

Smart homes

exploring existing technologies and the opportunities for adult social care





AROUND THE TABLE

Gavin Bashar
Managing Director,
Tunstall Healthcare

Andy Begley
Director Adult Services
and Housing, Shropshire
Council

James Bullion
Executive Director of
Adult Social Services,
Norfolk County Council

James Champion
Head of Strategic and
Corporate Accounts,
Tunstall Healthcare

Clenton Farquharson
Chair, Think Local Act
Personal

Glen Garrod
Executive Director of
Adult Care and
Community Wellbeing,
Lincolnshire County
Council

Keith Hinkley
Director of Adult S
ocial Care and Health,
East Sussex County
Council

Iain MacBeath
Director of Adult Care
Services, Hertfordshire
County Council & Joint
Sustainability and
Transformation
Partnership Lead for
Hertfordshire & West
Essex

Phil McCarvill
Deputy Chief Officer,
ADASS

Julie Ogley
ADASS President and
Director of Social Care,
Health and Housing,
Central Bedfordshire
Council

Maud O'Leary
Head of Adult Social
Care, Luton Borough
Council

Brian Parrott
ADASS Associate
Trustee

Jeremy Porteus
Chief Executive, Housing
Learning and
Improvement
Network

Nick Presmeg,
Executive Director, Adult
Social Care, Essex
County Council

Neil Revely,
ADASS Housing Lead

Stephanie Rose,
Business Development
Director, Tunstall
Healthcare

Anna Severwright,
Co-chair, Coalition for
Collaborative Care

Steve Tope,
Strategic Business
Development Director,
Tunstall Healthcare

Richard Webb,
Corporate Director for
Health and Adult
Services, North Yorkshire
County Council

Margaret Willcox,
Director of Adult Social
Care, Gloucestershire
County Council

Cathie Williams,
Chief Officer, ADASS

The discussion was wide ranging and extensive. The following write-up is not a chronological account of the discussion. It structures the discussion outcomes by highlighting the key issues discussed as well as some of the potential solutions and quick wins that came up during the conversation.

Jane Austen once wrote: "There is nothing like staying at home for real comfort". Yet, ensuring this remains true for an ageing population or those living with disabilities and mental health needs, can feel an impossible task for many Directors of Adults Social Services.

The increasing sophistication of assistive technology may offer some solutions. To explore the opportunities, Tunstall and ADASS set up a round table discussion of Directors of Adult Social Care and stakeholders in November 2019.

ISSUE

PLANNING FOR AND MEETING FUTURE NEED

Asked to set the scene Neil Revely, ADASS housing lead, made the point that directors of social care were often not involved in local authority housing plans.

As a result, their ability to ensure the future stock of housing helped people remain in their homes was limited.

Jeremy Porteus, Chief Executive of the



Left to right: Steve Tope, Cathie Williams; Andy Begley; Neil Revely; James Champion; Gavin Bashar

Housing Learning and Improvement Network, agreed the strategic housing market was still very poor at understanding the needs and aspirations of people as they aged and of those with long term disabilities. This was causing significant health inequality and housing inequity.

“There is a real call to look at how digital technologies can better support social justice and social rights,” he said.

He added that Barcelona, in Spain, had a municipal right to digitisation for citizens which underpinned the delivery of personalised care services.

Glen Garrod, Executive Director of Adult Care and Community Wellbeing at Lincolnshire County Council, pointed out that much of the national narrative on the topic of housing was focused on sustainability and affordability.

“I see few government publications talking about accessibility and it seems to me that’s the third virtue when considering appropriate housing solutions at national level. When we get accessibility commonly talked about, we will have made some progress.”

Potential solutions

Mr Revely said both the LGA and ADASS were engaging with housing and planning departments within the Department for Communities and Local Government on a policy level – in particular looking at how the Neighbourhood Planning Act might be implemented.

“One of the things we’ve discussed is including a statutory duty to co-operate with health and wellbeing boards. We’ve also discussed, separately, with the chairs of those boards, how they can step up to the plate and take the initiative.”

“I think it’s worth us looking at, in a modern world, what does accessibility mean. It’s not just about wide doors and ramps but also about taking the

“There is a real call to look at how digital technologies can better support social justice”

JEREMY PORTEUS, CHIEF EXECUTIVE, HOUSING LEARNING & IMPROVEMENT NETWORK

opportunities a digital agenda gives us.”

He said innovations such as smart speakers and connected household appliances really opened up the ability to keep people in their homes for longer and improve their independence.

Mr Porteus said he would like to see a sister document to the HAPPI Design Principles [10 key design principles to be used when housing an ageing population, first published in 2009].

“I like to call it TAPPI and it would cover technology enabled design principles. It should have some essential elements. Firstly design needs to reflect lifestyle choices to support social connectivity and reduce social isolation; secondly it needs to encourage better asset management to ensure the buildings remain age friendly and accessible as well as climate resilient; thirdly it should enable care and support to be delivered and lastly it should encourage preventative and collaborative community approaches to long term conditions. I think digital transformation is one of the key areas we can use to help with this.”

Richard Webb, Corporate Director for Health and Adult Services at North



Clenton Farquaharson



Iain MacBeath



Julie Ogley



Richard Webb

Yorkshire County Council, said culture and values within the sector needed to adapt along with technology and design.

“We need a complete revolution in how we do things. We have to stop talking about placing people – which of us wants to be placed? - and about residential and nursing versus home care as if these are not people’s homes in themselves. We need to completely redefine ‘home’ and then think about how to design support from a workforce and technology point of view. It’s probably a generational task but we need to start planning for it now and work backwards.”

Mr Porteus added that he thought people should be protected from poor design. “Do we need a certificate, just as you currently get an environmental or energy efficiency certificate for your fridge freezer? A way to ensure that people have the right information and advice underpinning their choice of products.”

Quick wins

Mr Revely said local authorities could use regulatory reform orders to liberate the funding within disabled facilities grants (DFGs). A regulatory reform order allows local authorities to use grant money on a wider, preventative basis and Mr Revely

said this meant facilities grants could be used to digitise homes.

Ms Ogley pointed out that if existing housing could not be easily adapted to meet people’s needs it was worth thinking about if the council’s offer of alternative housing could be improved to encourage people to move earlier.

“We did some research in our area asking local people what offer would encourage them to move. Most people wanted a big bungalow on a small plot, but this is the last thing developers want to build. However, if you stack those bungalows on top of one another and provide outside space, in terms of balconies and communal gardens, then that offer becomes far more attractive.”

ISSUE
UPSKILLING AND UPDATING
THE WORKFORCE

Mr Garrod was concerned that during visits to universities to talk to social work or occupational therapy students, ‘digital’ was not part of their curriculum.

“They don’t learn what’s out there that might shape people’s lives. So, are they listening to, thinking about and advising users in terms of what’s available that a personal budget could be used to

purchase? There’s a bunch of kit that is readily available off-the-shelves that doesn’t involve medical devices regulation which, from next spring, becomes more onerous.”

James Bullion, Executive Director of Adult Social Services at Norfolk County Council, said it was incredibly difficult to keep the workforce up-to-date with the speed of the changes in technology.

“Currently, any device might have 30 or 40 different ways to be used but if we’re not aware of that then how can we advise people on what’s available? We need to plug that gap because otherwise we just won’t be able to get any pace on the change that’s needed.”

Margaret Willcox, Director of Adult Social Care at Gloucestershire County Council, said she wanted to encourage a greater problem-solving approach throughout the workforce. She gave an example of a request to top up a DFG in her area (the current limit is £30k) for an amputee coming out of hospital who still wanted to use his kitchen alongside his teenage daughters.

She said the occupational therapist and an architect had decided the entire kitchen needed to be redesigned with a sink that could be raised and dropped and cupboards that opened different ways.

“It was a beautiful kitchen and I would have loved it myself, but it was going to cost about £120k.”

Mrs Willcox said when she asked a technician to take a look, he had instead suggested they purchase an inflatable cushion for his wheelchair so he would then be the right height to use the existing kitchen.

“I was happy because it was only going to cost about £30 and the family were happy because they didn’t have to move out of their home while all the building work got done. But how do we get staff to come at some of these

“It’s probably a generational task but we need to start planning for it now and work backwards”

RICHARD WEBB, NORTH YORKSHIRE COUNTY COUNCIL



Anna Seewright

problems from a different angle?"

Anna Severwright, Co-chair of the Coalition for Collaborative Care, said she felt staff needed to be encouraged to use a 'trial and test' approach.

"Technology won't work for everyone and what is a 'good life' is different for everyone. Some of the best adaptations in my own house did not come through the really onerous DFG process but things I found and bought for myself. They weren't designed for disabled people but they've worked and I did that just by searching online and trialling and testing things out. We need to enable and support people to do that."

She added that the mindset of workers was also key.

"When I finally did get my wet room, after three years of waiting for the DFG process, the housing officers I spoke to were dismissive when I asked them what it would look like.

"I was asking about things like the colour of the tiles and what the floors would be like. They couldn't tell me and seemed surprised that I would care. But I've spent a lot of time and effort getting my house to look really nice. When the builders came in it was totally different. They were happy to work with me to get something I was happy with even if it meant me paying a bit extra. I think that's because they're used to offering the consumer choice and making sure the end user is entirely happy with the outcome."

Clenton Farquharson, Chair of Think Local Act Personal, said he wanted to ensure that technology wasn't used to replace staff but to instead free them up from task-based work to focus on



Glen Garrod

relationship building work.

"For example, my Mum wears a pendant alarm and we use other technology to track if she doesn't take her tablets and stuff like that, but she still wants someone to have a conversation with. For me the tech should replace the task-based work so the care worker is freed up to have that conversation with my mum."

However, Keith Hinkley, Director of Adult Social Care and Health, East Sussex County Council, said in the south east of England a major challenge was simply finding enough staff to provide care.

"People don't like the double up visits or having two people in the room when care is being provided, but actually we can't offer it even if they did. And sometimes that is the only way that people can be supported to live independently in their own homes."

Potential solutions

Mr Hinkley said he was interested in some of the highly specialist robotics technology that would mean only a single carer was needed on visits.

"It's really high tech and it does cost a lot, but it gets us to a place we need to be and will save money in the end. If we can

“The tech should replace the task-based work so the carer is freed up to have a conversation with my mum”

CLENTON FARQUHARSON, CHAIR, THINK LOCAL ACT PERSONAL

make sure the designers work with users, then it can really work. I've seen it in mental health hospital where they designed a bed with the patients, and it made a real difference to them."

Quick wins

Iain MacBeath, Director of Adult Care Services at Hertfordshire County Council, said they had created the post of a principal occupational therapist and that had increased awareness amongst staff as to the technology that was available.

"Perhaps it's something about the natural curiosity of the person in the post but she's creating a knowledge base and disseminating it amongst the workforce with a success we haven't seen before. It's literally just a list of apps that could help people. It has one sentence describing what it does and why it's useful. There's also a list of consumer kit people can buy from high-street shops and a list of very specialist kit that's useful such as some of the sensory stuff developed for the sight and hearing impaired that sometimes gets overlooked."

Ms Severwright said one way to encourage a problem-solving approach was to use the expertise of disabled people themselves.

"It is really hard to know what's available and where to go to find information. But the first thing I do when I've got a particular problem is to go onto various social media groups of disabled people that I'm in and usually someone has already asked the question or had a similar experience and tried different ideas that I would never have thought of. As a result, I've told occupational therapist's things they weren't aware of."

James Bullion
and Steve Tope



Cathie Williams
and Andy Begley



Nick Presmeg



Keith Hinkley

Mr Farquharson agreed and said: “As disabled people we have a lot of learnt failures and knowledge of some of the poor technology we’ve used and some of the technology that’s changed our lives. That’s really rich data for you but we’re never asked.”

He said co-production, both with individuals and communities, could help find better and more cost-effective solutions.

ISSUE
HIGH COSTS AND POOR
INTEROPERABILITY OF SPECIALIST
TECHNOLOGY

Mr Farquharson said the cost of technology and housing solutions for disabled people was one of the biggest issues facing the sector.

“If a product or a service has disability anywhere in the title then the cost shoots up. It’s unbelievable. I’ve been looking for a technical solution to open my front door. The quotes I got were ridiculous – almost five thousand pounds. In the end a friend, who’s an electrician, came up with an easy way of doing it that only cost £80.

“I get worried that if we create technology solutions that only blind or dyslexic people can use then we create in silos. That ends up building its own industry and the price goes up.”

Ms Severwright said that she had noticed over the past few years that the consumer technology she purchased, that

wasn’t designed or made for disabled people, such as a hot-water dispenser and smart speakers, looked nice, was reasonably priced and worked well.

“While the disabled technology I have is clunky, looks ugly and costs a fortune. So, in my head I don’t understand why we don’t have big global tech companies around the table to try and influence what they are currently designing. This cross-over is only going to increase with the internet of things and surely it’s good for them as well?”

Mr Webb said products could have an impact on inclusivity. “If products and their design are widely available, cool and desirable then people feel included. If it is clunky and getting hold of it is overly bureaucratic, then that becomes excluding.”

Potential solutions

Mr MacBeath said a different approach to budgeting should be investigated – taking a whole-life budget approach. He gave the example of a couple in his area who were extremely wealthy and who appeared on a national television programme about house renovation after the husband received a diagnosis of multiple sclerosis.

“His wife was determined to adapt their house without it looking like a disabled person’s house. I went to visit them, and it was a fabulous house, but it didn’t actually cost them that much more than what the council was spending on white plastic bathroom kit. It was just because she’d

Left to Right : Margaret Willcox; Brian Parrott; Jeremy Porteus; Glen Garrod; Maud O'leary; Phil McCarvill



done all the research, negotiated and exercised choice over the way the home looked.

"It got me thinking about personal budgets. We're locked into a way of thinking about housing and technology as a one-off spend with certain limits on what we will pay for. Yet, the care costs can be more than a million pounds to a local authority over the lifetime of a young disabled adult. Isn't it better to think about capital in that way and spend a couple of thousand in year one to try and reduce the revenue care cost over 30 years?"

"We're now thinking about revenue and capital together so people can plan a home that will sustain their caring situation for longer. It might be a parent's house that needs to be adapted so a son or daughter can live with them. With the right technology you can create a solution that is, overall, far cheaper. I did have a backlash from my staff saying 'you can't do that' but I said 'well we can actually, because all these rules we've created are ours. It's up to us how we design our capital budget and revenue budgets'.

Mr Revelly pointed to the Independence, Well-Being and Choice government green paper in 2005 when Stephen Ladyman was care minister. The document stated everyone should have the right not to live in an institution for as long as possible, he said.

"If we think about that then I think it's not necessarily about finding the highest tech solution but about finding the right, long-term solution."

Quick wins

Mr MacBeath said explaining the legal issues councils faced around providing technology to older people and their families might be useful for those who had the resources.

"For example, if a family encourages someone to wear a pendant to stop them wandering because they have dementia, then that's fine. But if the council issues them with a pendant then they are probably acting illegally because they are effectively helping to deprive someone of their liberty when they no longer have the mental capacity to consent."



Stephanie Rose

ISSUE DATA

Data was very much seen as the biggest opportunity but also a possible problem for the sector.

Mr Bullion made the point that all health and social care was moving towards 'anticipatory care' - understanding the common experiences that people have with their health according to criteria such as conditions and age.

"It seems to me that one of the things residential care does reasonably well is anticipatory care. Areas can be set up to watch and monitor. Now that can be quite intrusive or it can enable anticipatory care.

For me the greatest challenge is how to ensure housing anticipates care in a way that doesn't become Orwellian."

Brian Parrott, ADASS Associate

Trustee, argued this should also include technology not just for meeting physical needs but also understanding mood and how people communicate.

"For example, I recently found out there is a suicide prevention app that's widely available in which people, when they are well, can map out how they remember feeling

when they were suicidal. The app helps them to recognise the signs and ask for help beforehand.

"Whether it has an impact on the numbers of suicides will take some time to determine but the people I've spoken to who used it felt supported and reassured."

Nick Presmeg, Executive Director, Adult Social Care, Essex County Council said a key question was around the use of unstructured data.

"The devices being developed and used can all collect data. That data can be liberating or distorting. In some ways I think the issue is not the motor that opens the curtains for you but who owns the data telling the motor when to open the curtains. How is that data being applied and what's the best way to use it?"

Mr MacBeath made the point that

councils buying consumer technology, where people's data is harvested whenever they use the device, could leave directors of adult social care open to a legal liability.

"The legal advice given to me on this issue is that we might be viewed as having facilitated people's data being given to and then used by huge consumer companies."

Potential solutions

Andy Begley, Director Adult Services and Housing, Shropshire Council argued that decisions based on data shouldn't just be predictive but also regressive.

"What happened when we used data five years ago? What decisions did we make that meant we ended up here and how does that influence how we get to the next place we need to be?"

Mr Revely added that predictive technology, based on data, was already around and insurance companies in America had been collecting and sharing data for years. Work by Florida State University has resulted in the use of algorithms to predict who is likely to commit suicide with approximately 90%

accuracy, for example.

"So, the technology is there and the principle is the same whether it's about preventing suicide or falls. The problem is if we don't collect this data and make sense of it then someone else will. Some of these huge technology companies are getting people to willingly hand over their data. Information is power. We need to harness it, use it and adapt."

Quick wins

Mr Revely felt adult social care needed to move away from paternalistic attitudes and allow people more choice over the technology they bought, how their data and information was used and how the technology should be used to improve their lives.

Mr Begley also said directors should think more broadly to open up opportunities with difficult to engage population groups.

"For example, we've been thinking about homelessness and technology. We've started creating temporary accommodation and filling it with tech that people can take away with them as part of ongoing support."

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Conclusions

Gavin Bashar, Managing Director of Tunstall Healthcare summarised the debate at the end and said he felt at the heart of the issue was the need to move away from standardised care packages to offers that were more personalised, adaptive and individual. Equipment should be more flexible and have greater interoperability with other devices.

He highlighted that three out of every four homes that will be occupied in 2050 have already been built.

"If that is the case then we have to put technology into existing homes, but that has to focus on the end user and a real understanding of how that technology will change their lives and help them to live independently."

Mr Revely said the sector and directors needed to better define what was meant by "accessibility" and be clearer with partners about what was required.

Mr Hinkley agreed and said pace



Gavin Bashar

was important as well.

"I've been a DASS for 15 years and if we'd started some of this work then we'd be in a much better place now. Part of our responsibility has to be to describe, in a more accessible way, the future housing needs of not just the social care population but also those of the general population."

directors of
adass
adult social services

Tunstall