Committee and Date	Item
Health & Wellbeing Board 5 July 2013 9.30am	**9** Public

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STAKEHOLDER ALLIANCE– KEEPING INDEPENDENT FOR LONGER

1. Summary

1.1 This report summarises the main themes arising from the live online discussions following engagement with the two priority groups focused around Outcome 4: remain independent for longer, within the Health and Wellbeing Strategy.

1.2 It should be noted that the report summarises views expressed by Stakeholder Alliance members on live discussions and subsequent feedback invited from the wider alliance network. Also the views by one group represented on the Stakeholder Alliance may not concur with that of other groups or JSNA intelligence. Therefore this report should be used in conjunction with the JSNA summary for outcome 4, and other previous consultation.

2. Recommendations

2.1 The Health and Wellbeing Board:

Assistive Technologies (AT)

A. Direct the AT Partnership Steering Group to ensure the action plan, makes significant effort to demystify AT by:
- *i) putting service users at the heart of decision making*
- *ii) taking a partnership approach to delivery including joint policy and plans*
- *iii) using communication methods that make understanding the service offer easy and accessible*
- *iv) including appropriate training for frontline staff so that they understand what AT is and can communicate that to prospective users.*

Prevention of Isolation & Loneliness

B. Establishes a task and finish group to identify where existing community networks exist, explore how to make these more accessible and well communicated to individuals, and identify gaps
C. To address the stigma of loneliness by raising awareness of the issue
D. Considers how to address the needs of carers in a meaningful way
F. Considers addressing Isolation and Loneliness through all the priorities of the Health and Wellbeing Strategy.

REPORT

3. Assistive Technologies

3.1 It should be noted that the AT live online discussion on the 15th May was hosted from the See Hear Exhibition and included input from members of the public attending the event. Below is a summary of input from the stakeholders.

- **Risks Limiting use of AT** include different funding mechanisms, for example, when and if someone should get a service for free, i.e. under NHS provision or on a means tested payment requirement. There needs to be more focus on the service user and not the service.

- **Intergenerational Projects** were cited as a way of supporting the priority such as the intergenerational work around improving use of technologies with schools and local communities. IT skills and training may be a current barrier but training is key to unlocking this.

- **Taking a multi-agency approach** is important and there is value in having a Shropshire wide approach for delivering services into people's homes using telcare/ telehealth. Connecting technology used in hospital or community rehabilitation unit and technology used at home is important.

- **Raising Awareness** through events such as the See Hear Exhibition was a great opportunity to demystify certain AT supporting visual impairments and hearing issues. Concern over the use and accessibility of AT is perhaps a cultural barrier; offering training for appropriate levels may be a way to tackle this. AT would be better understood as part of the whole system rather than an isolated part, e.g. through a working prototype.

- **Long Term Conditions** individuals may benefit the most from AT as they could be well managed that way, especially where they have multiple conditions, e.g. heart disease and high blood pressure. Research elsewhere shows that services, carers and the public viewed equipment to help people who have a LTC as being their top priority.

- **Designing AT solutions must take individual needs into account and should be careful not to increase feelings of isolation and loneliness**. If people see technology as removing contacts, they may not accept it. It was indicated that technologies work better initially on a face to face basis, e.g. reminding someone with dementia to use a panic alarm.

- **Assessment for AT** should be person-centered and detailed so that the solution will suit the individual and their situation. It can be effective only when combined with good care. In this light, the priority has to ease pressure on family carers not put onus to respond on them and an assessment should include carers needs too. A standard design for all types of AT created lots of useless features in which case technology needs to fit the situation and specific design for target groups.

- **Instilling confidence in AT** involves bringing technology such as video conferencing into everyday life, e.g. more use in working life to then roll out wider. 'Pressure sellers' is a way in which vulnerable people may be caught out.

- **Measurement of the Success of Assistive Technologies** relies on a number of interacting factors. Base line figures would need to be established first. It may also involve looking at the number of people staying out of the care system and quantitative measures such as hospital admission avoidance.

  Other types of measurement include changes in quality of life, functional status of individuals etc. It is important for this priority to define the customer outcome that needs to be achieved.

- **Complexity of Funding** to access AT was highlighted. It was discussed the possibility of having a pooled budget between telecare, telehealth and others like Disabled Facilities Grants (DFGs). Many found the DFG feedback process distressing.

  Personal Budgets may help improve access to equipment. There are 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 there must not be a direct benefit to 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.

  Personal budgets will be available for those in receipt of Continuing Healthcare from April 2014 and should be considered as part of the action planning around AT.

4. Prevention Isolation and Loneliness for all

4.1 Main Themes of discussion and chatter arising from the live discussions:

- **Accessibility Issues** in that 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 is important.

- **Bringing people together is important** through neighbourliness and signposting older people to befriending services. Forums tend to be focused on service area and we need to be more creative about pooling resources. 'Good eggs' is currently a prototype which brings people together around issues of food, using food as the hook but it is the bringing people together that is the important part.

- **Raising Awareness of this priority is important** in that around 10,000 people over 65 living in Shropshire Council and T&W areas experience loneliness all or most of the time. Research shows 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). Market place networking events are a good place to start and there are examples of where this worked well in other service areas. Certain members of the community are more exposed to rogue traders, for which Public Protection work to offer rapid response.

- **The Alliance suggested that it would be useful to have a central point of contact** for the coordination of the priority actions. Joining the dots and sharing information is important for community groups, service users, patients, and the pubic to ensure the encouragement of community led solutions. This could involve empowering the natural networkers in their communities. It is important to identify 'vulnerable group champions' in the county, e.g. autism, LD, mental health. It is about not necessarily learning how to fix a problem, but identifying someone who can.

- **Examples of Current Projects** include contact the elderly and Local Age UK befriending service, Gusto and Good Eggs. The Alzheimer's Society has 13 different types of support groups. Shropshire Council Library services also work with elderly groups in terms of visiting the Archives, often connected with family history.

- **Support for Carers is critical in delivering this priority** and it should be noted the needs of carers vary according to their age group and other factors. The feedback from the Carers Forum launch in June suggested that the right support at the right time is needed as well as support services for carers. Working closer with GPs or social worker and making them aware of issues faced by carers, helping them recognise 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 including carers.

- **Intergenerational Projects** may help to provide part of the solution e.g. young people helping those who live in care, housing schemes or in the community to go online or use the internet to connect with their family and friends.

- **Housing plays an important role** in that those located close to services and friends or family is a factor in preventing social isolation. Also, speedy help in the form of adaptations to help people remain independent in their own homes is important. In some cases, the time spent for an application to be processed is far too long. There are examples of local support hubs encouraged by the Council and NHS to build support groups and communications facilities, e.g. support hubs run by Sustain Mayfair Centre in Church Stretton, Diamond Drop run by Age UK.

- **Loneliness is stigmatised** and it was felt the public sector could do more to lessen the impact of this, by giving people more confidence to ask for help. Often there are concerns that loneliness can be 'catching' in that if you feel depressed, this can in turn drive others away.

5. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

Stakeholder Alliance	**Impact**	**Mitigation**
Online mechanisms can be misused or become inappropriate if not monitored properly (no evidence of this so far)	There is a **low** chance of this occurring as membership is controlled by the moderator, and posts are monitored by the moderator and can be removed. Anyone in breach of the terms of engagement will be removed from the Alliance.	**Term and conditions** of joining **Closed forum** that require invitation to become member and declare what role/ organisation from.
Opportunities	**Impact**	**Action**
Stakeholder Engagement	Potential **high positive impact** on the HWBB understanding of the communities we serve	Continuing to engage with our communities through numerous methods

6. Background

6.1. The live discussions were hosted on an online forum platform through a link posted on the online health and wellbeing stakeholder alliance. The Alliance is a key mechanism for engagement and the network has a Terms of Reference for all members joining the network to ensure that members understand their role and responsibility as a member of the Alliance.

6.2 There are currently over 180 members including those from voluntary and community sector organisations, service providers within Shropshire Council, wider partners, and patient participation groups. Members can join 8 priority groups based around the priorities within the Health and Wellbeing Strategy.

6.3 Whilst it is a useful forum in terms of professional networking and as a consultation tool, members should be aware of comments expressed by different organisations and this is considered when collating the feedback of discussion and chatter.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) **CCG Outcome Indicator Pack – on the website** **Everyone Counts – on the website**
Cabinet Member (Portfolio Holder) Cllr Karen Calder
Local Member
Appendices Appendix 1 – Live Discussion Questions – outcome 4 of the health and wellbeing strategy

Appendix 1

Live Discussion Questions – Outcome 4 of Health and Wellbeing Strategy

Priority 5 Assistive technologies

1.Current risks which may limit assistive technologies use include broadband, awareness, training and appropriate use of technology, how can this best tackled? Do we have any case studies to illustrate?

2. Anecdotal evidence suggests the use of Video Conferencing in terms of claiming benefits is not well used, for example. What do you suggest we can do to improve this?

3. How do we measure the success of assistive technologies?

4. Do you or anybody you know have experience of using any technology in the home for health or social care support? If so what was the equipment, how did it work for the person and what would have made the experience better?

5.What should be the priority areas for using assistive technologies – such as which patients do you think would benefit most, what conditions and needs could best be supported, any areas where organisations should focus on working together with assistive technologies?

Priority 6 – Preventing Isolation and loneliness

1.What is meant by a community directory promoting partnership working?

2. Give examples of what communities can do to prevent people from feelings of isolation and loneliness.

3.Give examples of what public services can do to prevent people from feelings of isolation and loneliness.

4. Isolation and loneliness often arises in carers of people with dementia, how best can this be tackled?