

Assistive Technology: why it needs to be part of the conversation on reforming adult social care

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Earlier this year, the County Councils Network (CCN) alongside Tunstall Healthcare released a report examining the growing prevalence and importance of assistive technology (AT) in county social care services.

AT such as telecare provides 24-hour support for the most vulnerable in receipt of care, ensuring a professional response is available at the touch of a button, and enabling help to be sent automatically in the event of an emergency such as a fall or fire. These systems offer background reassurance to help maintain independence, as well as providing a platform to build other services upon, such as domiciliary care, day centres and respite care.

AT itself is not a new concept, and according to Tunstall, it has been delivering significant benefits to people for years, such as increasing the independence of those in care. What is new is the pace at which AT is increasing the functions it can be used for – particularly with the ability for them to be deployed within smartphone apps and virtual assistants which are familiar to many social care users already. Every single CCN member council has embraced this technology but the report finds its deployment varies from local authority to authority, despite the best will of our members.

This is in part explained due to funding pressures facing CCN member councils, and the difficulty of rolling out this technology in rural areas, as well as the type of AT available. As such, a survey included as part of our study found that 75% of county local authorities believe there is potential to do much more with AT, helping them to both increase the number of people they are able to support, and improve the quality of care.

To achieve this, the report sets out a series of recommendations to improve the prevalence of AT in county social care services, such as National Strategic Framework to make AT 'mainstreamed' as a key element of social care in the future, which sets out clear parameters as to how tech can be further embedded into councils' delivery of this service.

Another key recommendation is for the government to ensure that there is the necessary infrastructure in place for AT in rural areas, including superfast broadband and improved network speeds. The lack of such infrastructure is a major barrier to deploying AT to those living in more remote areas – where arguably its impact may be of greatest help.

Importantly, the report also calls for a framework for councils so they collect and use data ethically and reassure users that engaging with AT is safe.

Whilst the government's recently announced reforms to social care were significant in the sense they were the first in a generation to be put forward, much of the focus has been on how they will protect more individuals from catastrophic care costs.

However, the government's *Build Back Better: Our Plan for Health and Social Care White Paper* also details an aspiration to bring forward a white paper on further adult social care reform later this year. This includes a commitment to invest in the Disabled Facilities Grant (DFG) which funds conversions to properties to better allow people with care needs to live in their own home and prevent their conditions worsening.

CCN will be making the case that AT should be a focal part of an expanded DFG budget allowing more people access to technology which can transform their care, as well as arguing for investment in the infrastructure needed to make it work such as better broadband connections in rural areas.

This is because technology is likely to play an ever-increasing role in enabling services to be delivered in different and more effective ways across the coming decades. As such the report sets out why it should be considered as part of whole system reform – particularly if there is a strong preventative focus in proposals, as anticipated.

We have seen many examples of how COVID-19 forced rapid change, such as the introduction of phone and video consultations by the NHS, and it is vital that we don't lose the gains made as we begin to look to the future. For local authorities, using the power of technology to provide support to those who need it can provide an essential platform to enable more targeted and integrated delivery of health and care.

In rural areas in particular, for example, remote health monitoring can reduce the need for patients, carers and clinicians to travel, improving quality of life for patients, increasing caseload capacity for professionals and minimising risks of cross infection. The system identifies patients most in need of attention and can allow early identification of deterioration in health, enabling interventions to be made which avoid the need for more complex care.

Technology can also be an important tool to provide care for carers. As we emerge from the pandemic, we face a post-lockdown challenge of carer burnout, and putting technology in place can provide peace of mind to help them to carry on caring, and prevent or delay admission to residential care. For example, systems can be introduced that will wake the carer if the person they care for leaves their bed during the night, and may be at risk of falling or leaving the home alone. Such technology means carers can get a good night's sleep knowing they will be woken if they are needed, rather than trying to listen for events, or make regular checks.

Technology isn't just reactive and can also be used proactively. For example, systems can be easily installed that monitor activities of daily living and can inform care planning, as well as enabling preventative care. Increased visits to the bathroom could indicate the onset of a urinary tract infection, or conversely decreased use of the bathroom and kitchen may signal a possible decline in self-care.

Both CCN and Tunstall are clear: technology should be used to enhance, not replace human contact. But with a relatively small cost, there could be some major preventative and system reform gains from increasing the use of AT, mainstreaming it across whole county social care services, rather than it simply being deployed at individual user level.

The last eighteen months have shown many of us how technology can do more to help us connect in meaningful ways, both professionally and personally. We believe AT should be part of the conversation when it comes to wider reform of the social care system.

You can access the full report [here](#).