HOUSING SUPPORT SERVICES FOR PEOPLE WITH A LEARNING DISABILITY INCORPORATING TECHNOLOGY ENABLED CARE

The paper highlights developments towards sustainable and good quality Housing Support services for people with a Learning Disability and outlines where there appear to be options to improve effectiveness and efficiency of Supported Living Services, particularly in relation to use of sleepovers.

Background

The Scottish Government has a stated ambition that all hours of work, including sleepovers, should be paid at Scottish Living Wage rates, and the UK government has committed to ensuring national minimum wage compliance, with enforcement from HMRC.

As a consequence, it is important that Midlothian Health and Social Care considers new models of care for people with a Learning Disability and generates ideas around alternatives to overnight support/sleepovers while maintaining safe and quality support for people who need it. The current model of overnight support is sustainable in terms of neither financial nor workforce resources. This paper considers the use of equipment, incorporating Technology Enabled support approaches, to monitor changing needs and risks to people with a Learning Disability in their home, and to provide alerts and information that enables improved and informed responses to those needs and risks.

Technology can be a valuable tool which has the potential to help people to maintain their independence and enhance their freedom. Where new technology can provide assistance without unduly restricting the individual, or increasing the risks that he or she may face, its use is to be welcomed. At its best it will be adapted to individual circumstances and complement direct contact with carers.

Technology Enabled Care (TEC) is an emerging term associated with Telehealthcare service planning and can be defined as "being where the quality of care in home or community setting is either enhanced and/or made more efficient through the application of technology as an integral part of the care process". Such technology can be operated by the person them self or passively operated. It can also be a combination of the two. Some technological devices are 'stand alone' but others are connected to other systems. The functions that technology can have include:

- alerting and summoning assistance
- prompting and reminding
- monitoring and checking
- modifying the environment
- connecting and engaging
- educating and including
- providing reassurance and contact

A recent programme of visits to Telecare pilot projects have confirmed that technology on its own is not the answer to the resource challenges that we are currently facing and that other supporting system changes need to be addressed concurrently. These include

• Housing Options including design, core and cluster, grouping by location, and built in safety features.

- Outcomes and solutions optimised around individuals and their families in the recognition that technological solutions will vary dependent upon individual circumstance.
- Consistent Care Management and Review including consideration of time limited interventions to build trust and confidence.
- Individualised Risk Assessment taking account of technological solutions.

There are broadly two groups of people in Midlothian for whom technology and reviewed care arrangements have been, or might be, considered.

- Supported Living Services that originated in the hospital discharge programme for people from St Joseph's and Gogarburn Hospitals. At the time there was concern about the risks of leaving adults, who had previously lived in institutions, alone. As a consequence a large proportion of such services were developed with waking night cover or sleepovers.
- People who have moved into supported living services since 1997, often as a transition from having lived with parents. This group have no such experience of institutional care.

Current Local Work

Work is underway in Midlothian to analyse existing supported living arrangements for people with a Learning Disability and to:

- review whether the assessment of risk for an individual now necessitates the provision of overnight cover. This may include the use of systems like 'Just Checking'.
- Explore the opportunities with providers of care for sharing of overnight cover across services with the support of appropriate technology.

This work has the benefit of considerable local intelligence around users of Housing Support Services and their support arrangements, amongst local providers, the review team, and care managers. The implications of this knowledge are that many of the 'quick wins' have been, or are in the process of being, achieved although there remains considerable scope for further work in this area.

Current National Work

Telecare is well established across Scotland although considerable local variation exists and there continues to be patchy adoption of telecare as a routine response to the needs of people with a Learning Disability. Services are not mainstreamed and sustainability is often dependant on external funding with savings and efficiencies not resulting in enhanced core budgets.

The Scottish Government Technology Enabled Care Programme is focusing on the development and sharing of new models of care and generation of ideas around alternatives to overnight support/sleepovers while maintaining safe and quality support for people who need it.

The Social Work Scotland Learning Disability sub group have committed to working with the Technology Enabled Care Programme over the course of 2017 to work on the development of new models and to share practice across Health and Social Care Partnerships.

Consideration of Assessed Need and Models of Support

Decisions about appropriate Models of Care for an individual will largely be dependent upon their needs and circumstances. A thorough approach to assessment of risks to individuals should be

encouraged and carefully detailed measures to mitigate identified risks developed and subsequently reviewed.

The following table is an attempt to match Housing, Models of Care and potential technological solutions related to complexity of need.

Group	Housing	Model	Response	Technology
Complex Learning Disability related to PMLD, Complex Autism, Mental Health, Forensic	Cluster of purpose built housing on one site with one support provider (like Eastfield)	Waking night shift on site for both planned and unplanned responses	Immediate direct assistance.	Nurse call type system.
Moderate to Complex Learning Disability	Flats/ houses in close proximity. Environmental controls.	On Call across individuals in one neighbourhood Shared Waking Night/Sleepover	Five minutes direct assistance, or advice, monitoring, prompting or assistance remotely. Responses to Smart Tech.	Telecare with response from dedicated service providers. Smartphones. Broadband core infrastructure.
Mild to Moderate Learning Disability	Multiple sites	On Call across individuals and multiple locations	Advice, information, prompts. Responses to Smart Tech. Half an hour direct response.	VC/audio to reassure and advise. Electronic Tablets.

Recommendations

The review of sleepover and waking night arrangements for people with a Learning Disability in Midlothian, and the analysis existing supported living arrangements, should continue. A short life Project Group should be established to provide structure to this work and move things on more quickly. The group should:

- Devise a project plan coordinating with the review team to draw up a priority list of 10 people.
- Initiate work with two previously identified people using the 'Just Checking' system to monitor and analyse how the person naturally behaves in their own home during the night to assist with the assessment of risk and care planning.
- Make recommendations in respect of charging for telecare for this group of people.

The group should include:

- Service Manager Adults
- Review Team Leader
- Telecare Planning Officer
- Team Supervisor Telecare
- Review Officer Adults
- Learning Disability Planning Officer

The completion of the Eastfield Housing Complex in Penicuik in April 2017 will offer the opportunity for the testing and development of technological solutions to support the care for people with very Complex Care needs.

The development of further cluster type arrangements for people with less complex needs should be considered with Housing colleagues. This could include allocation of properties in close proximity to each other within communities and an agreed criteria for response times, whilst remaining alert to the dangers of stigmatising people through congregating people on the basis of need.

Further work should be undertaken to link housing and care models with appropriate technological solutions and, alongside agreed risk assessment thresholds, used to inform decisions about the use of technology for individual or grouped packages of care.

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