better enable individuals to live independently, healthily and confidently**, and to **access the right services for them**.

There is a range of AT on the market, from app-based services, to support for people with learning disabilities complete daily tasks, to medicine dispensers for people with memory impairments. This programme is looking at the needs of people in Hackney and how these devices might support them.

# AT Programme Approach

Through the AT Programme we are aiming to provide people with equipment and technology that helps them stay independent, improve quality-of-life and manage their conditions to prevent or delay higher-level care needs.

We started off by looking at which AT products were available on the market. A marketplace event was held last year in the Town Hall to showcase cutting-edge devices.

The marketplace event helped raise awareness within the Council of available technologies and how the project could be approached in Hackney.

In line with best practice, and through discussions with stakeholders including service user representatives who attended the event, it was recognised that the AT work should be led by the needs of people in receipt of health and care services.

Using this philosophy we are planning a series of pilots to trial innovative AT to support people. We want to co-produce this with service users and carers to ensure the AT we introduce is suited to the needs of people in Hackney. Through this programme we are hoping to expand the AT that we offer so it is more personalised to the individual's needs and aspirations.

# Current Technology-Enabled Care in Hackney

- Our current offer in Hackney is a Telecare service. The aim of this service is to provide the individual with the reassurance of a safety-net and reduce carer stress, allowing them to live independently for longer.
- It is generally used by people at risk of falls, being discharged from hospital, or with cognitive impairments.
- The current service only provides reactive responses rather than proactive interventions.
- Telecare technology is (usually) connected to a call monitoring centre which coordinates support for a person requiring help. A call is made when a button is pressed on the base unit or a

pendant alarm worn around the neck or on the wrist. Calls can also be made automatically when sensors are activated e.g flood/smoke/seizure sensors and falls detectors.

- The call monitoring team receive the call and action an appropriate response: contacting the client's trusted contact/carer, the Telecare Response Service and/or emergency services e.g. Paradoc or Ambulance



# Hypotheses

We want to test the following hypotheses through the AT programme:

- City and Hackney's Health and Social Care AT offer could be more cutting edge and innovative for the benefit of users, and has the opportunity to transform service delivery
- People will see more benefits from AT if we take a needs-led approach to introducing and piloting new technology (rather than a tech-led approach)
- Some uses of technology could lead to greater efficiency and better outcomes in how we deliver care and support
- Opportunities exist for an enhanced AT offer within the new Hackney Telecare contract

# Discovery Phase

The project began with a discovery phase with the goal of answering the following questions:

- How is AT being used already in Hackney?
- How is AT being used by other local authorities?
- What opportunities might exist for people to be supported with AT?

This was achieved by engaging with a co-production group, frontline practitioners, suppliers of AT, and academics.

Completing this discovery phase provided us with more context about what is possible with AT, and also helped us learn lessons from other authorities.

# We have engaged with:





# Service User Engagement

Engagement with people who use adult services is key to this programme to make sure any AT introduced will meet people's needs. We have:

- Attended Making It Real Board meetings (a key Adult Services co-production forum) throughout the programme to gain their views on AT
- Run a workshop with Experts by Experience to ensure that the user agreement required for the first pilot is clear and easy to understand
- Facilitated a Demo of the Personal Alarm Watch (the first device to be piloted)
- Agreed that the group will be involved in shaping future pilots.



## Engagement with Staff

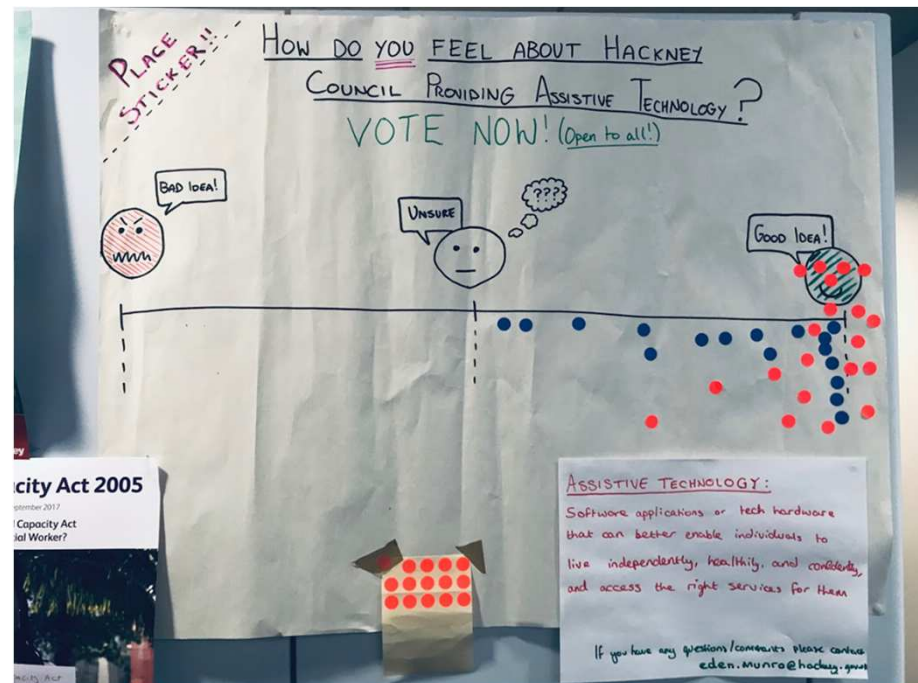
- We have also engaged with frontline practitioners across our services to understand their views on how AT can best support the people they work with. Six workshops were held with practitioners from Hackney Council and Homerton University Hospital
- Practitioners told us there was a need and opportunity to support people with cognitive and physical impairments in areas such as **falls, medication prompting, communication, health monitoring, and wandering**. They also mentioned that AT could particularly be useful to people with **learning disabilities** to transition from children's to adult services.

Work to Date

## OUTCOMES

- Practitioners also suggested a range of equipment they'd like to be able to offer beyond what is currently available including **voice-activated doorbells, medication reminders, telecare without the need for a landline, GPS trackers, communication software and adaptive input devices** (which allow people with physical disabilities to access other equipment)
- The outcomes should be measured against the **initial referral reason** and the **individual's aspirations**, support their **independence and activity in their community** and **reassure carers**. There should be **regular reporting** on the efficacy of the intervention which is used to **continually improve the service**.

# We asked officers in HSC how they felt about Hackney Council Providing AT:



# Commissioning

Due to the breadth of needs that AT can potentially meet, commissioned services present an opportunity to introduce new AT to support people. All calls for tender now ask providers to explain how they will use AT to support their service users.

The new Floating Support Service has allocated £100k towards piloting AT within the service, and is employing a dedicated AT coordinator. The project team are joining up with this work to ensure there is no duplication of work, and to advise on the evaluation approach to be taken.

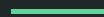
Pilots provided directly by Hackney & the City of

London are being funded by Integrated Commissioning Prevention Workstream's ICT Enabler board.

The commissioning approach adopted is to use small amounts of funding on a series of pilots to test and learn in small settings how AT can be used most effectively. This approach allows us to learn as we go, refining our approach with the lessons learned from each pilot from staff and service users. As the sector moves so quickly, it also allows us to keep up with new products being offered.



# The First AT Pilot Personal Alarm Watch



# Personal Alarm Watch

Pendant alarms can only be used to trigger calls within the home from a hardwired base unit. This means that communication between the monitoring centre and client **relies on the client being close to this unit at the time they need assistance**. People have also reported that pendant alarms are not worn regularly as they believe it is stigmatising . The first pilot will trial and compare an alternative product - the **Personal Alarm Watch (PAW)** which allows alarms to be raised **outside the home**.

- **Speaker and microphone** on the watch itself to speak directly to monitoring centre
- Sends **GPS location** when button is pressed but otherwise **does not track**
- More **discreet design** than pendant, aiming to improve usage rate
- Must be **charged** and have **signal** to function (though no mobile phone required)
- **Splashproof** but can't be worn in the shower
- Created by a **Hackney-based startup**



# Personal Alarm Watch Pilot

In this pilot we are **testing the following assumptions**:

1. We assume that piloting a product will help us develop a way of **introducing more AT** into our offer to people with care and support needs
2. We assume that being able to access the call centre service outside the home will make people **more independent**
3. We assume that the attractive design means more people are more likely to **wear and use** the device

Our evaluation will help us test assumptions 2 and 3 and our reflections from this process will help us test assumption 1.



# Evaluation Approach

With input from service user representatives and officers across the council we developed an evaluation methodology that will be used to give a robust comparison between the PAW and the pendant alarm.

## User Feedback

- 60 people: ~30 using the pendant and ~30 using the PAW (50/50 split of new referrals and existing clients)
- Outcomes-based interview at 0, 2 and 6 months since PAW provided

## Activity Data

- Record of alarms raised by each user in the pilot and the outcomes of this
- This will be cross referenced with interview responses

## In-Depth Discussions

- Face-to-face interviews with a small number of people to gain in-depth qualitative data



# Collaborating with Other Boroughs

- The discovery phase revealed that AT pilots have been conducted in other areas (as well as in Hackney), but there has not been a consistent approach to this, and the robustness of evaluations has varied. This has made it more difficult to build a collective knowledge-base of which AT interventions have been effective and share knowledge between boroughs.
- Hackney Council submitted a proposal to the London Office of Technology (LOTI) and Innovation to collectively agree an evaluation framework to use in future pilots.
- The first workshop confirmed that other local authorities have been exploring AT and there would be mutual benefit from sharing the results of pilots.
- The aim of creating this framework is to make it easier for boroughs to learn from each other, collaborate and compare products across boundaries, and set a standard for the quality of the evaluation.



# Next Steps...

- Initiate a second pilot - potentially to support children and young adults with learning disabilities develop skills to support choice-making and independent living. For example, providing step-by-step instructions for daily tasks via [a mobile app](#) or providing access to [communication software](#) that can be used outside of a school environment. Any future pilot work will be co-produced with representatives from the cohort.
- Co-leading the development of the LOTI evaluation framework
- Floating Support Service conducts first pilot
- Ongoing evaluation of the personal alarm watch

