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COUNTY COUNCILS NETWORK

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Analysis

Employing Assistive Technology in Adult Social Care

July 2021

INTRODUCTION

Adult social care in England is in urgent need of reform. Even before the Covid-19 pandemic swept the world, an ageing population and the impact of austerity had meant the pressures on the system were close to breaking point. County authorities have been especially impacted by these trends, given their more rapidly ageing demographics as well as having suffered more extensive proportional real reductions to their social care budgets in the years immediately preceding the pandemic.[1]

The Government has pledged to address this issue and its proposals for reform of the adult social care system are expected to be set out later this year. The County Councils Network (CCN) has already set out its hopes and ambitions for reform in its thought-leadership piece *The Other Side Of The Coin* in 2020.[2] This was followed by an extensive piece of work conducted in collaboration with Newton, *The Future Of Adult Social Care*, which set out an 'optimised model' for the delivery of services based on the experience and best practice of county authorities.[3]

Both of these papers highlighted the need for policymakers to consider clearly how reform proposals can be 'future proofed' as far as possible. This is particularly important at the current juncture as technology is already reshaping the way adult social care services can be, and are being, delivered, with the expectation of even more rapid advances just over the horizon.

Such technological innovation may prove a game changer in adult social care – both in terms of the experience of those being cared for, as well as the cost and efficiency of delivering services. For example, predictive technology may help to reduce social care needs by identifying citizens at risk early enough to implement preventative measures, potentially solving issues before they start. As a result, county authorities in particular may stand to gain if technology can be used effectively to help mitigate the challenges of delivering social care services across large distances and into remote communities.

However, these benefits will only be realised if local authorities are empowered to invest and innovate to take advantage of technologies as they emerge in years to come. Policymakers are already well adjusted to accommodating for such investment within the health service, but this debate is less acknowledged or understood within social care.

As such CCN has partnered with Tunstall Healthcare to look more closely at issues around Assistive Technology (AT) within adult social care. The result is this report which describes some of the emerging uses of AT and the benefits it is already bringing to the sector, as well as its potential for the future. The paper then also draws on the experience of CCN's member authorities to provide a picture of how far county authorities are currently using AT in adult social care and the opportunities and barriers they have faced in employing it. Finally, recommendations are made for the Government to consider as it starts to think about the development and implementation of reform of adult social care.

[1] http://www.countycouncilsnetwork.org.uk/download/2397/
[2] http://www.countycouncilsnetwork.org.uk/download/3166/
[3] Full Report: http://www.countycouncilsnetwork.org.uk/download/3392/
Summary Report: http://www.countycouncilsnetwork.org.uk/download/3388/

METHODOLOGY

This report has been prepared by CCN in partnership with Tunstall Healthcare - a market-leading provider of Assistive Technology. It has drawn on a number of sources of data and information:

- A survey of CCN's 36 member authorities of which 17 responded (47%);
- An expert roundtable comprising representatives of CCN's member authorities involved in the commissioning and strategic delivery of social care services;
- A review of relevant literature.

EXECUTIVE SUMMARY

Finding innovative ways to provide appropriate support and care for vulnerable adults enabled by Assistive Technology (AT) is a key policy question, both nationally and locally. This is coupled with the challenge of balancing independence with reassurance and providing tailored support which meets the needs of individuals, organisations, and healthcare providers, both now and in the future.

The prime objective for AT has always been about supporting citizens with their housing, health, and social care needs. Nowadays though, the use of AT extends well beyond just individuals themselves. For local authorities it's also increasingly about developing and delivering innovation-led digital health and care solutions which provide new, more efficient, and effective models for health and care management in the community. In short, the increasing potential for employing technology, using data, and aligning monitoring systems together, now offers a tantalising possibility of revolutionising the whole social care system, both delivering better outcomes for individuals and reducing costs for the state.

This report considers the potential of AT to change lives, and the importance that needs to be placed on this aspect within the much anticipated reform plans for the social care system which the Government has pledged to bring forward during the coming year. It has identified the following key issues which should be given particular attention by policy makers during this process:

(i) Citizens

- Citizens need to be engaged with and part of decision-making about their care, understanding the benefits that AT brings.
- Professionals need to use clear language when communicating what AT is to users of social care services and the general public more widely – including helping people to make the links with technology they already use regularly such as Smartphones or TVs.

(ii) Staff

- Social care staff must be offered proper training to understand how AT can improve the outcomes for service users, as well as make their job easier.
- Managers must show clear leadership and provide support at all levels to promote an organisational culture that encourages and oversees the implementation of AT.
- Commissioners of social care services need to be clear about how they can assess the benefits, both social and financial, of particular forms of AT. Social care reform needs to consider how it can improve integrated systems of commissioning of AT within health and social care, which could potentially be achieved via Integrated Care Systems (ICS).

(iii) Equipment

- Developers of AT should ensure that the new technologies and equipment being created is designed appropriately to meet the specific social care needs of citizens.

(iv) Data

- Clear protocols for the collection and use of data need to be put in place which are understood by citizens and their families, also including guidelines governing the use of data by social care authorities.
- There should be clear standards for interoperability between systems to ensure that data can be appropriately shared with all professionals who require access to it.

(v) Digital Infrastructure

- National digital infrastructure needs to be put in place to ensure that all citizens can benefit from AT – particularly the provision of equal access to broadband.

RECOMMENDATIONS

Based on these points this report makes the following recommendations to be considered within the wider package of social care reforms which the Government has pledged to unveil this autumn:

1. ***Encourage consistency and simplicity of language for describing Assistive Technology within social care***

2. ***Ensure that social care reform includes a commitment to a National Strategic Framework for integrating Assistive Technology into social care***

3. ***Ensure there is appropriate infrastructure in place to enable Assistive Technology to be used effectively in all parts of the country***

4. ***Ensure that the move from analogue to digital infrastructure is fully considered within social care reform***

5. ***Ensure a long-term resource settlement for social care to enable better investment in Assistive Technology***

6. ***Maximise opportunities for incorporating Assistive Technology within existing devices in the home***

7. ***Facilitate improved education and training for social care professionals to ensure they are confident in utilising Assistive Technology within their role***

8. ***Encourage greater co-creation of solutions through adult social care professionals and technology developers working collaboratively***

9. ***Address issues of interoperability between different Assistive Technology systems within the social care sector***

1. DEFINING THE TERM 'ASSISTIVE TECHNOLOGY'

Finding innovative ways to provide appropriate support and care for vulnerable adults enabled by Assistive Technology (AT) is a key policy question, both nationally and locally. This is coupled with the challenge of balancing independence with reassurance and providing tailored support which meets the needs of individuals, organisations, and healthcare providers, both now and in the future.

But even defining what 'Assistive Technology' is can be difficult. The term encompasses a range of services, which may alter according to individual or organisational viewpoints. For example, some may see AT as physical equipment such as grab rails and stair lifts, whilst others may take a much more holistic view about high quality monitoring and support services giving individuals increased independence, improved quality of life and wider choice in their care options. Aligned to this is the challenge of delivering real value and defined outcomes for clients and communities.

Within the adult social care sector there is currently no consistency in language and terminology used to avoid confusion and reduce barriers to adoption of AT. For example, similar or identical initiatives involving assistive technology may be referred to by various terms depending on who is describing them. As Public Policy Projects (PPP) observed in their recent *Connecting Services, Transforming Lives* report:

> ***"The terms 'telehealth', 'telecare' and 'telemedicine' are often used interchangeably, yet there are important differences."*** [4]

The term 'Technology Enabled Care Services' (TECS or TEC) is widely in use and was often used by local authorities during consultation for this report. However, this paper is predicated on the World Health Organisation's definition of 'assistive technology' as follows:

> ***"Assistive technology enables people to live healthy, productive, independent, and dignified lives, and to participate in education, the labour market and civic life. Assistive technology reduces the need for formal health and support services, long-term care, and the work of caregivers. Without assistive technology, people are often excluded, isolated, and locked into poverty, thereby increasing the impact of disease and disability on a person, their family, and society."*** [5]

However it is defined, AT clearly has enormous potential to do more to support individuals, carers, professionals and services. The heath and care landscape is changing rapidly because of Covid-19, and local authorities and partner organisations are under more pressure than ever to find innovative ways of delivering solutions for their citizens, their communities, neighbourhoods, and localities. AT provides a critical tool for enabling them to better understand individual citizens' needs through the analysis of data, and offering new practical remote and digital options to help everyone to live their best and most fulfilling life.

[4] https://publicpolicyprojects.com/publications/connecting-services-transforming-lives-the-benefits-of-technology-enabled-care-services-2/
[5] https://www.who.int/news-room/fact-sheets/detail/assistive-technology

2. A BACKGROUND TO ASSISTIVE TECHNOLOGY - THE USE AND POTENTIAL WITHIN ADULT SOCIAL CARE

The prime objective for AT has always been about supporting citizens with their housing, health, and social care needs. From the earliest personal alarms, first developed in the UK by Tunstall back in 1957, to the array of smart systems available for use in the home today the aim is to better enable those with social care needs to live to their lives to their full potential.

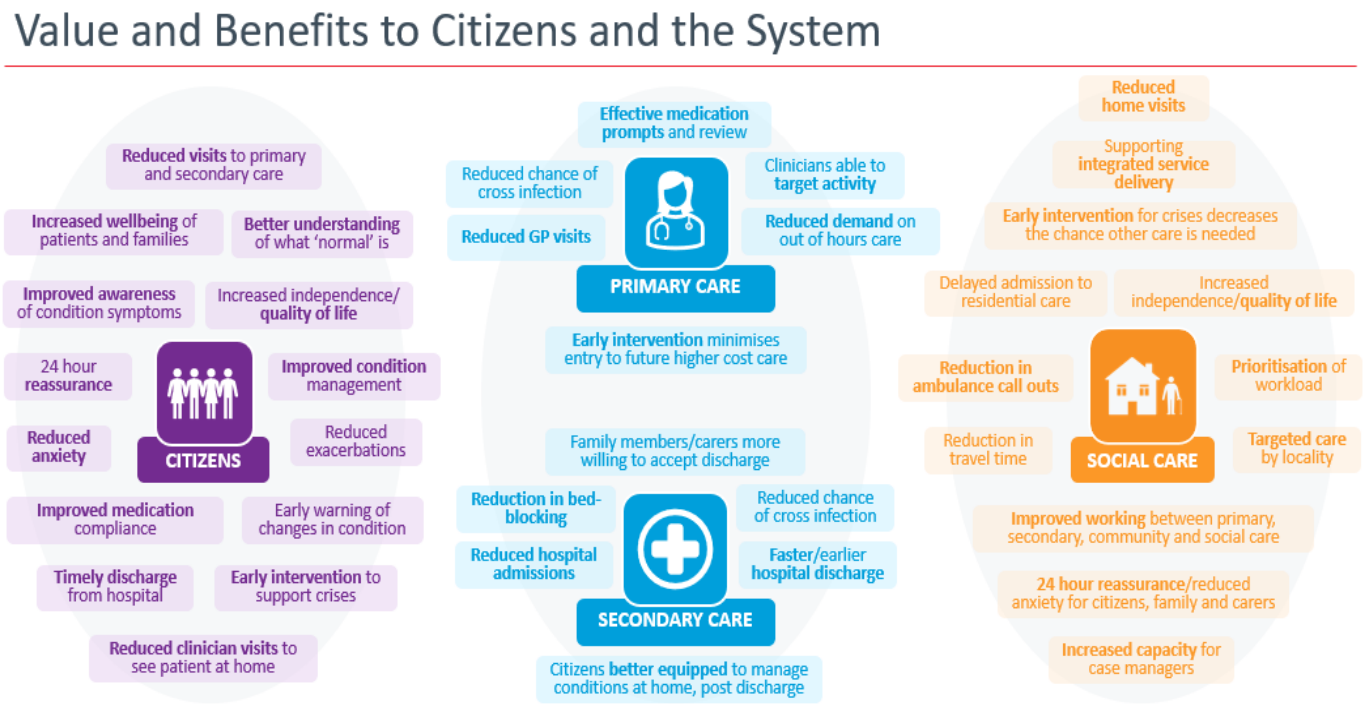
Nowadays, though, the use of AT extends well beyond just individuals themselves. For local authorities it's also increasingly about developing and delivering innovation-led digital health and care solutions which provide new, more efficient, and effective models for health and care management in the community. In short, the increasing potential for employing technology, using data, and aligning monitoring systems together, now offers a tantalising possibility of revolutionising the whole social care system, both delivering better outcomes for individuals and reducing costs for the state.

Whilst recognising the above, there are other things that need to be considered:

- People have embraced technology more than would have been thought possible before the onset of the pandemic;
- Citizens are more 'tech savvy' than ever before, with items such as smart phones now permeating throughout society;
- Looking after citizens' health and wellbeing remotely is not only possible, but highly effective (e.g. remote patient monitoring);
- 'The system' can do things quickly when required, as demonstrated by the rapid implementation of video and phone consultations by GP practices during the COVID crisis.
- Solutions need to be person-centred;
- Rapid change is required - speed is of the essence;
- The move from analogue to digital solutions.

'Value' and the ability to demonstrate value-based solutions, however, drive the rhetoric. It is widely accepted that assistive technology adds value and supports citizens, but stakeholders often perceive things differently, looking for different outcomes. For example, a Commissioner may look for financial benefit and cost avoidance, whilst a Director of Adult Social Services (DASS) may look at technology supporting the workforce to deliver more efficient services and better outcomes.

Citizens, being the key driver, are looking for the best solutions and outcomes whether that is through using AT or other higher cost services. For those working in social care, AT is an enabler for ensuring citizen's benefit. The diagram overleaf demonstrates that if the citizen benefits, the impact flows through to the system, starting with primary and secondary care and moving to social care. Simply, if services are able to deliver the best outcomes for the citizen, the whole system benefits.



However, local authority budget managers balancing the dual challenge of differentiating between delivering good services now and investing for good services for the future is something that has to be considered. A good service now may include the provision of AT such as telecare, but local authorities are also keen to keep ahead of the curve by thinking how they might develop future services that utilise, say, the Internet of Things (IoT)[6] or Artificial Intelligence (AI). Local authorities recognise the future opportunities and challenges within the AT landscape for health, social care, and housing, but also understand that these issues must be considered now, as part of a long-term focus on improving outcomes for both individual citizens and the system overall.

As such, it is important that solutions are developed in a sensible, pragmatic way, making sure that services are future-proofed as far as possible whilst maintaining quality now. For example, given the potential for greater use of data in social care, policy makers should be thinking about how to ensure there are clear minimum data standards for information which can be collected and shared to support residents using social care services.

The opportunities innovation provides are exciting, but capability should not be confused with utility. For instance, replacing every aspect of human contact with technology may be counterproductive for some people's mental health and capacity for loneliness – which is unlikely to show up in data but is usually identified in conversations between carer and cared for. Therefore, any technology employed in social care

[6] The 'Internet Of Things' is a broad term describing the gradual shift towards linking more and more appliances and gadgets to the internet to offer 'smart' capability. If you have, say, an app to control your heating in your home from your phone; a smart television which enables you to download content from Netflix or Amazon; or a digital personal assistant such as Alexa you are already part of the Internet of Things revolution. It is widely predicted that most of our daily experiences and interactions at home, in the office, on transport etc. will be in some way connected to the internet in the near future.

needs to be measured by how it contributes to the wider objective of supporting people's ability to live their best possible life in a place of their choice. This is why county authorities and developers of AT should be increasingly encouraged to work in partnership to ensure that new technology introduced into the social care system in the coming years is both practically functional and provides return on investment.

Whilst not an exhaustive list, the remainder of this section outlines some of the key issues which should be given attention during the imminent social care reform process to ensure that reforms are future proofed and make full use of AT going forward:

(1) The Switch to Digital Solutions

First and foremost is the ongoing structural shift within public services towards digital. The move from analogue to digital solutions is an extremely complex operation – it has already been underway for some years and is likely to continue for many more to come.

Part of the challenge is in the provision of telecoms infrastructure required for digital applications. AT relies on good communication networks, but these may not yet be in place – particularly in county authorities where broadband speeds can be low or even non-existent. Suppliers may have fully tested 'ready-to-go' AT solutions for social care, but if the telecoms infrastructure is not in place they will be of little practical value to local authorities until it is.

Further consideration needs to be given to particular issues such as:

- The scale of transformation (i.e. how many citizens need to be upgraded)
- The cost of upgrading analogue equipment and who pays
- Upgrading the digital network nationally
- Understanding solutions put forward by telecoms providers
- The threat of power outages and capacity for battery backup for equipment
- The limitations of digital networks, e.g. broadband going down; poor signal
- Digital infrastructure and architecture, e.g. how are messages sent to a central monitoring centre?
- Cyber security – keeping citizens' data and information safe

Despite these issues needing to be resolved, digital solutions do present significant opportunities above analogue approaches. AT in the future is expected to be digitally-enabled, meaning regular system updates and data capture will be increasingly straightforward once the initial investment in the infrastructure has been made.

(2) Health and Social Care Working Together

The Government has increasingly recognised the importance of better integrating health and social care systems across England. The more health and social care work together, the better the outcomes for citizens and cost avoidance to the system. This message has been strongly reinforced in recent NHS Health

and Care White Paper[7] which has emphasised the importance of integration, particularly in its intention to put local Integrated Care Systems (ICS) on a statutory footing across the country.

This is likely to create a new impetus to develop technology to support shared common goals across both sectors and better link them to provide a seamless service. There are emerging instances around the country where this is already the case. For example, in one authority, the short-term issue of a GPS device to support hospital discharge has provided citizen benefits and system cost avoidance, prior to social care assessment and referral into longer term services. Another collaboration between a local authority and Clinical Commissioning Group (CCG) used a Multi-Disciplinary Team working across health and social care to refer care home residents for both telehealth and telecare. Referrals came into the system via social care with the care provision then commissioned, managed and reported on by the CCG.

The experience during the Covid pandemic has also highlighted the importance of technology for citizens and commissioners when delivering care. This has included remote monitoring of health conditions; video consultation with consultants and GPs; or proactive outbound calls to support those who are socially isolated. There is now an opportunity in the recovery to build on this increased exposure to using technology across the health and social care sector.

However, to take full advantage of the benefits of AT there are some barriers to increasing provision that will need to be addressed. Some of these are directly linked to properly integrating health and social care at a systemic level, including within commissioning. For example, some citizens move from being funded by social care into the Continuing Health Care (CHC) system when their health concerns become more acute. However, in these cases in some circumstances – such as when social care services cease to be replaced by more acute health services – sometimes this can lead to siloed thinking where equipment is withdrawn, re-configured or reissued with unnecessary hassle to the citizen and unnecessary expense to both services. As the Health and Care White Paper seeks to put ICSs on a statutory footing, there should be a full review to ensure that guidance and frameworks in both sectors are aligned to enable local services to be maintained seamlessly across health and social care as experienced by the citizen.

(3) Interoperability

'Interoperability' is defined in the Oxford English Dictionary as:

"The ability of computer systems or software to exchange and make use of information"

Interoperability will play an ever increasingly important part of aligning health and social care. Computer systems need to interact with one another so that there is one up to date version of the truth for all those who need to access the information. Gone are the days of paper records and in today's digital world there is no longer a good excuse for the need to input information multiple times to make a single referral.

[7] https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all

There are however several things to consider:

(i) Suppliers such as Tunstall have recognised the importance of solution interoperability and are rapidly developing this capability. Open APIs and supplier agnostic equipment are two examples where suppliers are working together to meet the objectives set out by the government, rather than looking to gain competitive advantage.

(ii) As an industry, tech developers need interoperability minimum standards to be put in place - i.e. to what rules do suppliers need to adhere to effectively operate in this space?

(iii) Aligned to point ii, new entrants to the market need to understand expectations and the standards they need to meet.

(iv) That there needs to be a working group established consisting of central and local government, the AT industry body, the Telecare Services Association (TSA), and key suppliers to work together to better define what interoperability looks like.

The impact of this work will free up the workforce, enabling them to focus on supporting citizens rather than administrative related tasks. Developers need to be responsive to the needs of social care services in designing AT and supporting software which has the ability to work effectively with other systems.

(4) Collaboration

There are now evidenced benefits of social care services such as remote contact with citizens to support people at home. ICSs are aware of this and the impact of decisions on social care – for example the cost of reablement: entry into residential care; readmission rates; or primary care visits. Commissioning is about getting it right for each individual – removing bureaucracy and having a joined-up care approach across housing, health and social care.

But for AT to be useful, providers of technology need to be regularly talking to policy makers, ICS leaders, local authorities, understanding their issues and challenges and responding with solution-focused outcomes. Where AT providers understand what the problems are, they are in a better position help solve them. The quid pro quo is local authorities need to describe to developers the solution they want, as well as the problems they have, in order to co-create the best solutions in partnership.

But collaboration also means listening to the needs of those receiving services. Relationships with individuals and their families is an important aspect of achieving a fundamental goal of delivering excellent technology focused care to citizens. That in turn leads to more efficient services, solutions, and cost avoidance.

It is vital for local authorities, government, care providers and tech developers alike to be continually cultivating such relationships, particularly given that over time the needs and demands of citizens evolve

and are also likely to change as new AT is developed and comes on stream. As such the sector needs to be constantly evolving, adapting, and delivering effective innovative solutions. This also involves ensuring that the right questions are asked to genuinely understand what families engaged with the care system really want and need from technology – with reference to the famous apocryphal quote from Henry Ford:

> ***"If I had asked people what they wanted, they would have said faster horses."***

(5) Culture

The adoption of digital applications within social care (and across many other functions of life!) during the pandemic has raised the profile of technology. It is also likely to have accelerated the process of digitisation for the future, given people's increased interaction and confidence with technology since.

However, there are still likely to be many hurdles to overcome. Technology has historically been seen as a barrier in social care, and cultural change is required, which in turn needs early engagement. Social care departments must lead from the top to ensure practitioners have input at an early stage into how AT can help them and the citizens they support. There is still fear that needs to be addressed among many of those in the sector, particularly on the front line. Additionally, practitioners need to be reassured that AT is being introduced as an enabler to *help* them not *replace* them.

Cultural change also needs to be facilitated by an ability for local authorities to be able to work on a short, medium, and long-term basis. Collaboration can be used to find answers to immediate challenges, but there is a need to explore how embedding technology in services can help to develop new ways of working over time – supporting the development of 5-10 year plans. This needs clear and sustainable social care funding to support such planning.

(6) Improving Outcomes vs Managing Costs

The move to digital will also shift the social care system towards more proactive and predictive analysis – particularly in trying to better understand when events *may* occur, so effective mitigation can be put in place, rather than reacting when they *actually* occur.

Driving technological change in the health and social care space should be fully focussed on improving people's outcomes and quality of life. Too often, attention becomes concentrated first on matters around short-term cost and who is paying. This might mean the system risks missing out on innovation which may be more efficient in the longer term. For instance, if the cost is higher but the outcomes greater, is that not a better approach? A question which must also be answered is how do local authorities balance the expense of short-term investment with longer term gains, such as prevention upstream where intervening at an earlier stage avoids the need for more complex care later?

But is there a risk of confusing innovation with invention? Whilst policy makers would want 'the next new innovative technology', is what appears to be a new innovation actually an invention? Inventions come and

go, require large investment and do not always deliver expected returns. The point is that as well as the cost of investment in technology, social care services also need to be selective about what it deems effective technologies to invest in, and spotting those which may appear impressive but actually just deliver largely cosmetic improvements on existing solutions. Moving to new innovative technology needs to be done at the right time – if existing solutions already introduced already work well, perhaps the status quo will suffice until a more significant technological advance comes along.

Striking the right balance between investment costs and citizen outcomes can have a direct positive impact on care and delivering cost efficiencies. For example, improved condition management and medication compliance has a clear impact on decreasing GP visits, clinicians are able to target patients that need support and early intervention can prevent future, often high cost, care intervention. Using technology to support people at home is low cost, means citizens can stay at home for longer and increases quality of life. Likewise, relatively low-cost telecare systems can help to avoid hospital admission, delay, and prevent the need for residential care and reduce carer burnout.

As a practical example, Tunstall's 2020 research paper *The Transformational Potential of Telecare* demonstrates, for a sample of 256,000 people in Spain, that as services became more proactive using outbound calling the number of inbound calls decreased, having a direct impact on other services. Ambulance mobilisations decreased by 34% with 98% of citizens saying they felt safer when they had technology-based solutions in their home. This is social care prevention in action which is repaying the Spanish state's investment.[8]

It is also important to use data and information to drive improvement. The Government's National Data Strategy talks about the importance of data and evidence at an individual level and the benefits of using data daily.[9] Supporting evidence is also important, demonstrating that health and social care technology-based approaches stand up to critique and deliver what they say they will. Using data effectively can help to personalise services appropriately, supporting those that need a higher level of care whilst maintaining a steady state for those at lower risk levels.

[8] https://www.tunstall.com/siteassets/uk/white-papers/telecare-transformation-report---more-independence-for-older-people-at-home.pdf
[9] https://www.gov.uk/government/publications/uk-national-data-strategy/national-data-strategy

CASE STUDY:

ADAPTING ASSISTIVE TECHNOLOGY DURING COVID-19 IN NOTTINGHAMSHIRE

Tunstall has been working with Nottinghamshire County Council (NCC) as a technology partner for its telecare service since 2006. Following a successful tender submission, in October 2018, Tunstall was also appointed to deliver a managed telecare service on behalf of the Council.

Referrals from NCC's Assistive Technology Team are received at Tunstall by specially trained Connected Care Coordinators who process applications. Dedicated engineers have been assigned to support the service, undertaking installations, demonstrations, de-installations, maintenance and repairs.

The service uses a tracking process in MOSAIC and Nottinghamshire County Council's Business Intelligence Hub to measure key outcomes for individuals receiving the service. Based on this data, net cash avoidance savings to Nottinghamshire County Council after additional service costs, costs of home care for people diverted from residential care, and loss of client contributions are deducted, were calculated at £2,243,665 for the period 01/04/2019 to 31/12/2019.

The Telecare Service has continued to maintain as close to normal service levels as possible during the Covid-19 emergency. While engineers will not enter homes with symptomatic residents, all other working practices have been adapted to ensure service continuity and the safety of service users and engineers:

- Engineers program any required equipment in their vans;
- Engineers then knock on the service user's door, leaving the equipment at their door, before moving a safe distance away;
- Once the service user opens their door, the engineer explains who they are and lets them know that they will call them from their van;
- The engineer then returns to their van and calls the service user to talk them through the installation of the equipment.

Engineers are also working at weekends to ensure anyone vulnerable during the Covid-19 emergency can have access to the service.

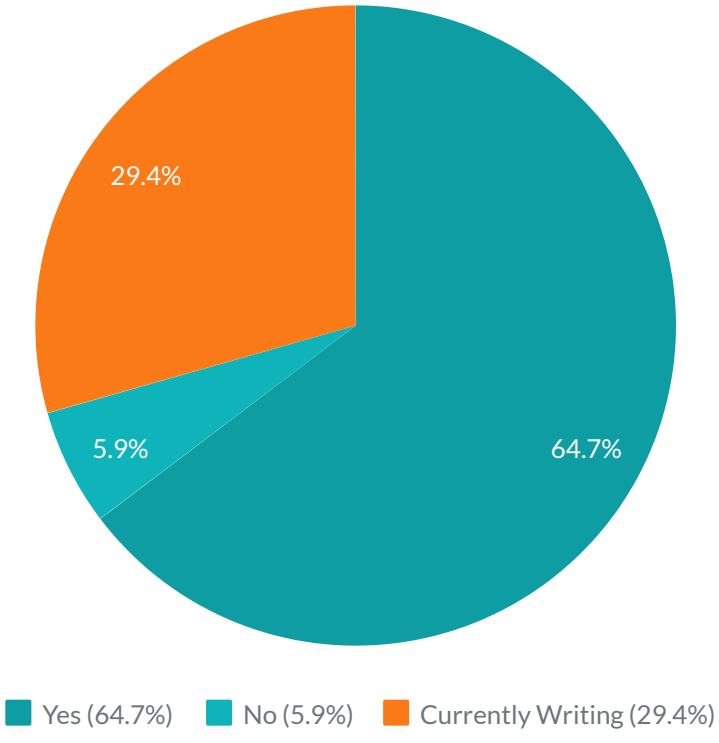
3. THE USE OF ASSISTIVE TECHNOLOGY IN COUNTIES

The previous section explored the evolution of Assistive Technology (AT) and its potential to transform adult social care services going forward through the process reform and beyond.

For this section the views of local authorities were sought to help determine how far AT is already being embraced within adult social care services, and what recommendations they would make for how this process can be accelerated and improved within forthcoming reforms. The responses in this section are drawn from a survey of CCN's member councils, with additional views also drawn from those provided at an expert roundtable to discuss the topic of AT, attended by councillors from across CCN's membership.

Planning for Using Assistive Technology in County Authorities

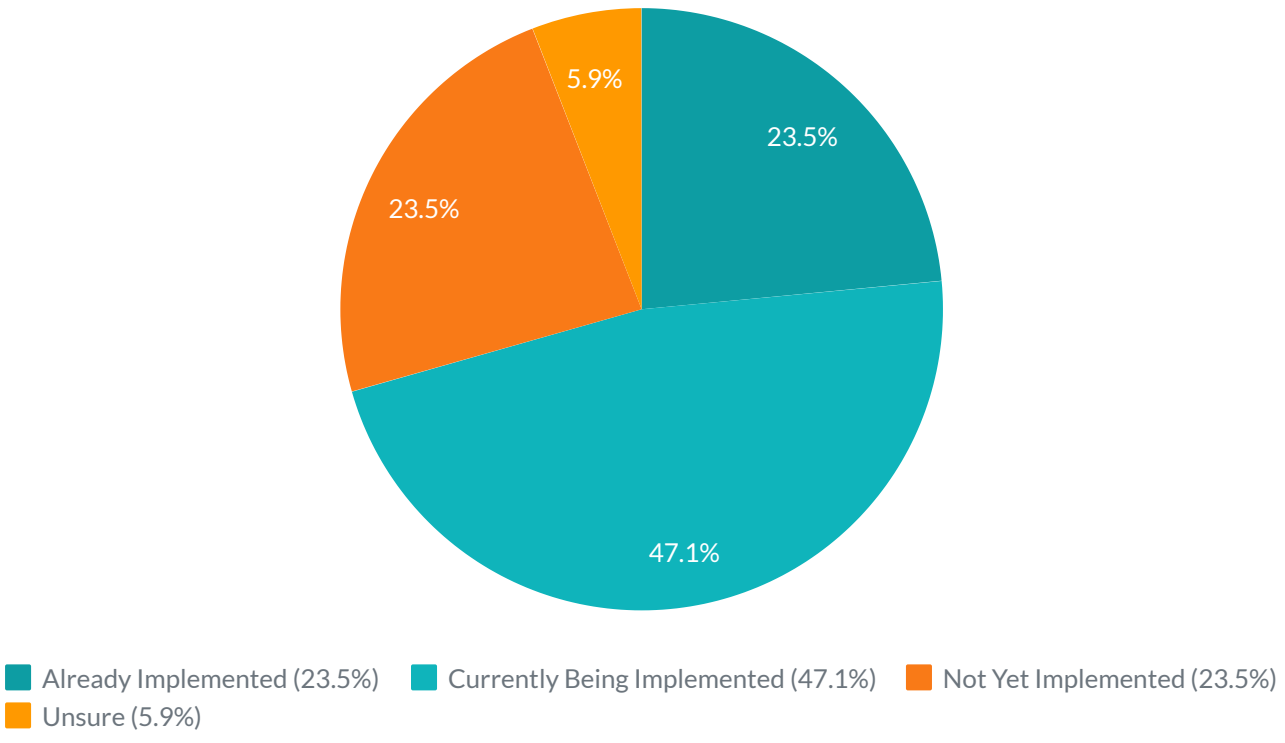
QUESTION 1: Does your local authority have an assistive technology strategy?



Firstly, CCN member councils were asked whether they had written a strategy for how their authority would be putting AT in place within their adult social care services. Nearly two-thirds said that this was the case whilst just under a third stated that they were in the process of writing such a strategy. Only one of the responding authorities said they did not have any strategy covering AT yet.

Authorities were then asked whether their strategy had been implemented yet. Just below a quarter of respondents believed they had already implemented their strategy. Around half said that they were in the

QUESTION 2: If yes, do you believe this strategy is being implemented?



process of implementing their strategy and just below a quarter said that they had not yet implemented their strategy. Only one respondent was unsure if their strategy had been implemented – largely because they (strategically, as a councillor) felt it now may need reviewing and updating having been written some time ago.

Feedback was provided about the nature of the different strategies employed. Those who considered their strategy to be innovative often indicated this involved some key principles, including:

- Partnership with both technology experts, but also the health sector;

  "We have developed a strategic and practice partnership with a broad base consortia that is designed to assist us in integrating technology into care practice and delivery."

  "The ambition of the service is high with a strong focus on innovation collaboratively across Health and Social Care."

- Looking at how to employ not just equipment, but also the use of data;

  "We appreciate the opportunities available through having a data driven service, as well as through utilising consumer grade technologies as well as specialist technology offers."

- The importance of AT addressing prevention and early intervention in adult social care;

> ***"We are pulling on Big Data, IoT* [Internet of Things] *and joining health and social care data to focus on prevention and early intervention."***

> ***"We are currently piloting digitally-enabled smart technologies and developing a professionals' dashboard to predict emerging issues before they become embedded to support informal carers and professionals to better target health and care services and to enable a more preventative approach to care planning and delivery."***

- And stressing how an effective AT strategy required working with different providers across a range of technology:

> ***"Our focus is on meeting the challenges of the social care system and implementing TEC services where we are able to demonstrate clear outcomes and benefits to services user and to the council. Our approach is technology agnostic, no one provider is able to offer the right solution, every time."***

> ***"The service is not restricted to use specific technologies but, instead, free to utilise whatever technologies are commercially available to build a TEC support package appropriate to meet the bespoke needs of an individual."***

However, several respondents also indicated that they were careful to ensure that when technology was introduced there was a clear benefit for the service and the investment:

> ***"We try and understand new technologies coming onto the market and the impact on service users' needs and whether these would support them."***

> **"[The Council's]** ***commissioned service is OT*** **[Occupational Therapy]** ***led and focusses on the needs of individuals rather than a set catalogue of products and services."***

Councils were also asked how they believed their AT service could become more innovative, particularly with regard to the impact of the pandemic and in anticipation of the future needs of their adult social care service.

Many responses focused on the desire to make AT more responsive to the needs of service users, particularly through gathering data as part of the assessment process to allow a better understanding of these needs:

> ***"...the council aims to continue to move technology solutions to the front edge of social care and healthcare assessment processes, both to meet an assessed need but also to support the assessment process itself."***

> ***"We would like to achieve a better understanding of needs and customer requirements, quicker turn around for technology into deployment use of more innovative technology, greater empowerment for clients."***

> ***"...we feel that the opportunity to really develop predictive technologies that assist us in understanding changes in conditions, frailty or wellbeing will help us in meeting the future."***

There was a recognition that the experience of Covid-19 has helped to create a more receptive environment for the use of AT in social care after society has adapted to operating more digitally during lockdown:

> ***"The learning from our response to Covid-19 is feeding into new ways of working to put us in a better place for the future to provide remote and digital services which keep people safe."***

> ***"The Covid-19 pandemic has accelerated change. New and innovative types of service have started using new digital channels, and lockdown restrictions have changed how services deliver care. In this new world, we must also transform. We need to make changes to offer support that is even more relevant and that benefits everyone, while managing risk and uncertainty. The learning from our response to Covid-19 is feeding into new ways of working to put us in a better place for the future to provide remote and digital services which keep people safe."***

This included a view that as well as seeing AT as a means to better identify and support practical care needs, there was also a desire by some LAs to explore how technology might provide assistance in addressing emotional welfare:

> ***"I think it would be interesting to see if the use of technology to reduce loneliness based on the Covid experience could be developed better."***

> ***"Tackling social isolation; learning disabilities and autism, mental health."***

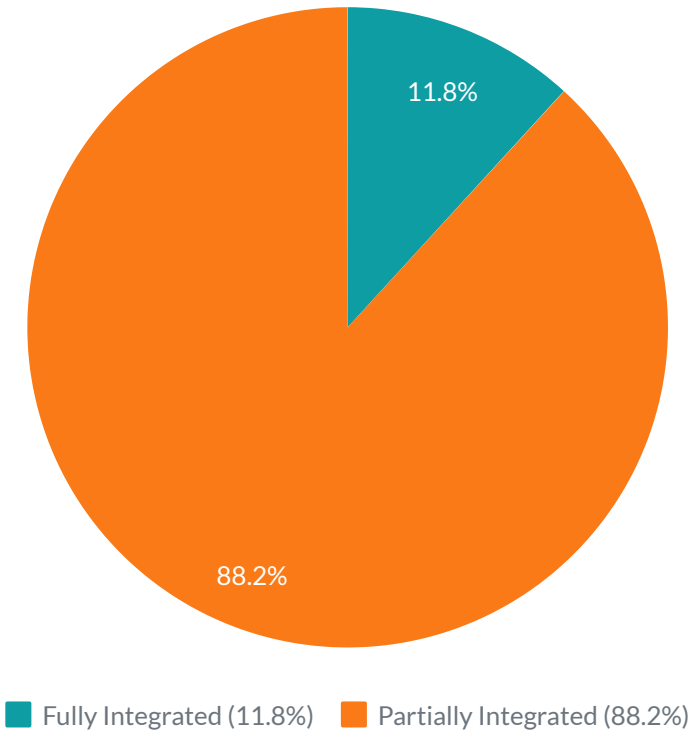
Several suggestions were put forward by respondents with regard to how reform – at both national and local level – might install infrastructure to best support meaningful procurement of AT:

> **"[There should be]** ***Clear processes with information and governance colleagues on how new technology can be introduced quickly; clear funding streams not only for people using the services but also to invest in technology. Sharing of information and experiences with other local authorities of successes and failures to learn from each other. Greater connectivity – access to broadband and wi-fi is extremely limited for some people."***

> ***"Making our purchasing procedures more flexible to enable staff to spot-purchase from suppliers not previously used before. The delay in setting up a new supplier is a huge barrier for us accessing new technology. Closer collaboration between those who explore innovations and those with social care knowledge."***

Integration and Partnership

QUESTION 3: To what extent is your assistive technology strategy integrated into wider health and social care services locally (e.g. ICS etc.)



LAs were asked to what extent they believed their AT strategy is integrated into wider health and social care services locally. This particularly indicated how it interfaced with AT strategies designed by Integrated Care Systems (ICS) – something which is likely to become even more important in light of the Health and Care White Paper published shortly after the research for this report was conducted.

Whilst two respondents said they felt their AT strategy was fully aligned with those of other local systems and services, the vast majority of authorities felt that their strategy was partially integrated. None believed their AT strategy was not integrated at all – particularly given LA participation within local structures such as ICS and Health and Wellbeing Boards. However, this question highlights the fact that there are specific challenges for many CCN member authorities due to the fact that they have overlapping boundaries with two – and sometimes three – separate ICSs, making it extremely difficult for them to be able to develop an AT strategy which fully aligns across the health and social care landscape county-wide.

It is hoped that this will be addressed by recommendations in the White Paper for ICS boundaries to be made co-terminous with those of LAs. However, responses suggested some of the barriers to integration stretched beyond just geographical differences between LAs and the NHS:

> ***"Separate funding regimes for health and care services can sometimes create barriers for closer integration. In some instances funding has been provided to NHS Trusts for specific clinical pathways which results in a piece-meal approach to deploying AT into people's homes."***

> ***"...it would be good to have greater collaboration on the offer of assistive technology from health partners eg they drive the telemedicine area and this is something we are working towards."***

County authorities were asked how reforms might improve local integration of AT into health and social care strategies which elicited a range of suggestions:

> ***"Shared budgets around shared opportunities. More focus on the work in the preventative and community space rather than acute and long-term support settings like care homes."***

> ***"...further education/promotion of the advantages and opportunities resulting from the TEC offer is necessary, development of 'real world' case studies of the benefits delivered and greater stakeholder engagement in the future development of the service."***

> ***"...a wide range of devices available, knowledgeable experts*** [to] ***offer advice and support, and evidence of actual benefits. This will create demand for joint working."***

> ***"Commitments across partners with a shared vision and joint funding arrangements with multi agency teams of practitioners working alongside each other to not just implement current services but continually developing these as a joint approach."***

During the roundtable one county council member suggested that the integration with health and social care may be hastened by the experience of the pandemic with many services in Primary Care Trusts going online:

> ***"Maybe that is going to be the great breakthrough we look for – that a change in the NHS Digital Offer will really drive a change that we will have as a county council."***

The survey then asked for feedback on what were believed to be the main barriers to county authorities delivering a successful AT strategy – choosing up to three from the list provided.

The predominant issue identified by nearly two-thirds of respondents was knowledge and understanding within authorities of the types of AT available to support care services. Over half similarly felt that practitioners working in social care currently did not always have the appropriate knowledge or educational background in AT that could maximise the benefits that it might be able to offer – with 41% also identifying a need for more training and development in this area.

QUESTION 4: What are the main barriers to delivering a successful assistive technology strategy?

The other main concerns that emerged from this question were logistical issues, especially interoperability (41%). This encompassed the complicated processes required to use or put in place AT systems and in particular how new AT could be integrated with existing systems such as those holding adult social care records, an issue specifically highlighted by over a third of respondents.

There was less concern about some of the internal management issues around introducing AT, including making the case for the benefits, either financial or pastoral, of new technology. Insufficient funding was only seen to be a major problem by around a fifth of respondents at this juncture although it is likely that may be influenced by the previously identified lack of full knowledge within authorities of what AT for adult social care is currently available on the market.

When asked how some of these barriers might be overcome respondents had a range of views. One of the

most important points made was that too often the introduction of AT in adult social care was being predicated on repurposing available technology rather than the commissioning of bespoke products for services that are co-created by developers with input from those working within the sector:

> ***"The development of new TEC devices is often based on what available technology there is rather than an understanding of social care issues and a desire to address that need – in other words a tech solution is developed first before the problem is identified or fully understood."***

One solution might be to:

> ***"Create an independent TEC device review body to assess and grade each device against a nationally agreed set of outcomes (like the ORCHA website for health related Apps). This will improve outcomes, give buyers confidence and help to shape the TEC market."***

This could also tackle some of the issues around integrating different forms of AT and systems through:

> ***"...closer working with our contracted provider on the service they offer may allow integration with other systems."***

There were also a number of respondents who suggested there needed to be better training and awareness to promote more consideration of how AT could be used with adult social care:

> ***"TEC is still seen as an add-on or optional piece of care, it needs to be mainstreamed and TEC skills and knowledge emphasised within the workforce. Publication of case studies and good examples nationally would be very helpful, national benchmarks on VFM / ROI."***

> ***"Greater training opportunities and a higher profile for TEC"***

> ***"A better and more accessible academic training offer to professionalise the industry and raise the status of TECS workers."***

This might be delivered through better communications strategies and joint-working for introducing AT:

> ***"Good communication channels, shared goals and outcomes."***

Including at national level to indicate to the general public what support they might be able to employ to meet their own care needs:

> ***"A more co-ordinated approach to promoting the benefits of care technology to the broader population. At the moment* [this awareness] *is very silo-ed in Local Authority 'care' or housing."***

But also there needed to be better awareness within the sector itself and some authorities indicated they

had already begun this process internally:

> ***"There are measures put in place to encourage workers to keep considering AT as part of their assessments. There are prompt reminders on some of the service requisitions and other paperwork."***

Finally, some respondents indicated that barriers might be reduced by clear agreement on how to measure and define the benefits derived from AT:

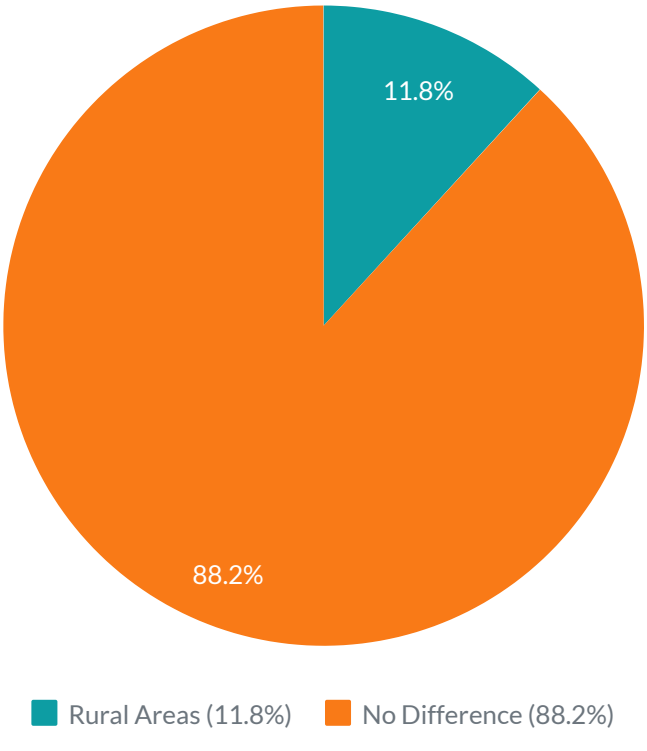
> ***"Agreed standardised measures around reporting of social care and financial benefits."***

> ***"Clear benefits realisation methodologies."***

Assistive technology in rural vs urban areas

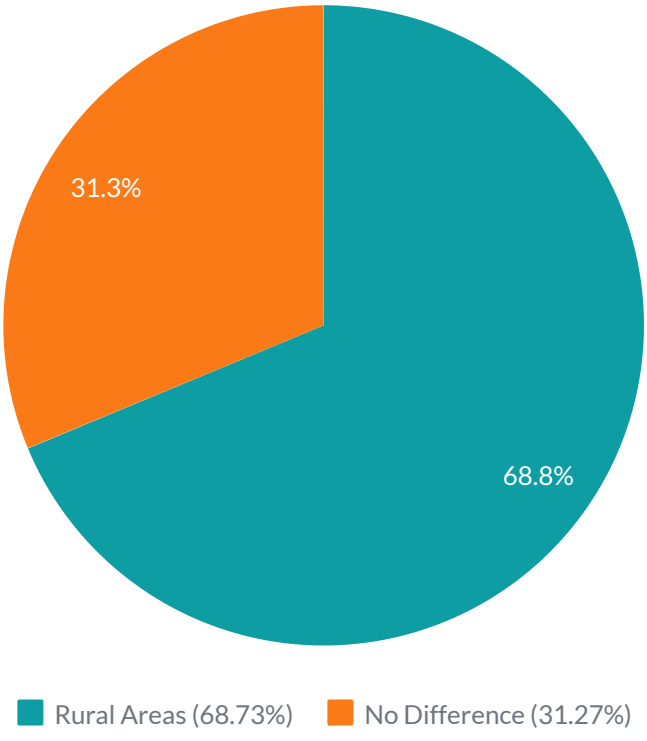
CCN member authorities have a unique perspective in local government as their geographies contain a broad mix of both urban and rural areas – embracing, variously, towns and cities, isolated coastal settlements, and remote country villages and hamlets. As such the survey sought to determine what difference if any there was between developing AT strategies to meet the needs of different communities.

QUESTION 5: Do you believe assistive technology is more important for delivering social care in urban or rural areas?



The overwhelming majority of respondents (98%) felt there was no difference in the importance of using AT to help deliver social care in urban or rural areas. A small number believed it was more important in rural areas, but none felt the same for urban areas.

QUESTION 6: Is assistive technology more difficult to provide in urban or rural areas?



However, there was a clear difference of opinion over the relative ease of which AT could be rolled out in urban or rural areas. Over two-thirds of those responding believed it was more difficult to apply AT within rural areas, whilst just under a third felt there was no difference. No respondents believed it was easier to provide AT for social care in urban areas.

The overwhelming reason for this was poor connectivity and broadband access within rural areas:

> ***"Additional challenges found in the delivery of TEC solutions in rural areas are associated with the inconsistent coverage of mobile connectivity."***

> ***"...many rural areas are not currently served with high speed reliable broadband."***

> ***"Some areas of [county unitary authority] have poor or no broadband limiting the availability of certain telecare equipment for people living in those areas."***

There was also an indication that poor connectivity might also impact on equality of access to services for more deprived populations:

"Problems with connectivity and these are usually in more deprived areas of our county."

Overall, just over 80% of respondents mentioned this issue – which was significantly more than the 68% who stated they felt there was a significant difference. This gap was explained by some authorities seeing it as a challenge which might become less of an issue going forward or could be addressed using more adaptive technologies:

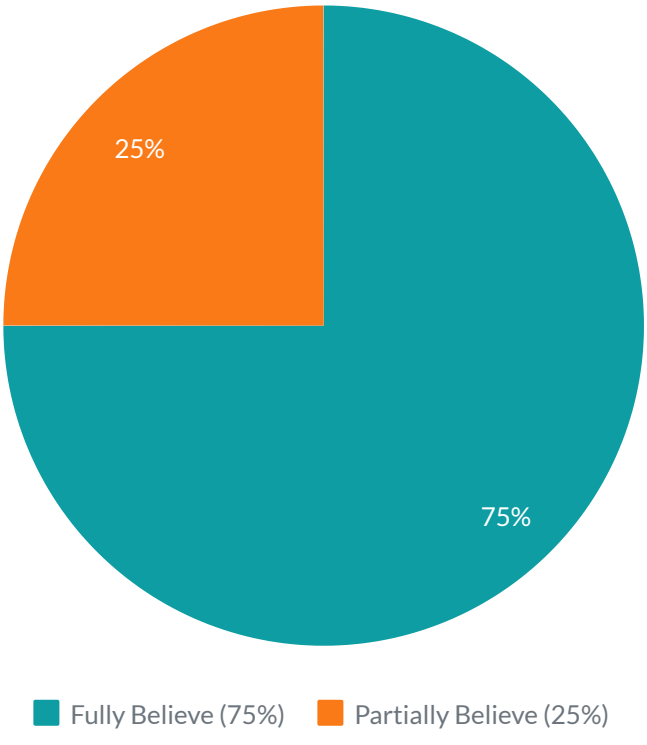
"The only drawback for rural areas is broadband access and width and I believe it will not be long when that is sorted."

"Connectivity can be more difficult in rural areas and we are working on ways to get round this - e.g. roaming sims."

This is in line with analysis by CCN showing that there are three times as many households with access of 10 mbit/s (considered a slow broadband speed) in county areas than the rest of the country combined.[10]

Impact of assistive technology on strategic delivery of social care services

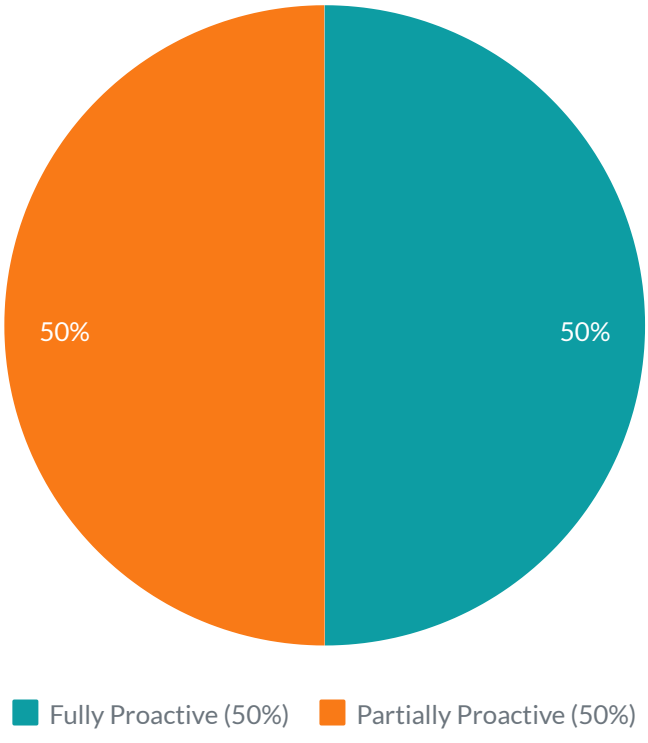
QUESTION 7: Do you believe having an assistive technology service means other care services can be increased or reduced as needs change?



[10] This data is set to be published by CCN shortly and will be available at: https://www.countycouncilsnetwork.org.uk/

Respondents appeared to believe, at least partially, that introducing AT could have an impact on how they restructure their adult social care services by helping to shift and reduce demand. No authority suggested they did not see a link in this regard.

QUESTION 8: Do you believe your assistive technology strategy is proactive in supporting your citizens' situations, needs, and conditions?

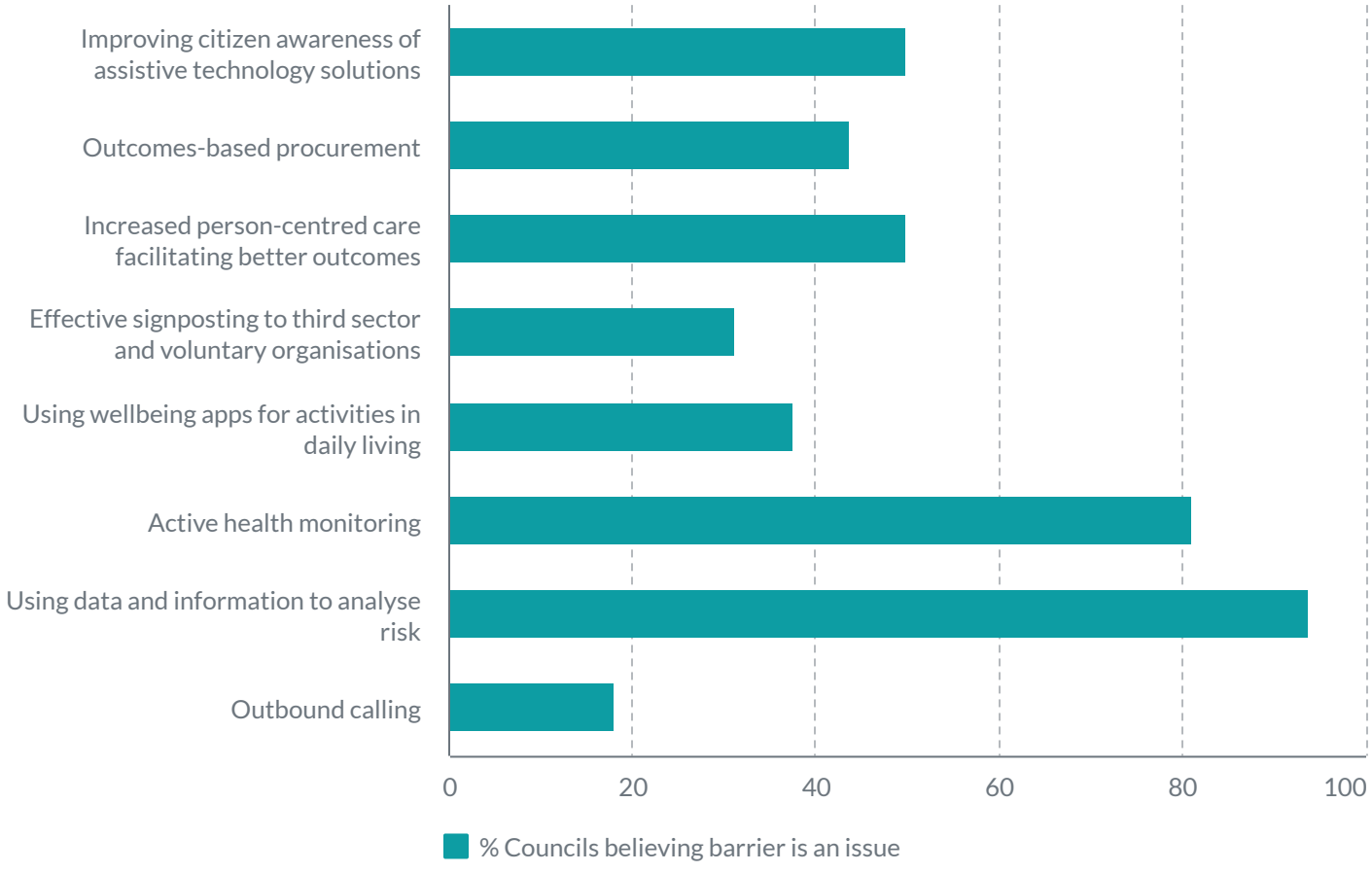


Around half of respondents felt that at present their AT strategy was fully pro-active in supporting their citizens situations, needs and conditions with regard to social care, with the other half believing their strategy to be at least partially pro-active. None felt that they were not actively seeking to use AT to address the needs of their populations.

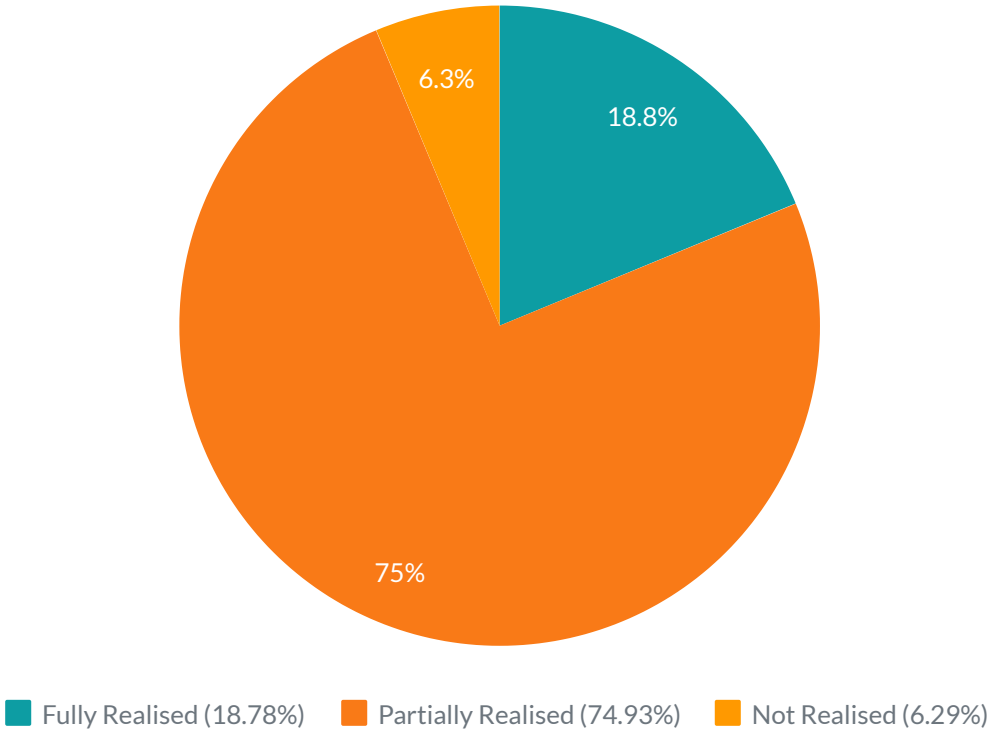
When asked what initiatives could be introduced to make local AT strategies more pro-active the most important factors indicated by respondents were around getting better data and monitoring information. To some extent this may be an issue which improves over time as more solutions become digital, in turn providing more data and creating a positive feedback loop which allows authorities to continuously update and refine their AT strategies to better meet local need.

The desire for active health monitoring also pointed to the need for a better understanding by citizens of AT solutions – for example using a fitness monitoring app such as a Fitbit and sharing the data may help an individual's care needs to be better identified and targeted. Using data in this way could support the co-production of care plans – as indicated by the 37.5% of respondents who felt that activities of daily living using wellbeing apps would be helpful.

QUESTION 9: What are the main initiatives you would like to see introduced to make your assistive technology strategy more proactive?



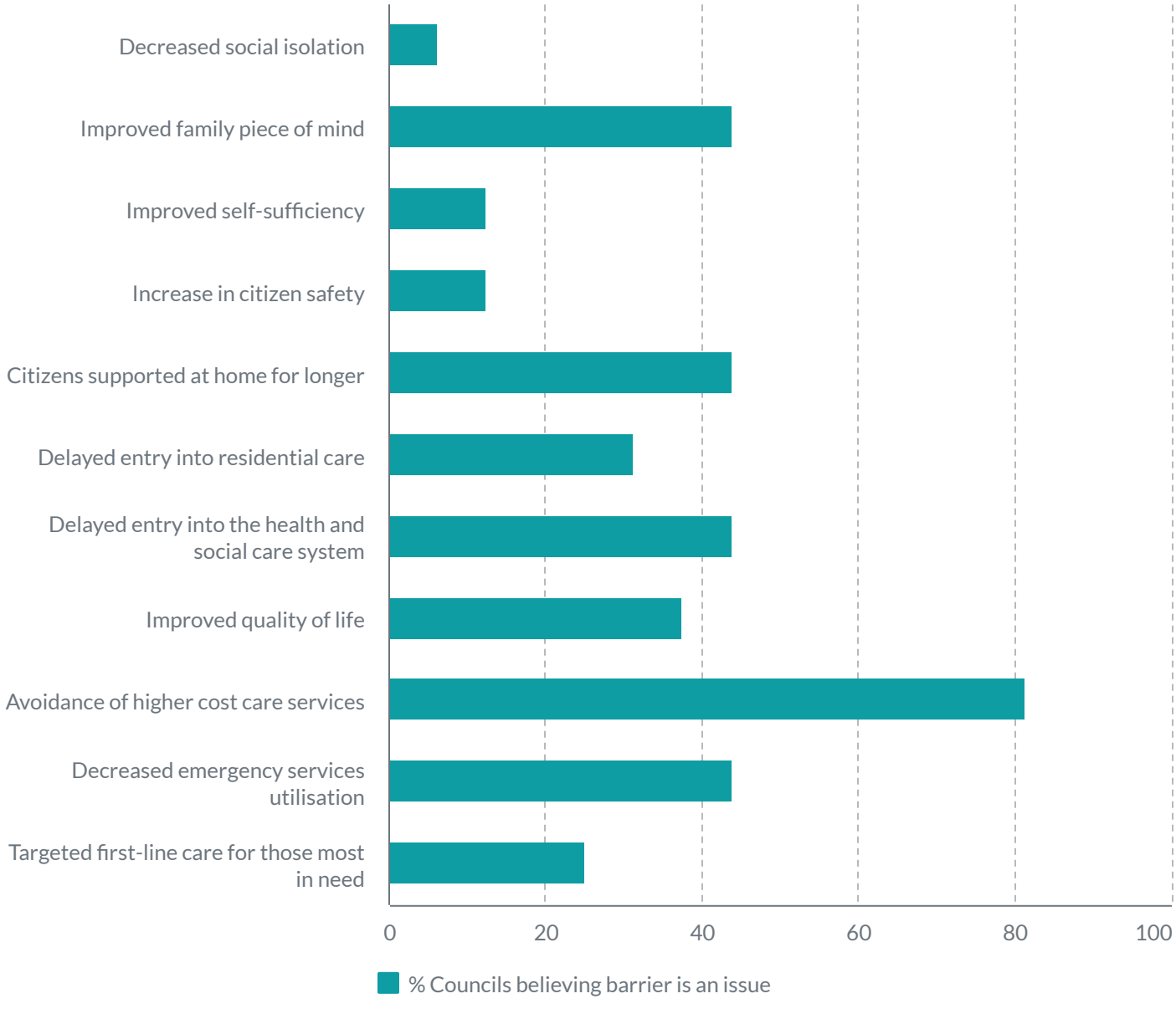
QUESTION 10: Do you believe the benefits of assistive technology are being realised within your council?



Ultimately the responses to this question highlighted that county authorities were particularly focussed on how AT could be used to develop individualised care packages. They concentrated less on whether AT could help to accelerate traditional means of providing care such as through signposting to community support or outbound calling, neither of which were seen as especially important applications of the technology.

Every council recognised the importance role that AT can and will play within social care sector going forward, but not all felt they were enabled to realise its full benefits at this point - often due to resource constraints or lack of full understanding of the topic. At present most felt they were partially realising the benefits of AT within their authority, with 75% feeling this way suggesting there is potential for growth and development in this area. Only a fifth believed they were fully applying AT and reaping the benefits at this stage, although just one authority didn't feel they had properly begun to utilise AT yet at all.

QUESTION 11: What do you believe are the main benefits of an assistive technology service?



Respondents were asked to define what they believed the main benefits of an AT service were by selecting up to three choices from the above list. Vastly more important than anything else was the ability to use AT to help avoid higher cost care services – further emphasising the key role AT is seen to play in prevention and early intervention. This focus on prevention was also reflected in some of the other popular answers – including delayed entry into the health and social care system or residential care, citizens being supported at home for longer, and decreased emergency services utilisation.

Responses predominantly centred around the benefits to the adult social care system itself, with the benefits to citizens less certain. The primary benefit for service users was perceived to be improved quality of life with increased safety, additionally offering families peace of mind around an individual's care. In general, though, the data suggests authorities are not at this stage clear about what specific benefits AT might offer improved self-sufficiency for individuals, or significantly mitigate key issues for those in the care system such as personal safety or social isolation.

Finally, respondents were asked to share any other comments they wished to add around AT. One response highlighted the challenge of defining 'assistive technology', outlined at the outset of this report:

> ***"There may not be one single definition that applies in all circumstances to all people (citizens, care givers, tech professionals) so we may have to live with some variations circulating."***

Another response highlighted how their AT strategy, which commenced implementation at the beginning of 2020, had actually proved invaluable in helping the authority's response during the pandemic:

> ***"We have over 100 TEC Champions that have helped evaluate Covid TEC and our provider has then introduced the ones considered best for our customers in a short period of time."***

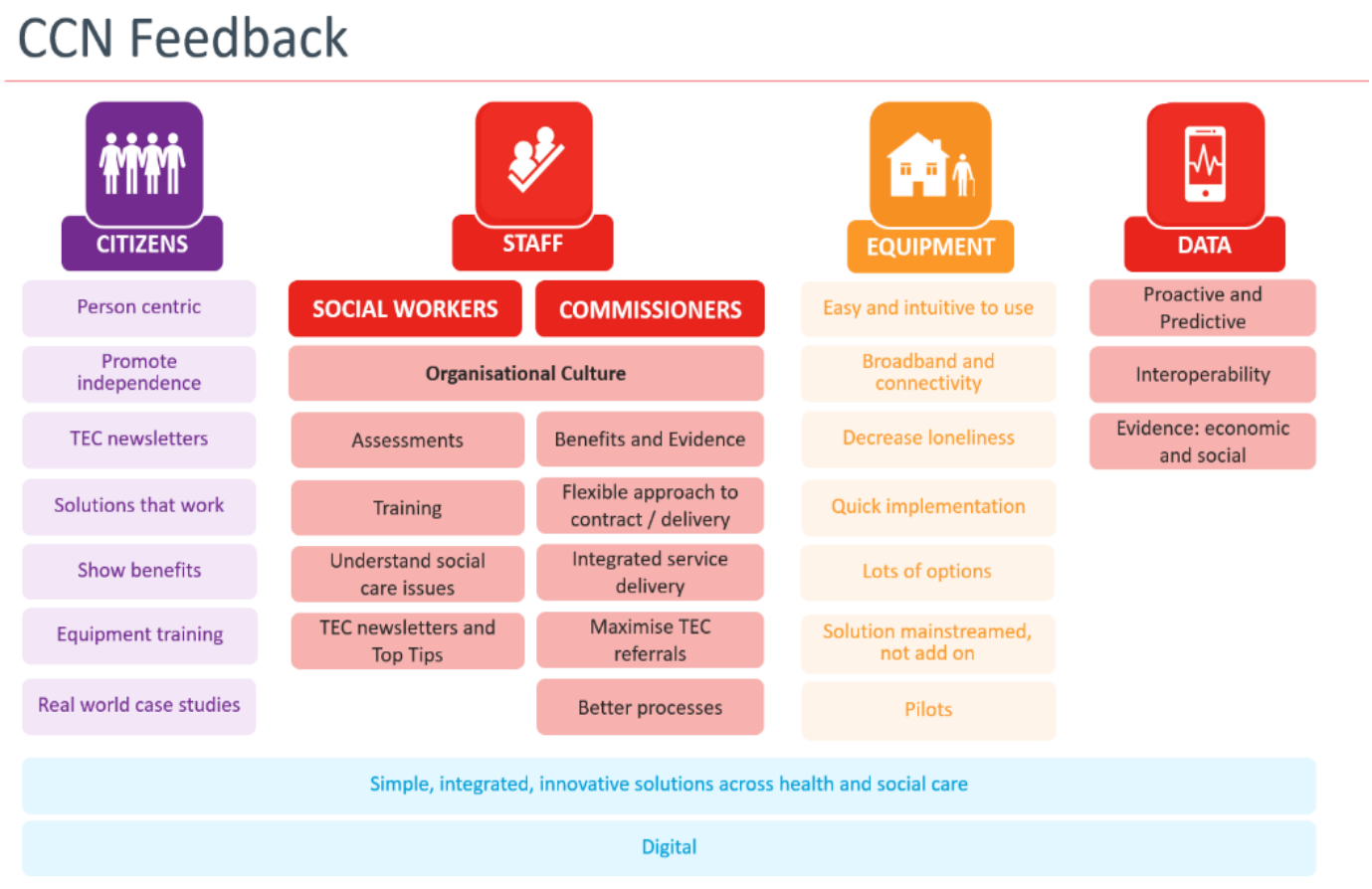
This reinforces the notion that the widespread adoption and improvement in digital services during Covid and lockdown may prove to be a big springboard for the inclusion of AT more widely with adult social care going forward.

> ***"...it is clear that different authorities across the country are approaching the development of TEC services in different ways and there are some really positive examples of good practice. However, the sharing of this information is somewhat limited and it would be really beneficial to all interested parties if regional and/or national forums were created for sharing the positive work underway enabling others to learn about and implement successful developments and technologies in their own areas."***

4. CONCLUSION AND RECOMMENDATIONS

This report has outlined some of the potential value and benefits of extending the use of Assistive Technology (AT) within the social care system. It has also highlighted some of the potential barriers and challenges to making this happen. This final section aims to draw conclusions about what needs to happen within the imminent reform of the adult social care system to ensure that the potential of AT is fully realised both to improve outcomes for citizens and make the wider system more efficient and cost-effective for the state.

The findings of the survey and discussions with councils have highlighted some broad themes, summarised below, which have helped in formulating these conclusions.



(i) Citizens

One important theme raised throughout this research was the need for citizens to be on board with using AT as part of their care package. They need to be engaged with and part of decisions about their care, understanding the benefits that AT brings. Professionals and policy makers across both central and local government, as well as developers themselves, need to use simpler communications – clearer and consistent language and terminology around AT which citizens can understand.

The focus should be on real world case studies, highlighting solutions that have been proven to work and stressing the means by which AT can help to promote independence. Citizens are not generally going to be interested in a range of options like professionals – they primarily want to know what will work best for them in their individual circumstances.

Some citizens – particularly older people – can be intimidated by the use of the word 'technology', with many often not realising that in the present day they may already be familiar with using a smartphone, a computer, or a digital personal assistant. Often what is needed is specific equipment training so that the citizen receiving care – and their family – feel able to use AT with confidence.

Citizens also need to be fully engaged when introducing elements of AT into care packages so that specific concerns – such as 'how is my data going to be used' – are fully answered and do not create problems further down the line.

(ii) Staff

As well as citizens, there are specific challenges to address in the upskilling of social care staff to ensure they are capable and confident to embed AT within their social care system. A key factor in enabling this is organisational culture, with clear leadership and support at all levels to encourage and oversee the implementation of AT, but also to address any issues with the technology swiftly when they arise to maintain impetus and enthusiasm. The key facets of such an organisational culture within social care are explored further in CCN's report with Newton, *The Future Of Social Care*.[11]

There are different issues around AT for the role of social care staff and commissioners respectively. Social care staff, like citizens, need access to specific training and support to understand and develop confidence using AT. They also need to be able to work closely with technology experts so they are fully appraised of what AT may be available to support them when conducting assessments. In particular staff need to be able to distinguish between when they are assessing for a social care need and where they are assessing for AT requirements to support that need (such as access to broadband, say). As most likely the main broker between a commissioner's decision to acquire items of AT and the people who will use it, staff need to be confident to describe, use and explain AT to citizens at the front line.

Commissioners on the other hand need to have a better understanding of how to weigh up the balance between the evidence of the benefits, both social and financial, of particular forms of AT with the expense that would be required to introduce them – in particular the means to assess the cost benefits and preventative impact over the medium to long term. This may involve providing commissioners with more flexibility over how they can use their resources and how they are able to embed such flexibility into contracts. The NHS's long-term plan better allows it to invest in health technology because of the surety of funding. Social care needs a similar settlement. The system also needs to improve processes and maximise the potential for AT referrals to operate effectively so commissioners have a better idea of demand to base

[11] http://www.countycouncilsnetwork.org.uk/download/3392/

decision-making on.

Additionally, though, reform needs to consider how it can improve integrated systems of commissioning of AT within health and social care given the impact and potential benefits across both systems. The forthcoming reforms should explicitly consider the ICS role in such collaborative commissioning and flexible funding. Whilst the Health and Social Care White Paper already references this new type of commissioning, effective reform needs to be wider than that. It also needs to facilitate the ability for local authorities to work with other stakeholders and providers in new, integrated ways – health and social care working together, thinking about outcomes, value-based procurement, and opportunities to adapt and change as citizen's needs change.

(iii) Equipment

For AT to fully become part of the social care landscape, developers have a role to play in ensuring that the equipment and technology being created is designed appropriately to meet specific social care needs. For example, many of the education and training issues for citizens and staff outlined previously can be mitigated where AT is easy and intuitive to use. This is particularly true where AT could integrate with existing technology that citizens are already using – such as an app that can be added on to their phone.

Developers also need to think about some of the specific issues which would be useful in social care – for example AT that is designed to more interactive in itself may help to combat loneliness, particularly where it has options to facilitate easier direct contact with professionals.

In general, one of the messages of this paper is that AT solutions need to be mainstreamed as a key offer within the social care system and not seen as an optional add-on. However, one particularly important issue which has emerged from the research is the lack of broadband infrastructure in more remote parts of the country which threatens to constrain the rollout of AT in these areas. This must be addressed to ensure that all citizens have equal access to the advantages of AT. To some extent the issues of accessibility to broadband, and technology more widely, can be seen to fit cohesively within the Government's broader 'levelling up' agenda.

(iv) Data

Data, both the collection and use of, presents questions that need to be addressed in terms of using AT effectively in social care. To make most effective use of data, its collection needs to be proactive and its use predictive; there is little point to collecting data which is not acted upon. For this to happen there have to be clearly acknowledged protocols for the collection and use of data which are understood by citizens and their families, and also guidelines governing the use of data by social care authorities.

When looking at data, whilst not critical, there needs to be a level of interoperability. It is no use collecting data into one computer system which can't then be shared with other systems in other parts of the service or associated sectors (e.g. health). Developers and commissioners need to be clear from the outset about

outcomes they want to achieve and work together to develop it accordingly.

Data also needs to be utilised effectively and shared appropriately. For example, there is often a perception there is not much data out there to support the efficacy of AT applied in the social care context, but in actual fact there are thousands of papers and studies worldwide which support such a proposition. However, data is often not properly summarised or shared widely (often as people are unsure about how they are legally able to use the data they collect), so the benefits of AT are often more hidden than they ought to be.

(v) Digital Infrastructure

The digital infrastructure issue is one that needs addressing urgently, both from a scale and funding perspective. The move to digital lines is set to be completed by 2025. Of significant concern within this process are vulnerable citizens currently receiving AT services that require these solutions to be connected to monitoring centres using their existing phone line. If not addressed these citizens may not be able to continue receiving AT services, therefore becoming disadvantaged as a result. This will also potentially generate an increased burden for health and social care services through having to provide other higher costs services.

RECOMMENDATIONS

Based on these conclusions this report makes the following recommendations to be considered within the wider package of social care reforms which the Government has pledged to unveil this autumn:

1. Encourage consistency and simplicity of language for describing Assistive Technology within social care

Within the adult social care sector there needs to be greater consistency not just around in-service delivery and solutions but also in language and terminology used, to avoid confusion and reduce barriers to adoption. For example, professionals in adult social care refer variously to 'Assistive Technology', 'Technology Enabled Care Services' or 'TECS' whereas partner organisations such as Tunstall use 'Connected Care and Connected Health'. In a report last year this was highlighted in a paper by Public Policy Projects (PPP) for Tunstall which stated:

"The terms telehealth, telecare and telemedicine are often used interchangeably, yet there are important differences." [12]

Similarly, though, there needs to be a push to use simple and less jargon-laden discourse around AT so that those using social care and the professionals supporting its use on the ground are engaged and on board with the potential of the technology and not deterred by intimidating language.

[12] https://www.tunstall.co.uk/tecs-report

2. Ensure that social care reform includes a commitment to a National Strategic Framework for integrating Assistive Technology into social care

AT should be mainstreamed as a key element of the social care offer of the future. The Government's reform package for social care must be clear around how it sees technology become embedded within the system. Additionally, it must commit to the development of a National Strategic Framework for the introduction of AT into social care which can be used by local authorities to develop their own local strategies.

3. Ensure there is appropriate infrastructure in place to enable Assistive Technology to be used effectively in all parts of the country

AT will not be effective if the right infrastructure is not put in place to support it. Government must commit to increasing the rollout of broadband internet and 5G to all parts of the country as soon as possible so that all communities have equal access to such technology.

4. Ensure that the move from analogue to digital infrastructure is fully considered within social care reform

Social care reform needs to fully take into account the transition from analogue to digital infrastructure, understanding the scale of the task and addressing the challenges this raises accordingly. In particular, reform needs to acknowledge the potential for vulnerable citizens to be put at risk during this process and put forward fair solutions for resourcing the upgrading of equipment that is not to the detriment of citizens using the service or local tax-payers.

5. Ensure a long-term resource settlement for social care to enable better investment in Assistive Technology

Social care has limited opportunities to invest as effectively in technological advances as the NHS as it does not have a long-term funding settlement and increasingly grant funding to the sector has shifted to short-term temporary pots.[13] When considering the funding settlement for social care services in the context of reform, the Government must ensure local authorities have the ability to invest in AT to support existing systems in the medium to long term, to allow them to take full advantage of future cost savings these technologies are likely to generate.

6. Maximise opportunities for incorporating Assistive Technology within existing devices in the home

Introducing AT doesn't necessarily mean entirely new equipment – it might mean using existing

[13] CCN demonstrated this with analysis it commissioned from LG Futures ahead of the Spending Review in 2019: http://www.countycouncilsnetwork.org.uk/download/2397/

technology which people are already familiar with: e.g. adding an app to someone's iPad or smartphone. But it is also important that technology is not explicitly seen as a complete substitute for human contact – for instance loneliness is a key issue in social care, particularly for the elderly and that requires human contact.

7. Facilitate improved education and training for social care professionals to ensure they are confident in utilising Assistive Technology within their role

AT is an enabler – and as such it will only be as effective as the people using it are able to make it. All social care professionals should be offered education and training as part of an ongoing programme to support the introduction/inclusion of AT into services to ensure that they are fully confident in understanding how it operates and what its potential is. AT should also form part of initial training and higher education for people entering the social care profession.

8. Encourage greater co-creation of solutions through adult social care professionals and technology developers working collaboratively

AT Developers and social care professionals operate in predominantly separate spheres with differing outlooks and priorities. Bringing them together can offer many more opportunities to understand each other's perspectives and generate the creativity required to develop more effective solutions for meeting social care needs. The Government should consider how it can incentivise work of this sort via ideas such as an Innovation Grant Scheme to spark specific work between social care teams and technology companies, or an award scheme to recognise specific and innovative collaborations which lead to positive outcomes.

9. Address issues of interoperability between different Assistive Technology systems within the social care sector

A working group consisting of central and local government, industry bodies, and key suppliers should be established to work together to better define what interoperability between different AT systems looks like so that all AT is designed to interact with other systems as widely as possible. The working group should aim to bring forward common standards around what rules suppliers should be expected to adhere to to effectively operate in this space. This will also help to encourage a vibrant and thriving marketplace by ensuring new entrants to the market clearly understand the expectations of the standards they need to meet thus reducing barriers to entry.

CCN

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In total, the 23 county councils and 13 unitary councils that make up the CCN represent 26 million residents, account for 39% of England's GVA, and deliver high-quality services that matter the most to local communities

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