

An e-government case study

Northamptonshire County Council and Northampton Borough Council: improving the quality of life of older people

Working together, two councils with different service responsibilities and their partners are finding new assistive and non-intrusive technologies that can support people with dementia. Each individual is offered support that is designed to meet their own special needs, with the aim of enabling them to stay independently in their own home for longer.

Summary of benefits

- Real differences to the lives of individual people with dementia and their care network of relatives, neighbours and friends have been made.
- The needs of people who have dementia are better understood.
- The training needs of professionals working with people with dementia are better understood.
- Costs of residential care and hospitalisation are reduced.
- There is a greater chance of early diagnosis through joint working and new assessment processes.
- There can be transfer of expertise in the use of assistive technologies to other groups of vulnerable service users.

Background

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Background

Northamptonshire County Council has moved the focus of its e-government programme from meeting the general target of 100% e-enabled services to meeting local business and community strategy objectives. In 2002, its IEG statement was focused on outcomes, not processes. It knows that it takes a while to move from big, silo-based services responding to national priorities to a more agile and flexible operation looking at local priorities that cut across traditional boundaries.

Along with Milton Keynes Council, it is looking at a public/private strategic partnership in order to accelerate the implementation of e-government operations across the county. It expects this to release internal resources to concentrate on more important and innovative service-based projects to use ICT for the benefit of local people. A forerunner project of this kind is the 'Safe At Home' project, using technology to support the care of people with dementia in their own homes.

Safe at Home is a partnership project that started in June 2000. The project was initially established with corporate funding and is currently funded by social services with additional funding from some of the county's primary care trusts. 'Safe at Home' developed

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from an earlier European-funded research and development project, ASTRID (A Social and Technological Response to the needs of Individuals with Dementia and their carers), that was led by Northamptonshire social services. ASTRID brought together partners from the UK, Ireland, Holland and Norway and gave Northamptonshire important insights into how technology could be used successfully in dementia care. The original partners in the Safe At Home project were the county's social services department, Northampton Borough Council, Northamptonshire Healthcare NHS Trust and The Alzheimer's Society.

Northampton BC's Call Care Central Control has been established since 1986 and provides services across Northamptonshire and for social housing providers in the area. It responds to calls using intercom-based services within sheltered housing and 'Lifeline' services within individual homes across the area. Dealing with 11,000 separate clients and an average of 18,000 calls per month, it is a fully resilient, 24 hours by 7 days a week operation, backed up by a remote site disaster recovery control centre that can be brought into operation within 15 minutes. The service attains a response within 30 seconds to 85% of calls.

Innovation and transformation

The Safe At Home project aims to transform the lives of people with dementia and their carers by supporting the independence of people in their own homes and simultaneously offering relief to carers who often are at breaking point themselves. The team uses a range of technology, some of it very basic (in some cases it is stretching a point to even call it technology), to reduce the risks to people who have dementia and live at home. Although a range of technologies, for example personal alarms, has been used for years in the care of vulnerable older people, most people with dementia are unable to use technology that requires user activation. A distinctive feature of the technology used in the project is that it is passive: it works around the individual without requiring any input from them.

In dementia care, risk is a big issue. The risks that carers deal with include the possibility of falls, fires, floods, gas escape, wandering and ineffective use of heating and lighting facilities at home. Reducing the risks of staying at home, by introducing technology to support day-to-day activities, will enable people to retain their independence for longer. The technology also offers carers reassurance and may allow them to rest more easily.

The project uses a number of electronic and mechanical items. Some of these are pieces of equipment that need no link or other connection – devices like an electric clock that gives day and date as well as time, in a large, readable format. This helps people remain oriented in time, a frequent difficulty for those who have dementia.

Other devices are linked to the Call Care infrastructure provided by Northampton BC. Some people with dementia may put themselves at risk by leaving their home at an inappropriate time. The project is able to use alerting technologies to try to address this problem. Whereas members of the family might previously have resorted to locking their relative in their own home to prevent them leaving, the project can offer to install a radio switch on the door. Once activated by the opening of a door, the device will automatically alert the Call Care Centre, which can deal with the situation in the most appropriate way,

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by alerting a relative or carer, or by speaking to the person with dementia by means of the Lifeline telephone used to relay information to the centre.

Risk of fire or explosion is another frequent worry for professionals and relatives. The project can use gas detection equipment linked to automatic valves that will temporarily shut off the supply to a cooker or fire if the gas is left on and unlit.

Capacity building

The project has a number of groups of people to deal with in building capacity. For example, because social work professionals currently use an assessment process that does not address the specific needs of people with dementia, the Safe at Home team has adopted an assessment protocol developed by the Alzheimer's Society, and developed an assessment process tailored to the needs of the project. It also encouraged local community mental health teams to identify and refer people with dementia at an early stage, because people with dementia often get quite a way through the 'system' before they are recognised and treated appropriately.

The project team sees it as essential that any technology introduced is not an added burden or a source of anxiety for either clients or their carers. It must not restrict them, be intrusive or a cause for concern. In addition, the technology should be used to maintain independence, not to control the behaviour of someone with dementia purely for the benefit of someone else. At the heart of the project's practice is a rigorous, 'person-centred' assessment of need, after which consideration of technological solutions is made. These solutions are, therefore, tailored to specific identified needs.

The team has set up a demonstration house, in which all the devices available to the project are installed in a home environment. Professionals, family, friends and carers of people with dementia can see how the technology works and how it can be used.

Although the Call Care Centre had been in operation for some time, its involvement in the project meant changes were needed in the way that operational staff responded to alarms from people using the technology. For most emergency responses to calls made by older people to the centre, what is needed is a fast, precise, scripted approach that results in the right level of alert going to the right emergency response agency. Talking to people with dementia, however, requires a very different approach, even if it is an emergency. Operational staff need to talk slowly, calmly, and to reassure. Sentences need to be short, explaining one thing at a time. The clients may be anxious and confused, sometimes they will respond angrily, say everything is fine when it is not, or say what they think people want to hear.

Benefits to the community

The real benefits at this stage in the project are very much being felt by the people with dementia themselves, their relatives and carers. The team reports seeing relief on the faces of carers when they realise that the technology can give them back some time and space. There have been incidents of people wandering at inappropriate times when carers have been alerted and have dealt quickly with the situation. It has been possible for some

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people to continue to cook safely for themselves using gas cookers and to avoid permanent disconnection and dependence on others to provide food.

The project has certainly provided a better understanding of the needs of people with dementia. That better understanding has given the whole service a greater ability to give people what they actually want. This applies both to the carers and those they care for.

Out of the project has also come a better understanding of the needs of training for staff dealing with people with dementia. Again, this is not just for social care and health workers, but also for people answering calls, responding to enquiries and emergencies and supporting carers themselves.

The project team accepts that, although it might aim to prevent admission into hospital or residential care, in some cases it can only delay this from happening. Evidence from the project evaluation suggests that using technology may reduce the need for hospitalisation and admission into residential care. People receiving the service offered by the project remained living in community settings for longer, on average, than a well-matched group of people who did not get help from the project. In purely financial terms, that could save up to £15,000 per annum for a residential care place, or £3,800 per week for hospital care. In personal terms, the benefits are much greater.

Now that this approach has been tried with people with dementia, there is certainly the possibility of transferring it to other client groups. In particular, people who have learning difficulties, brain injuries or illnesses that may lead to cognitive impairment, such as Huntingdon's Chorea or Parkinson's disease, may all benefit if similar technology and the same approaches are used.

Issues arising

The partners all shared common values about dementia care. They all felt that people with dementia were discriminated against and offered less choice than other client groups. They recognise that dementia makes people difficult to deal with, but they also believe that, if the technology can work for them, it will be transferable to other, less demanding but equally dependent, client groups.

The breadth of skills needed to offer an effective service, and the kinds of infrastructure needed to support its use, present a challenge. There are one or two people working on the project who bring to it a particular range of skills and expertise that may not be generally available. For example, the ability to take a standard piece of equipment and adapt it, in partnership with the supplier, to produce something that is acceptable in the home of a client with dementia, requires quite a range of skills. The project in Northamptonshire has found people who are able to do this, and have an interest in doing it for this project. Not all councils will find it easy to find, or to train, appropriate staff to enable them to perform this kind of role.

In the medium term, the project team aims to create the conditions for a successful transformation of the project into a service. This will not be a new service. It will involve the integration of the knowledge, skills and experience gained from the project with existing

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services; services that are undergoing restructuring in response to the government's modernisation agenda for health and social care. Locally, the project is developing links with the individuals and groups responsible for the development and implementation of Northamptonshire's response to the community equipment initiative and the national service framework for older people.

The project team's vision is that all local health professionals who work with people who have dementia, including occupational therapists, care managers and community psychiatric nurses, will be able to conduct an assessment of need that leads to active consideration of whether technology might offer a solution to some of those needs. If a need for technology is established, there is then a need for health or social care professionals to know what technology might be available, where to go to obtain it, and to get it installed if appropriate.

A robust quality assurance framework will also be essential. This will ensure that ethical issues are properly considered in circumstances in which the service user cannot give informed consent, and that there are regular reviews to ensure that installed technology works to specification and continues to meet the needs for which it is intended.

The project has shown that the use of some assistive technologies may help people with dementia to remain living safely at home for longer, and can help to support carers.

Dementia is an increasing problem. Research indicates that across the UK up to 750,000 people of all ages have dementia, and that this will rise as the number of people in the population over 80 rises. It has been estimated that one in five people over 80 will develop some form of dementia. As more people decide to live alone, without the benefit of an extended family caring network, the pressure that this increase may put on already stretched social care organisations will escalate. The costs of providing services for people with dementia are high. At present, many services are either inappropriate or of poor quality. Any technologies that can help to address this situation should, therefore, be taken seriously and developed.

Further Information

Marshall, M. (ed) ASTRID: A Guide to Using Technology within Dementia Care (Hawker Publications, London 2000)

Woolham J. & Frisby B. 'Building a Local Infrastructure to Support the Use of Assistive Technology in Dementia Care' (Research Policy & Planning Vol 20 No 1, 2002)

Woolham et al. The Safe at Home Project – Using Technology to Support the Care of People with Dementia in their own Homes (Hawker Publications, London 2002)

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