Health and Wellbeing - Live Discussions Summary
Assistive Technologies

Priority: Increase the availability and use of aids and adaptations, including remote support over the telephone or internet.

***Live discussion on the 15th May was live from the See Hear Exhibition and included input from members of the public.**

Name	Role/ Organisation	Name	Role/ Organisation
Penny Bason	Health & Wellbeing Coordinator, Shropshire Together	David Philips	Research & Intelligence, Shropshire Council
Jackie Fowler	Occupational Therapist, Independent Living Partnership	Linda Rees	Health & Social Care Consultant, Tunstalls
Kate Garner	Lead Locality Commissioning, Shropshire Council	Sonia Roberts	Chair of Shropshire Providers Consortium
Sandra Griffiths	Chair, Shropshire Carers Forum	Emma Sandbach	Public Health Specialist, Shropshire Council
Marian Hassal	Development Officer for Older People & Physical Disability, SC	David Sandbach	Shropshire Cares Info Central
Miriam Parker	Former Adult Social Care graduate trainee, Shropshire Council	John Sotheran	Chair, Shrewsbury Mencap
Simon Penny	Business Design Team, Shropshire Council	Mike Teague	Long Term Conditions Lead, Shropshire Patients Group
Paulina Pop	Public Protection Team, Shropshire Council	Harri Vayrynen	Managing Director, Practitec (Finland)
Debbie Price	Chief Officer, Shropshire Partners in Care Ltd		

Recommendations to go to Health and Wellbeing Board:

A. ***Ensure that the Assistive Technology (AT) Action Plan, which will be delivered through the AT Partnership Steering Group, makes significant effort to demystify AT by: i) putting service users the heart of decision making ii) taking a partnership approach to delivery iii) using communication methods that make understanding the service offer easy and accessible.***

B. ***Training and communication of staff of prospective AT users be appropriate and developed for the specific audience.***

Main Themes of Discussion and Chatter arising from the live discussions:

1. Risks Limiting use of Assistive Technology

- Issues might arise in terms of technological overlap, for example, when and if someone should get a service for free, i.e. under NHS provision or on a means tested payment requirement

2. Intergenerational Projects

- Suggestion of the role of intergenerational work around improving use of technologies with schools and local communities. IT skills and training may be a current barrier in that if put equipment in from of someone and they don't know how to use it, will effectively become obsolete. Training is key to unlock this.

3. Multi-Agency Approach

- Value in having a Shropshire wide approach for delivering services into people's homes using telcare/ telehealth techniques including key partners. Connecting technology used in hospital or community rehabilitation unit and what is used at home.
- Sharing use of equipment and buildings across the public sector to encourage self-help options (e.g. self-help groups and technology such as video conferencing).

4. Raising Awareness

- Example of increasing awareness of AT such as organising an AT workshop to showcase what is available and examples of how implemented into everyday life. This can include training opportunities
- See Hear Exhibition was a great opportunity to demystify certain AT supporting visual impairments and hearing issues.
- Ensuring we learn lessons from other areas such as Yorkshire, where it had disastrous consequences in terms of a relevant project collapsing and no recurrent funding available.
- The Church Stretton Local commissioning work around 'living independently for longer' and 'ageing well' conversation with over 50s**,** will require access to and use of assistive technology for delivery
- Demystifying the accessibility of AT and perhaps this is a cultural barrier. It's about appropriate training for appropriate levels
- Suggestion of a mapping exercise needed in terms of what support packages are available sitting behind the provision of technology.

5. Benefits of AT

- AT may benefit those with long term conditions the most as they could be probably well managed that way, especially if had multiple conditions, e.g. heart disease and high blood pressure.
- There is evidence around self-care which AT can support, e.g. evidence around Chronic Obstructive Pulmonary Disease and asthma is strong which helped reduced hospital admissions.
- Research elsewhere shows that services, carer and the public viewed equipment to help people who have a Long Term Condition as being their top priority

6. Augment not Replace

- General consensus that it is about maintaining personal contacts as well as using AT. If people see technology as removing contacts, they may not accept it. In this light, technology should augment existing services not replace.
- Many have to be reminded to use technologies works better initially on a face to face basis, e.g. reminding someone with dementia to use panic alarm

7. Assessment

- All equipment issued by social carer services is reviewed after 6 weeks, usually by telephone call to a person.
- If an assessment for assistive technologies is carried out it must be detailed and person-centered so that the solution will suit the individual and their situation. It can be effective only when combined with good care.
- Priority has to ease pressure on family carers not put onus to response on them
- Some technology can be set up to link directly with a family, member of carer so assessment must include their needs too.
- A standard design for all created lots of useless features in which case technology needs to fit the situation and specific design for elderly and target groups

8. How to instill confidence in Assistive Technologies

- We need to bring technology such as video conferencing into every day, e.g. more use in working life to then roll out wider.
- Cost considerations in terms of savings from travelling is one of the main advantages of assistive technologies, particularly in a rural county like Shropshire.
- Examples of good use of AT from public including good signposting and training e.g. hearing aids.
- 'Pressure sellers' is a way vulnerable people may be caught out.

9. Measurement of Success of Assistive Technologies

- Requirement to know the base line figures first such as cost of traditional claim for benefits versus cost of doing via a video link, for example.
- Measuring success of AT would also involve looking at number of people staying out of the care system and quantitative measures like hospital admission avoidance.
- Some examples include: changes in functional status**;** changes in quality of life and indirect approaches.

10. Complexity of Funding

- Major barrier is not whether people use AT or evidence of benefits but complexity of funding situation to access it. It was discussed the possibility of a pooled budget between telecare, telehealth and other like DFGs, would help overcome this. DFG feedback is that many found the process distressing
- Personal Budgets may help improve access to equipment. Examples in Shropshire such as where a carer would like to take advantage of GPS tracker for peace of mind when the person they care for ,with dementia, is out and about on their own . Carers can apply for a Direct Payment from Adult Social Care to cover expenses for items that will benefit the carer, but must not be a direct benefit the cared for person. If money could be used to buy the GPS equipment it would contribute to the health and well-being of the carer.

Prevention of Isolation and Loneliness

Priority: Preventing Isolation and Loneliness in People with Long Term Conditions, the elderly and their carers.

Name	Role and Organisation	Name	Role and Organisation
Penny Bason	Health & Wellbeing Coordinator, Shropshire Together	Rose Norman	Strategic Planning & Policy Officer, Shropshire Council
David Bell	Trustee of Age UK, Shropshire & Telford & Wrekin	David Phillips	Research & Intelligence, Shropshire Council
Shirley Castree	Supported Housing Manager, Severnside Housing	Rob Price	Benefits Options Team Leader, Shropshire Council
David Fairclough	Community Action Team, Shropshire Council	Simon Penny	Business design Team, Shropshire Council (Interest in Gusto)
Sue Groom	Director of Neighbourhoods and Communities at Severnside Housing	Paulina Poplawska	Public Protection, Shropshire Council
Carolyn Healy	Partnerships & Health Integration Manager, SC	David Sandbach	Shropshire Cares Info Central
Debbie Hill	Locality Development Officer, Alzheimer's Society		

Proposed Recommendations going to July's Health and Wellbeing Board:

A. ***Form a working group (that includes relevant stakeholders) to identify what community networks exist and how to make these more accessible and well communicated to individuals.***

B. ***Identify the gaps geographically and identify how they will be addressed through the action plan.***

C. ***The Health and Wellbeing Board to address the stigma of loneliness in their action plan***

D. ***Consider how to address the needs of carers in a meaningful way.***

Main Themes of Discussion and Chatter arising from the live discussions:

1. Accessibility Issues

- Existing directories available such as Community Directory and Family Information Service were cited.
- Only 41% of Severnside Housing customers for example have access to WiFi at home and the figure is much lower for older people. Thinking jointly about digital inclusion and how partners can tackle this.
- Libraries in Shropshire have individuals who keep directory up to date and liaise with key stakeholders.

2. How Prevent Isolation and bring people together

- Neighbourliness to prevent people feeling isolated.
- Signposting older people to befriending services.
- Forums tend to be focused on service area and we need to be more creative about pooling resources.
- Friendly neighbourhood scheme is a good example, Community Navigators usually volunteers who provide people with emotional, practical and social support. They offer home based visits, enabling

often frail and older people to discuss concerns and help them to look into service/ community provision may be beneficial.

- 'Good eggs'- currently a prototype which brings people together around issues of food, using food as the hook. Bringing people together is the important part.
- People need the right support at the right time.
- There needs to be consideration of support for people who do not attend formal groups too – support that is adaptable and flexible.

3. Raising Awareness

- Around 10,000 people over 65 living in Shropshire Council and T&W areas experience loneliness all or most of the time. Where longitudinal studies recorded survival rates, older people who were part of a social group intervention had a greater chance of survival than those who had not received such a service (Shropshire Cares Info Central).
- Awareness raising exercises that share some good initiatives such as befriending groups, Gusto and compassionate communities were cited. Market place networking events are a good place to start e.g. one for the voluntary community sector with support from senior management within the Council and CCG.
- In terms of networking it's often the same people, how do we break way from this and identify new blood to identify new issues?

4. Central Point of Contact

- There needs to be organisation and coordinating of priority, facilitated by one central contact.
- Taking a more placed based approach and better networking so that communities talk to each other and have a full picture of what people in that community need in a more coordinated way.
- Joining the dots is important and level of information sharing to people in contact which each other without us layering on new service that there is not the budget for.
- Empower the natural networkers in their communities – use the Community Action Teams who have that local knowledge. It is Important to identify 'vulnerable group champions' in the county, e.g. autism, LD, mental health.
- Working closer with GP's or social worker and making them aware of issues faced by carer, helping them recognize the signs and ask the right questions when they come across patients/ clients. GPs could be the link that provides information and support to people pre and post diagnosis and carers too.
- It's about not necessarily learning how to fix a problem, but knowing of someone who can.

5. Examples of Current Projects

- Contact the Elderly is an example of a social group scheme, e.g. afternoon tea parties for small groups of older people aged 75 and over.
- Local Age UK befriending service. They support volunteer befrienders to go into people's homes providing friendship and that little bit of support for lonely and less mobile older people.
- Alzheimer's society has 13 different types of support groups , though realisation not for everybody
- Good Eggs – see above
- Gusto – see earlier.

6. Support for Carers

- Many carer groups to support carers of those with dementia. There are already some in Shrewsbury, for example.
- Question arose as to statistics in Shropshire around the age of carers. Needs of 25 year old carer, different for example from 65 years old carer.

- Shropshire & Telford Asperger Carers Support Group – reasonable example of voluntary group for carers of people with Asperger syndrome e.g. Facebook group with over 100 members.

7. Intergenerational Projects

- Intergenerational projects may help to provide part of the solution e.g. young people to help those people who live in care, housing schemes or community to go online or use the internet to connect with their family and friends..
- Pamper sessions provided by local colleges to older people in sheltered housing has proved popular.
- Role of the voluntary and community sector is important in supporting this priority and are often better placed to deliver outcomes than the public sector.

8. Housing

- Housing located close to services and friends or family is a factor in preventing social isolation
- Speedy help in the form of adaptations to help people remain independent in their own homes. The time spent for example doing an application for adaptation is longer than actual time use for while alive.
- Local support hubs encouraged by Council/ NHS to build support groups and communications facilities – support hubs run by Sustain, e.g. Church Stretton – Mayfair centre a good example of this. Diamond Drop run by Age UK as an opportunity for sharing and social interactions.

9. Loneliness Stigmatised

- It was felt that loneliness is stigmatised and the public sector could do more to lessen impact of this; give more people to ask the confidence to ask for help.
- Concerns that loneliness can be ‘catching’ in that if you get depressed, this can in turn can drive others away.