

#LDSectorDeal



Improving outcomes, enhancing care:

Assistive technologies and the case for a Sector Deal for the learning disability sector

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2 Foreword

It has long been recognised that the social care sector is in crisis. The Dilnot Commission, numerous select committee hearings, countless think tank reports, reviews by CQC our regulator, and even two UN investigations have all painted the picture of a social care sector that is at a financial tipping point.

However, there are still providers delivering outstanding support to vulnerable adults. These providers have found innovations and efficiencies that allow them to deliver high quality support in challenging financial times. Despite this, there is no doubt that overall, the learning disability sector remains over-risked and under-rewarded.

The low fee per-hour model of commissioning keeps productivity low. Many local authorities, themselves seeking to reduce the amount they spend on individual care packages in response to growing demands on their budgets, have created a perverse system whereby providers who are able to drive down the cost of support while still maintaining high standards, are often penalised for their efforts by seeing the savings go to the local authority while their margins are reduced, adding to their financial instability.

We believe there is a better way of working. In this document, we put forward proposals for a Sector Deal for the learning disability sector. By unlocking the potential of assistive technologies, we believe we can stimulate investment in future services and enhance the care and support that we as providers are able to offer.

Not only will this help provide better support domestically, but the products and services created to support people at home could also be exported overseas, improving the lives of people with learning disabilities across the globe.

Numerous delays to the government's social care green paper has meant that we in the sector have had to look to each other to find solutions to the issues we face. By granting a Sector Deal to the learning disability sector, the government can help to stimulate investment and innovation, bring financial stability to providers within the sector, and ultimately deliver the outstanding person-centred support that adults with learning disabilities deserve.

Robert Longley-Cook
Chief Executive, Hft



Technology plays a significant role in all our lives, and BT's announcement that it intends to complete its transition to a digital communication infrastructure by 2025 means the technology opportunity is bigger than ever.

Tunstall was the first to develop systems which used technology to enable people to access help in an emergency, and has continued to lead the market ever since, creating products and services which enable more than five million people around the world to maintain their independence and enhance their freedom. However, very few people with learning disabilities are currently benefitting from the advantages that assistive technology (also known as telecare) can bring.

Assistive technology can make a positive difference to people with all kinds of learning disabilities, and in a variety of living environments. From managing risks such as fires or falling, to aiding communication and helping to deliver greater privacy or dignity, technology can enable people to have more control over the way they live their lives. Not only can technology enhance more traditional care solutions by managing risk in the home environment, it can also connect people with their wider community, with mobile devices which enable users to travel to work and leisure activities, and can increase social inclusion.

As well as transforming the way people with learning disabilities live their lives, technology can also transform the ability of our health, housing and social care systems to support them more effectively, by enabling a more assets and strengths-based approach.

Realising the potential of technology solutions to change the lives of people with learning disabilities is vital, enabling new models of care which are more person-centred, preventative and sustainable. The economic benefits are wide-ranging and significant, and this document has been developed to illustrate these and provide a foundation for further discussion and progress towards a better future for people with learning disabilities in the UK.

Gavin Bashar

Managing Director UK & Ireland,
Tunstall Healthcare



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Executive Summary

- As part of the UK government's Industrial Strategy, the government put forward the concept of a "Sector Deal" - Partnerships between the government and industry on sector-specific issues which can create significant opportunities to boost productivity, employment, innovation and skills. This document outlines the key arguments for a Sector Deal for the learning disability sector.
- The adult social care sector contributes £26bn of Gross Value Added (GVA) to the English economy. The market in assistive technologies is growing. The telecare market alone was worth £252m in 2015. There is clearly much untapped economic potential that could be unleashed by a Sector Deal.
- The learning disability sector is made up of a mix of charities, companies and local authority providers of various sizes. In order to show united leadership, we recommend that an umbrella group be the central point of contact to negotiate this Sector Deal.
- Academic Health Science Networkwork across the NHS, local authorities, academic organisations and the third sector to support innovation and the adoption of new technologies and systems. They are well placed to facilitate interactions to support this Sector Deal.
- Increased use of assistive technologies will help to elevate social care from a low-pay, low-skill industry to a skilled workforce with better wages.
- Proposals laid out in the Sector Deal will also go some way to helping the government to achieve its other stated policy objectives – such as future-proofing the delivery of adult social care and reducing the disability employment gap. Our Sector Deal will also help strengthen the case for initiatives such as the Housing and Technology Local Authority Capital Fund for People with Learning Disabilities.
- Hft and Tunstall have produced this document in partnership. It is our hope that the sector will support our recommendations and help build support for a Sector Deal for the learning disability sector.

6 Introduction: Does the learning disability sector need a Sector Deal?

The main premise of this document is that the adult learning disability sector deserves a Sector Deal. It is estimated that, in England alone, there are around 150,000 adults who are in receipt of social care services for people with learning disabilities. Due to the lifelong and complex nature of these people's needs, it should be unsurprising to learn that learning disabilities accounts for around one-third of adult social care spend in England.

Through employment, ownership of properties and purchasing of services, Skills for Care estimates that adult social care contributes £26 billion of Gross Value Added (GVA) to the English economy, and the learning disability sector contributes a significant portion of that.

Despite providing a multibillion contribution to the GVA of the country, social care is currently operating under difficult economic conditions. While the Local Government Association has shown that 60p in every £1 of Council Tax raised currently goes towards funding adult social care, the Kings Fund has estimated that local authority expenditure on adult social care has actually decreased by 8% in real terms since 2010, with a funding gap of £2.1bn by 2019/20¹.

This was the backdrop against which Hft first called for a Sector Deal for the learning disability sector in our response to the government's Industrial Strategy Green Paper².

This Sector Deal would aim to encourage and promote investment and innovation in the learning disability sector through increasing and novel use of assistive technologies. By encouraging closer collaboration between assistive technology

companies and social care providers, a new raft of technologies and products can be utilised in improving the health and life outcomes of adults with learning disabilities in England.

This will help to bring stability into the sector and encourage providers to once again invest in the future of services. In turn, increased financial stability in domestic markets will lead to an increase of research and innovation within the assistive technology sectors, which will lead to new products and services being made available. This will not only lead to improved health and life outcomes for people being supported by the sector, but also create products which can be exported across the world. It is this win-win situation for both the sector and those supported by it that should be the ultimate goal of any Sector Deal for the adult learning disability sector.

To be clear, when we refer to the "adult learning disability sector" in this document, we mean all of the stakeholders involved in supporting working age adults with learning disabilities: local authorities, care providers, organisations that may provide goods and services to those providers, employees and families, as well as the people that the sector supports.

Think Tank Localis has already eloquently argued for a Sector Deal for disabled people, and the government has already championed Sector Deals for both the life sciences and the AI industries. However, under our proposals, we would seek to bring in all related stakeholders with relation to providing social care for adults with learning disabilities.

So, how will a Sector Deal for the learning disability sector differ from those mentioned above? And what would such a deal begin to look like in theory? Happily, in their White Paper, the government has set out a series of questions which a Sector Deal would need to satisfy to be considered³, see right:

For the remainder of this document, we shall examine how close (or far away) the sector currently is from answering these questions, where the knowledge gaps may currently exist, and what further action needs to be taken to ensure a Sector Deal is secured for the adult learning disability sector.

- 1. Is there clear leadership from the sector?**
- 2. Does the Sector Deal represent the breadth of the sector?**
- 3. Does the proposal include a rigorous analysis of the comparative strengths & weaknesses of the sector?**
- 4. Will the specific proposals have an impact on productivity, earning power or the availability of good work?**
- 5. Can the specific proposals be delivered?**
- 6. Is there a clear offer from the sector?**

¹ Anita Charlesworth, Ruth Thorby, Adam Roberts and Ben Gershlick, Election Briefing: NHS and Social Care Funding: Three unavoidable Challenges, The Kings Fund, May 2017, p.5

² "Hft responds to the Industrial Strategy for Britain consultation", Charity Times, 19 April 2017, URL: <https://www.charitytoday.co.uk/hft-responds-to-the-industrial-strategy-for-britain-consultation/>

³White Paper - Industrial Strategy: Building A Britain fit for the future", HM Government, November 2017 pp. 208 - 211

8 Challenge 1: Displaying clear leadership in the sector

This Sector Deal is for the learning disability sector and, while it will of course involve external stakeholders who provide services to the sector – most notably local authorities and providers of assistive technologies – we believe that social care providers should be the chief negotiators of this Sector Deal, so that it can be shaped and informed by the needs of providers, and the people that they support.

According to Skills for Care’s National Minimum Data Set for Social Care, there are around 10,500 companies providing care and support for adults with learning disabilities, with 304,000 employees. These will range from residential care and supported living through to day services and respite care and will include charity and for-profit providers.

According to a report by the House of Lords Select Committee for Charities, 18 percent of registered charities in England list “social services” as their primary activities, more than any other activity⁴.

89% 

of learning disability services are now provided by the independent sector

89 percent of learning disability services are now provided by the independent sector (private providers and charities) and they are almost 100 percent funded by local authorities as opposed to, for example, elderly care, which is funded by a mixture

of local authority funding, and self-funders. However, the learning disability sector is also a highly fragmented market, with no dominant players. Hft, for example, supports 2,900 people with learning disabilities in England and Wales. Despite being one of the larger providers in England, Hft only holds 0.7 percent of the total market share in England. Indeed, the top four providers in the learning disability sector hold under 6 percent of the total market share, compared to the top four independent mental health hospitals holding 61 percent market share and top four for-profit older peoples’ care home providers holding 14 percent of the total market share⁵.

Given the diverse range of providers within the sector, and the lack of any one individual provider being a natural “leader” within the marketplace, we believe that it would be desirable for an umbrella group to lead the negotiations on behalf of the sector, thereby ensuring that the concerns of as wide a sample of the sector are taken into consideration, while also providing a single point of contact between the government and the sector.

Learning Disability Voices is an umbrella group that comprises of charities, not-for-

profit and independent sector companies who provide learning disability services in the UK. Its membership includes organisations such as Voyage Care, United Response, Lifeways, The Wilf Ward Family Trust, Hft and Mencap, which together represents 20 percent of the total sector provision in England⁶. The organisation has been a unifying voice in the sector regarding the funding crisis, and is working collaboratively with Learning Disability England and Voluntary Organisations Disability Group on the issue of sleep-ins.

Voluntary Organisations Disability Group represents leading not-for-profit organisations that provide services to disabled people in ways that promote independence, choice and control. Its membership, which includes Hft, Leonard Cheshire and the Brandon Trust, support over one million disabled people, employ over 85,000 staff and have a combined turnover in excess of £2.8bn⁷.

Learning Disability England is a network of people with learning disabilities, and

the organisations and people that support them. According to its website, it has hundreds of “Individual Members”, which include people with a learning disability and their family and friends. It also has 140 organisational members including Hft, the Challenging Behaviour Foundation and the National Autistic Society⁸. Certainly, with its large membership of people with learning disabilities, they would be a useful partner, if not leader, of the negotiations as they can ensure that the voices of people supported by the sector are heard and considered in the negotiations.

Given the wide representation of their combined membership – which includes major organisations and independent providers alike – combined with experience of engaging in advocacy on behalf of the sector, we would recommend that one of these umbrella groups be the leading force in securing a Sector Deal for the learning disability sector.

Our recommendation

In order to provide clear leadership, we recommend that a competent umbrella group leads negotiations regarding the Sector Deal on behalf of all relevant stakeholders. Should a suitable umbrella group not currently exist, representatives within the sector should seek to form one.

⁶House of Lords Select Committee on Charities, “Stronger Charities For A Stronger Society”, HL Paper 133, March 2017, p.7

⁷Adult Specialist Care: UK Market Report, LaingBuisson, Third Edition, April 2019

⁸Who are Learning Disability Voices?, Learning Disability Voices, URL: <http://www.learningdisabilityvoices.co.uk/>

⁷About Us”, VODG, URL: <https://www.vodg.org.uk/about-us/>

⁸About Us: Who We Are”, Learning Disability England, URL: <http://www.learningdisabilityengland.org.uk/about/who-we-are/>

10 Anna's Story

Independence away from home

Anna, a lady supported by Hft in Devon loves to holiday in Cornwall and experience new adventures but staying away from home comes with some challenges, particularly as Anna suffers from epilepsy and sometimes needs reassurance that staff are around.

That's where the Personalised Technology (PT) team's 'holiday kit' came to the rescue. After hearing about Anna's upcoming trip and the concerns her support workers had, the PT team were able to lend Anna a kit of equipment that was personalised to her own needs and would allow her independence and security outside of her usual living environment.

The holiday kit came with a staff pager, a door sensor and a bed occupancy sensor all of which helped to ensure that she was kept healthy, safe and well while away. The pager was linked to the bed occupancy sensor which was programmed to alert the staff supporting Anna on her trip if she got up in the night and didn't return to bed after two minutes. The door sensor helped staff to know if Anna opened her bedroom door so that they were able to then go and support her as needed.

Anna also took her epilepsy sensor with her and this was also programmed into the pager. The epilepsy sensor detects repetitive movement and therefore raises an alert on the staff pager if Anna has a seizure during the night.

The outcome

The holiday kit was a huge success for Anna allowing her to enjoy her independence away from her home, without having to worry about being away from the personalised technology and support she requires.



12 **Challenge 2: Ensuring the deal is representative of the breadth of the whole learning disability sector**

Under the Industrial Strategy’s current “Grand Challenges”, the government has highlighted the “ageing society” as a priority.

However, in our view, this is somewhat myopic. In the White Paper, “ageing society” is clearly defined as meaning increasing members of the population being aged 65 years old and over. While adults with learning disabilities still have a lower life expectancy than those who are non-disabled, this life expectancy is rising. To use “ageing” and “older” synonymously, as is the present situation, we believe that the government is potentially underestimating the challenges of the ageing society.

The latest Learning Disabilities Mortality Review (LeDeR) report shows that adults with learning disabilities still currently lead shorter lives than their non-disabled peers, with men dying a median of 22.8 years and women 29.3 years earlier than their non-disabled counterparts⁹. However, they are living longer, healthier lives than ever before and much has been written about the unique challenges that this cohort faces as the population ages – adults with Down’s Syndrome, for example, are more likely to develop dementia far earlier in life than the general population¹⁰. So while, regrettably, adults with learning disabilities may not reach the age where they may be classified as an “Older Person”, the government’s current focus on the over-65s means the needs of older adults with learning disabilities could potentially be overlooked.

Learning disabilities accounts for approximately 35 percent of adult social care spend in England¹¹. We are the fastest-growing sector in councils’ adult social

care spend, with only six of the 151 local authorities in England spending more on care for working-age adults than they did on care for the elderly in 2005, compared to 57 in 2017¹². Support for adults with learning disabilities is also more costly than elderly care, with CQC noting that in 2014/15 the median cost for nursing care was £552 per week for adults aged 65 and over with physical support needs, compared to £1,119 per week to support adults aged 18 to 64 with a learning disability¹³.

Learning disabilities accounts for approximately

35% of adult social care spend in England¹¹.

By expanding “ageing” to mean an increase in the life expectancy of various groups within society, rather than specifically meaning over-65s, we believe that the Industrial Strategy will be more inclusive to all groups within the social care sector, with innovations and best practise being disseminated across all age groups.

With regards to the learning disability sector; as stated in the previous chapter, we believe that Learning Disability Voices’ membership is reflective enough of the learning disability sector to ensure that the specific needs of all types of provider within the sector are considered within the negotiation process.

A recent report by the Work and Pensions Committee on Assistive Technologies lamented the lack of involvement of disabled people in the decisions around which Assistive Technologies would be most appropriate to meet their needs¹⁴. In terms of supportive employment, this was also seen to be a barrier to innovation, with Access To Work using its dominant purchaser position to dictate which technologies are purchased, despite latent demand for more efficient and modern technologies being in the marketplace amongst consumers¹⁵.

Hft and Tunstall agree that, as “experts through experience”, the needs and desires of people supported by the sector should be at the forefront of promoting innovation and shaping the market. We would propose that these should either be fed into negotiations through ‘speak out groups’ of service users within various providers – such as Hft’s “Voices to be Heard” network - or by the inclusion of advocacy groups such as Learning Disability England at the negotiating table.

With local authorities being the main commissioner of social care within a given area, it is essential that they be consulted as part of any Sector Deal that would impact upon their adult social care services. Anecdotally, experience shows that many local authorities are willing to discuss ways in which new technologies can be used to improve life and health outcomes for individuals, as well as make efficiency savings. The Care Act 2014 gives local authorities powers to “encourage quality, choice and sufficiency of provision” within the social care marketplace. With this in mind, we would suggest that local authorities are best consulted at the individual level,

rather than through umbrella groups such as the Local Government Association or the Association of Directors of Adult Social Services. This way, local authorities can use their market-shaping roles to help stimulate demand for relevant products and services on a local level, and potentially help the economic benefits of this Sector Deal to spread more evenly across the regions.

Adults with learning disabilities are living longer, healthier lives than ever before



There is a large body of existing literature endorsing the benefits of promoting diversity and choice within the social care sector. The Co-Operative Party has noted that less than 1 percent of social care providers in England operate under a co-operative model, for example, and has produced a compelling economic argument for allowing more co-operative providers within the sector¹⁶. The New Economics Foundation has also laid out the economic benefits of opening up the sector to smaller, community-based providers. This not only includes a decreased risk premium in the local marketplace, but also localised benefits, such as a reduction in days lost to business through family or partners having to take periods of leave or sickness to care for relatives¹⁷.

The main thrust of the Sector Deal is about stimulating investment and innovation in the learning disability sector by encouraging increased use of assistive technologies to help improve outcomes, while increasing efficiencies within services. It is therefore essential that any Sector Deal ensures that incumbents in either the social care or assistive technology sectors do not restrict the entry of newcomers or challengers. At present, there are 15 Academic Health Science Networks (AHSNs) across England which make up the AHSN network. Each AHSN exists to “connect NHS and academic organisations, local authorities, the third sector and industry”¹⁸ within their region. The AHSN network offers an opportunity to foster innovation and co-operation, as well as disseminate best practice.

Such a model would be ideal for this proposed Sector Deal. However, due to resources and the simple fact that many of the stakeholders would be interested in both health and social care, it would not be desirable to duplicate such networks simply for social care.

We would therefore argue that a practical first step in securing a Sector Deal would be for the AHSNs to work with their members to foster innovation and cooperation across health and social care. Health and social care do not need to be integrated to provide more cohesive services for people with learning disabilities (and others), but it is essential that these services work together for collective benefit, rather than seemingly competing against one another.

For example, during the 2018 ‘Winter Crisis’, funding for social care was given purely to get people out of hospital as soon as possible – relieving the immediate pressure on NHS beds, rather than fixing the fundamental funding challenges that the sector is facing.

It need not be this way. The inaugural meeting of the West of England AHSN's Learning Disabilities Collaborative in April 2019, initially intended for 40 delegates, was eventually attended by 140 people. Clearly there is an appetite for partnership within the sector, and we believe our Sector Deal can provide an excellent catalyst for further collaborations¹⁹.

Not only will this help to expand the potential networking potential of AHSNs but it would also help to accurately reflect the government's commitment to integrating health and social care, following the renaming of the Department of Health to the Department of Health and Social Care in January 2018.

Our recommendation

In order to ensure the Sector Deal represents the full breadth of the sector, we recommend that the AHSN network takes a proactive role in bridging the gap, and supporting integrated working across health and social care, as well as providing a forum for key stakeholders to discuss the Sector Deal, and work together to progress it.

¹⁸The Learning Disability Mortality Review Programme Annual Report”, University of Bristol Norah Fry Research Centre, December 2017, p. 18

¹⁹Karen Watchman (2018) “The intersectionality of intellectual disability and ageing” in “Ageing, Diversity and Equality: Social Justice Perspectives”, Sue Westwood (ed.), New York: Routledge (2019), pp. 245-258

¹⁴“Social Care: Is supply the new demand?”, County Council Network, March 2019, pp. 6, 9

¹²“The Other Social Care Crisis”, The Economist, 1 March 2018, URL: <https://www.economist.com/news/britain/21737542-while-most-people-worry-about-ageing-population-bill-younger-clients-rising>

¹³“The state of health and care in England 2015-16”, CQC”, October 2016, p.60

¹⁴“Assistive Technology”, House of Commons Work & Pensions Select Committee, Tenth Report of Session 2017 – 19, March 2018, pp. 14-16

¹⁵*Ibid.*, p. 14

¹⁶James Scott, “Taking Care: A co-operative vision for social care in England”, The Co-Operative Party, September 2016, pp. 6 - 17

¹⁷Social Care as a local economic solution for the West Midlands, New Economics Foundation, pp. 17 – 22

¹⁸About AHSNs”, The Academic Health Science Network, URL: <http://www.ahsnnetwork.com/about-academic-health-science-networks/>

¹⁹A successful start for the West of England Learning Disabilities Collaborative”, WEAHSN, URL: <https://www.weahsn.net/2019/05/a-successful-start-for-the-west-of-england-learning-disabilities-collaborative/>

Glenn's Story

Supporting Glenn's Independence

Glenn is an older gentleman who lives independently in the community. He goes out independently and he used to house share with a friend whom he had known for many years.

They worked very well running their house together so only needed minimal staff support. Unfortunately, due to his friend's deteriorating health, she had to move out so Glenn was then left living on his own.

Glenn's staff were concerned that Glenn was forgetting to complete tasks and they were also unsure if he was eating.

The solution

Canary Care is a simple, smart home monitoring tool that monitors movement using a combination of PIR movement sensors, door sensors and temperature sensors. It monitors activity or inactivity and displays it on a graph which is stored securely online. It can also raise alerts tailored to the specific needs of the person, for example if the front door is opened in the middle of the night.

Mindme is a location device that can alert if someone goes out of a predefined area. It has an SOS button that the person can press if they are lost or need support. This will alert a 24/7 call centre who will identify their GPS location and call a member of staff to offer support.

Talking Watch - Glenn also wears a talking watch to help him to tell the time and ensure that he gets to places on time.

The outcome

When staff spent time analysing the Canary Care data, it showed that Glenn was using the kitchen at meal times so staff felt relieved to know that he was eating. It also highlighted that Glenn was opening and closing his front door in the middle of the night. Staff spoke with Glenn about this and he said he was looking for his staff.

Glenn has now moved into a shared house where there is night time support and a door sensor on the front door that will alert staff if it is opened during the night so they can offer support to Glenn. Glenn also carries a Mindme location device on his keys so, if he does get lost or need support when he is out on his own, staff will be able to locate him.

Glenn says:

“ It [the Mindme] helps me if I get lost anywhere, I use the button and then people can find me, it's great, it's safe! ”



It [the Talking Watch] is very good and is very useful

Challenge 3: Preparing a rigorous analysis of the comparative strengths and weaknesses of the sector

Analysis of the Organisation for Economic Co-operation and Development's (OECD) health accounts shows that, across the United Kingdom, we spend nearly £208bn annually on health and social care. While the majority of funding comes from the public purse (£157.6bn), a significant chunk comes from private funding (£44.9bn). When taken as a whole, health and social care is the second largest sector in the UK economy²⁰.

Regional analyses are not widely available. However, a report by the New Economics Foundation focusing on social care in the West Midlands showed that the sector contributed £4.2bn to the local economy in 2015/16, representing 3.5 percent of the total economy. At the time of the report's publication (August 2017), social care employed 165,000 people across the West Midlands, and the sector is predicted to create an additional 25,000 jobs by the year 2025²¹.



Learning disabilities is the fastest-growing sector in councils' adult social care spend

As we have mentioned in previous chapters, learning disabilities accounts for approximately 35 percent of adult social care spend in England. The King's Fund has highlighted that the proportion of working-age adults approaching local authorities for support has increased by almost 4 percent since 2015/16, while the proportion of older

people has fallen by more than 2 percent²². Learning disabilities is the fastest-growing sector in councils' adult social care spend, with only six of the 151 local authorities in England spending more on care for working-age adults than they did on care for the elderly in 2005, compared to 57 in 2017. Support for adults with learning disabilities is also more costly than elderly care, with CQC noting that in 2014/15 the average cost for nursing care was £552 per week for adults aged 65 and over with physical support needs, compared to £1,119 per week to support adults aged 18 to 64 with a learning disability.

However, the figures for future growth are still dependent on a 2012 study from the Centre of Disability Research at Lancaster University²³. While Emerson et al were robust in their research, and their predictions have largely proved accurate, it is not best practice to carry on predicting future growth on a seven-year-old study. 2021 will mark the halfway point of the timescale of the original study. We would argue for a refresher of the original study to be

conducted, reflecting on the accuracy of the predictions made for 2012-2020 and updating predictions for growth from 2021-2030 and beyond.

The social care sector is often described as “the classic definition of a monopsony – a market with one buyer and many sellers”²⁴, with local authorities being the predominant commissioner of care packages within a locality. Adult social care is one of the largest burdens on many local authorities, with the Local Government Association predicting it could account for nearly 60p of every £1 raised in Council Tax by 2020²⁵. In order to meet these rising costs, local authorities have had to raise taxes, with CIPFA already warning that 2019/20 will see council tax bills rise by an average of 4.5 percent, one of the highest rises in a decade, second only to 2018/19, which saw an average tax rise of 5.1 percent²⁶.

Despite these tax rises and with 80 percent of councils declaring their intention to make use of the social care precept²⁷, social care still faces a funding gap of £5bn by 2020. The Local Government Association has also warned that, despite the social care precept raising £548m in 2018/19, this was “wiped out” by the increased costs of paying a rising National Living Wage rate²⁸.

All of this is having an impact on providers within the sector. In 2019, Hft published research which showed that, over the past twelve months, 59 percent of providers within the learning disability sector had begun to hand back contracts to local authorities as a way of reducing funding pressures (compared to 25 percent in 2017). Looking ahead, 68 percent said they envisage handing back contracts in the near future if their financial situation did not improve²⁹.

Closing down services runs culturally at odds with most providers, many of whom may have supported an individual for much of their adult life.

It is perhaps unsurprising, then, to read that in 2017, CQC concluded that the sector was now “at full stretch”³⁰. Despite these economic pressures, Skills for Care estimates that the adult social care contributes £26bn of GVA to the English economy³¹. There is therefore still great economic potential to be untapped in a Sector Deal for the learning disability sector.

In terms of the potential for assistive technologies, these products have historically been developed with older people in mind in most cases – for example telecare. Although in recent years these solutions have also been used to support people with learning disabilities and complex needs, the potential of technology to help them live independent and fulfilling lives has yet to be fully realised.

The Technology Enabled Care Services Association (TSA) estimates that there are approximately 1.7 million people using telecare in the UK. Only 1.7 per cent of these are people with learning disabilities³², representing 28,900 of the 1.4 million people with learning disabilities in the UK.

In July 2004, the government announced its plans to invest £80m, over two years from April 2006, through the Preventative Technology Grant. The purpose of the grant was to initiate a change in the design and delivery of health, social care and housing services and prevention strategies to enhance and maintain the well-being and independence of individuals, by increasing the use of telecare. In July 2005 Building Telecare in England identified 1.4 million

people using telecare/community alarm systems. By 2010 this had grown to an estimated 1.7 million, which supports the theory that the grant had a positive impact on increasing the uptake of telecare, despite it not being ring-fenced³³.

The market for assistive technologies continues to grow. For example the UK annual spend on telecare increasing from £106m in 2010 to an estimated £252m in 2015. The telecare market in 2010 comprised 90 percent public and 10 percent private spending. There were around 1.6 million users, each spending an average of £66 on telecare (including alarm installation and response centres). According to the UK's local authorities' expenditure reports, the public sector telecare market in England was worth £91.8 million in 2010 with 75 percent of spend on equipment and services. From 2006 to 2010, the penetration level for the population aged over 65 increased from 17 percent to 19 percent³⁴.

This also has significant potential for UK providers to export overseas. The US assistive technologies market is growing at a compound rate of 6 percent per annum sitting at \$55bn dollars in 2016. There are assistive technology (AT) products on the European market with an estimated annual sales value of €30bn. In Australia, AT spend is running at \$44bn per annum while Japan is currently investing over a third of its significant robotic research budget in products designed to lighten the load of the country's nearly 2 million care workers. China estimates that its own sector will soon be valued in excess of \$100bn³⁵.

However there has also been a lack of development within much of the assistive technology market. Although the impending

digital switchover has given the market some impetus to update systems and equipment, the fundamentals of products such as telecare and associated sensors have remained unchanged for a number of years. This Sector Deal could play an important role in driving industry to not only update products, making them more efficient, but also increase levels of interoperability between specialist products and mainstream products that have become 'accessible by accident', such as Alexa and GoogleHome.

All of the information above has focused primarily on the market for technologies designed to meet the needs of vulnerable adults, such as people with learning disabilities. However, this should not mean that we overlook the economic potential of so-called "accessible by accident" products – products that are not designed with disabled people in mind, but have beneficial applications for disabled users. The most promising of such products has been Amazon Echo's 'Alexa' service, which can be used to help remind users of important upcoming events, or link to other devices to enable them to be voice operated³⁶. We are already seeing council-wide pilots being conducted by Hampshire³⁷ and Norfolk³⁸ Councils. Preliminary studies of the Hampshire pilot have found that 72 percent of participants agreed that Amazon Echo helped improve their life³⁹. However it is worth noting that these pilots focused primarily on older people and the physically disabled. Anecdotally, it has become clear that many people with a learning disability or communication difficulties struggle to articulate the 'wake' word (in Amazon's case: 'Alexa') clearly enough to be able use these devices. Work is being undertaken to make them more accessible⁴⁰ however, for now, they remain difficult to use for many people with disabilities.

The wide availability of such products and the comparatively low price-point means that those in need of support may be able to afford to purchase this with their own income, or even for family, friends and loved ones to purchase one as a gift. Indeed, preliminary academic analysis of Amazon Echo, Dot and Tap products found that, of those customers who mentioned the device was for a disabled person, two-thirds were written from a third-person perspective (e.g. writing about the product on behalf of a person with a disability – this customer was usually a family member, spouse or close friend of the disabled user). 79.2 percent of reviews that mentioned how the device was obtained explicitly mentioned that it was purchased as a gift⁴¹. The BBC’s announcement that it is developing its own “Auntie” voice-activated assistant also shows that this is a growing marketplace⁴².

This means that a Sector Deal for the learning disability sector could have residual benefits for the UK’s retail sector and “gifting” industries. Perhaps unsurprisingly, the majority of studies around the size of the UK gifting market focus mainly on the Christmas period. It was estimated that in 2017, Brits spent over £19bn on Christmas presents⁴³. Other similar studies show that the UK spent over £620m on Valentine’s gifts in 2017 and £575m at Easter⁴⁴ and it has been calculated the average UK office worker will spend around £160 a year on gifts for their colleagues (e.g. leaving presents and ‘Secret Santa’)⁴⁵.

Clearly, then, there is a potentially lucrative market for “accessible by accident” products, which can be bought by families, friends and loved ones as gifts. However, as this would be seen as a secondary market to the Sector Deal, it would therefore be beyond the scope of this document. Further robust analysis would be needed to ascertain the exact size of the market for such products as gifts for adults with learning disabilities, and any residual impact our Sector Deal may have upon these sectors.

A lot of political and stakeholder attention has been drawn towards the use of universal design to help improve the accessibility of public spaces and buildings^{46 47}, particularly as the Houses of Parliament undergo a period of much-needed renovation⁴⁸.

Universal design is the composition and design of an environment or product which means that it can be accessed, used and understood to the greatest extent possible by the greatest number of people possible, irrespective of their age, size, ability or disability⁴⁹. It is our hope that a Sector Deal will help to mainstream the principles of universal design into everyday technologies that can be used to enhance the lives of people with learning disabilities, while still being accessible and useable by a non-disabled consumer. If technology is accessible to a person with disabilities, then it is likely to be accessible to everybody. It is our hope that, ultimately, we may begin to see the principles of universal design apply not just to the built environment, but also to technology, making innovation accessible to everyone as a matter of course.

Our recommendation

This document contains as rigorous an analysis as possible of the strengths and weaknesses of the sector, however the authors recognise that it contains certain gaps in knowledge e.g. the accessible by accident market is still emerging and there is little evidence available from overseas to benchmark UK activity against. We would recommend further research and analysis is undertaken, and the results of initiatives, such as those underway that were part of the Housing and Technology Fund for People with Learning Disabilities⁵⁰, are taken into consideration.

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Kathryn's Story

Increasing independence while managing risks

The situation

Kathryn has a learning disability and lives in her own flat with support from a local carer and support provider. During a recent review of her support she expressed a wish to be more independent. Her care manager supported this and examined the options to help Kathryn achieve her goal and still remain safe.

The solution

Kathryn now uses a range of equipment including:

CareClip (GPS mobile device with built in SOS button) – Kathryn can go out on her own knowing that she can press her SOS

button to get help at any time and the GPS in the CareClip will locate where she is.

Lifeline home unit / MyAmie pendant – pressing the red button on the Lifeline home unit or on the bodily-worn pendant enables Kathryn to get help at the touch of button 24 hours a day when she is in her flat. The system connects her to a monitoring centre where specially trained operators can help her with any problems, contacting other services as necessary.

Heat detector – located in the kitchen and wirelessly connected to the Lifeline unit. This will alert both Kathryn and the monitoring centre that there has been a rise in temperature, which could indicate a fire risk.

Flood detectors – located in Kathryn's kitchen and bathroom and wirelessly connected to the Lifeline unit. These provide an audible alert and simultaneously notify the monitoring centre of a potential flood situation.

Kathryn is enjoying her independence. She still receives support but this is balanced with some time on her own including being able to go into town independently to meet friends.



22 **Challenge 4: Improving productivity, earning power and the availability of good work within the sector**

As previously stated, OECD figures show that health and social care is the second largest sector in the UK economy, and Skills for Care estimate that adult social care contributes £26bn of GVA to the English economy.

We have also previously highlighted that social care is a monopsony. Local authorities are the dominant buyer in many localities. Providers are operating in a heavily fragmented marketplace, with no individual provider owning a significant market share. Our beneficiaries, particularly adults with learning disabilities, are a historically disenfranchised group. Buyer power has meant that local authorities have been able to drive down fees while also cutting their skilled commissioning base. The majority of commissioning also continues to be input-based by-hour contracts.

Commissioning by hours has had a negative impact on productivity in the sector. With an emphasis on input-based by-hour contracts, providers are paid to deliver one hour of (at least) one-on-one support and nothing else. At present, there is no incentive to innovate or deliver anything other than one hour of support. As a result, it is unsurprising to read that health and social care came at the bottom of the list when it came to productivity levels⁵¹ across all industries in the UK economy.

This is having an impact on the financial viability of providers. Hft's 2018/19 Sector Pulse Check shows that 92 percent of providers in the learning disability sector have had to make internal efficiencies over the past year in order to meet rising wage bills due to unfunded increases in the National Living Wage, compared to just 75 percent in the previous year's study. Just under half (48 percent) said they plan to curb future investments⁵². The unintended consequence of unfunded National Living Wage increases is that providers are not currently incentivised to innovate or to invest in the support provided to individuals. For example, by using technology to make efficiencies, and therefore requiring fewer support hours, the provider runs the risk of having their fees reduced by the local authority, exacerbating the financial pressures.

Our Sector Deal will call for a new way of commissioning by encouraging providers to explore innovative models of support that maintain or enhance the quality of care being received by an individual. We argue that the provider should be allowed to retain a portion of those cost efficiencies. Providers would be encouraged to invest in the future support of these individuals

and, if the resulting innovations mean that better care can be provided for less money, then those providers should be allowed to enjoy a return on their investment. This would create something of a virtuous circle, where greater innovations result in lower costs, which in turn would see larger returns on investment to invest in future service provisions.

With clear health and life outcomes for the supported individual to achieve, it is our belief this will encourage greater collaboration between providers and assistive technology companies, resulting in greater personalisation of the technology used, stimulating research and innovation in the Assistive Technologies sector. Linked to this, it would encourage commissioners to invest to save: by investing in technology solutions now, they will save vital funds in the future.

By allowing providers to share in the efficiencies that have been made, the purpose of this Sector Deal would be to allow providers to invest in the future of their services. With an increased financial surplus, providers will be rewarded, rather than penalised, for delivering high-quality, innovative care. This will allow for greater flexibility in investment, however, it is our expectation that this will also give providers greater flexibility in wages, allowing them to pay staff above the standard market rate of the National Living Wage.

Social care is an industry that revolves around people – be they the vulnerable adults supported by the sector, or the

hardworking staff that support them. It should be clear that the intention of this Sector Deal, which will help to drive innovations in assistive technologies, is to help enhance the support those vulnerable adults already receive. In other words, it should enhance, rather than replace human interaction.

A 2018 attitudes survey conducted in Japan found that the vast majority of Japanese disabled people would want to see “a mixture of robot and human” in their support packages⁵³. In America, a study of older people’s perceptions of assistive robots found that there was greater acceptance of robotic assistance with household chores and enhancing new learning or hobbies, but human assistance was preferred for more human activities such as feeding oneself and getting dressed. Interestingly, the researchers noted a sharp contrast in attitudes to medicine management, with the majority of participants stating they would happily accept robotic assistance for reminding them to take medication, whereas they would prefer a human being to help them decide what type of medication to take⁵⁴.

Closer to home, a poll of over 2,000 people in the UK by recruitment specialist Randstad found that 84 percent of people would not trust a robot to deliver their social care⁵⁵. On the other hand, Southend-on-Sea Council were applauded for their decision to ‘employ’ Pepper The Robot as part of its social care strategy⁵⁶ and, at the time of this publication going to print, researchers at Aberystwyth University are exploring the feasibility

of using unmanned drone technology to provide “low-cost and efficient” health and social care support to isolated people in rural Wales⁵⁷.

Clearly, the idea of ‘roboticising’ our social care workforce provokes strong reactions in members of the public. While our Sector Deal focuses more on assistive technologies and telecare, rather than robots and full automation, we would seek to address these concerns head on. We do not wish to remove the “human touch” from social care. This would not be a desirable outcome for either the learning disability sector, or the people supported by it. To fully replace human care with technological solutions could lead to social isolation and loneliness, which would be detrimental to the efforts we are undertaking to improve the health and life outcomes of those with disabilities. Commissioners and providers also recognise that new technologies will need specialist staff who will be trained in the use of these new technologies. According to King’s College London, 47 percent of local authorities currently run training programmes for social care staff and

family carers on how to use new assistive technologies⁵⁸. Hft also runs a consultancy service which helps train people in the use of assistive technologies⁵⁹. There is every reason to believe that this Sector Deal will help to upskill the social care workforce, as new assistive technologies help to enhance the support they deliver. As with any introduction of technology into a workplace, there will invariably be concerns that greater use of technology will result in job losses or wage freezes⁶⁰. However, research has shown that, while the use of AI may have displaced 800,000 jobs losses in the UK since 2001, it created 3.5 million new ones⁶¹. These new jobs were much more highly skilled, and demanded a higher salary. Social Care will always be a person-orientated sector. It would not be desirable to replace all human contact with technology. However, while technology may lead to greater independence for the people we support, there is also evidence to suggest that social care staff will need to become more skilled, having to adapt to uses of changing technology, which should increase demand for higher wages.

Our recommendation

We believe the deal will impact positively in all of these areas. Our recommendation is that technology is used to enhance care, and as such will provide an opportunity to upskill social care workers, resulting in increased earning capacity, improved service outcomes and higher productivity.

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Emma's Story

Using movement sensors to safeguard and enable privacy

The situation

Emma lives at Hatton Grove, a registered residential care home supporting up to 20 adults with a range of learning and physical disabilities with 24 hour care and support. Emma is 69, and has severe learning disabilities, along with Crohn's disease and has periods of hyper-mania. She walks and spins in circles constantly and can be awake for 24-36 hours at a time. When she does go to bed, she may get up three or four times during the night. Staff were checking on Emma regularly when she was asleep to ensure her safety, but this often woke her and was having a detrimental effect on her mental health.

The solution

Because Emma often sleeps curled up in different parts of her bed, a bed occupancy sensor was not appropriate.

PIR (movement sensor) – a PIR has been fitted at bed level in Emma's room and configured to alert staff if she leaves her bed. An override switch was fitted to enable the PIR to be turned on and off during the hours the telecare system is usually operational (9pm to 6am) to accommodate Emma's

irregular sleeping patterns. Should Emma leave her bed during this time period, staff can switch off the PIR and switch it on again when she returns to bed.

The outcome

Emma is no longer woken up by care staff checking on her wellbeing whilst she is asleep, and seems more content. She enjoys company and because telecare has freed staff time, Emma is able to enjoy more one-to-one social interaction, improving her quality of life.

Jenna Cowling, Registered Care Manager at Hatton Grove said,

“ To me, supporting the people that live here is as much about encouraging their passions and developing their abilities as it is about ensuring their personal care needs are met. Telecare has been fantastic for us. Not only does it help to manage risk and preserve dignity, it also frees up staff, enabling them to spend more personal time with the people they work with. ”

Challenge 5: Ensuring our proposals are deliverable

In her seminal book *Living in The State of Stuck*, Marcia Scherer noted that “during the past several decades, there has been an explosion in the number of types of devices designed to help people who have functional limitations” and that “over the years, these devices have become lighter in weight, more attractive and streamlined, and more flexible”⁶².

This innovation in product design has come from successive (and successful) periods of research and innovation with the assistive technology sector. As desirable products and services returned a profit, companies were able to reinvest, improving existing products and services, or researching into new and better ones.

Such a period has not been afforded to the social care sector. We have previously stated how market dynamics have had a significant negative impact on the sector, with local authorities abusing their dominant buyer position over a highly fragmented provider base who are supporting marginalised groups. We have also highlighted how input-based by-hour contracts have driven any creativity and innovation to deliver better outcomes and improved productivity from the sector. Providers are currently heavily regulated, over-risked and under rewarded.

The government made it clear in their Industrial Strategy White Paper that while “[they] will consider reprioritising existing sources of government funding if there is a solid evidence base, but there is no new government funding available for Sector Deals”. With this in mind we are

advocating for smarter funding for the social care sector, with a move towards a new, outcomes-based model of commissioning.

The concept of Outcomes-Based Commissioning – sometimes called Payment By Results - in a social care setting is still in its infancy. The overriding expectation is that if a provider can produce pre-agreed outcomes for the people they support that may reduce their need for more hours-intensive care they should be rewarded. At the same time, if fewer people need fewer support hours, this will reduce the overall costs to the council. The benefits can then be shared between commissioners and providers of services⁶³. Under the proposed Sector Deal for the learning disability sector, learning disability support will move away from hours-based commissioning towards an outcomes-based model. With providers within the sector now being financially incentivised to invest, this should lead to closer collaboration with assistive technology providers. With the two sectors working together to maintain or improve the health and life outcomes of adults with learning disabilities, it is our belief that this will lead to a virtuous circle of investment and innovation within social care.

As with any move towards a new model of commissioning, while local authorities and the Department of Health & Social Care and/or Ministry for Housing, Communities and Local Government may notice an increase in upfront costs in the transition period, it is our belief that local authorities will soon see a reduction in costs due to increases in efficiency, productivity and cost effectiveness⁶⁴. This also need not require new or additional legislation from Parliament. Rather, the use of outcomes-based commissioning could result in the proper implementation of Chapter 4 of the Care Act, with local authorities embracing their market-shaping powers and delivering the “vibrant and responsive market of service providers” that the Care Act argues is essential to delivering high quality, person-centred support⁶⁵.

Although the products and services created to support people with disabilities will help boost the economic vitality of the assistive technology sector both at home and abroad, any social care reform should ultimately be about the vulnerable adults supported by the sector. Assistive technologies have had a marked, positive difference to the lives of people with learning disabilities and can enable support staff to deliver more meaningful support. According to independent research conducted by Alterline into the impact of Hft’s services, 81 percent of the people we support claimed they “feel more safe because of their personalised [assistive] technology”⁶⁶. More widely, there is a growing body of work highlighting the positive impact that assistive technologies can have in all aspects of a person with disabilities’ life⁶⁷. ADASS has also acknowledged that technology will have a key role to play in the government’s plans to integrate health and social care⁶⁸.

There are initiatives already in place to examine both the benefits of using technology to support people with learning disabilities, and effective models of delivering such services. The £25m Housing and Technology Capital Fund was introduced in 2016 by the Department of Health to create a range of housing and technology options for people with learning disabilities, to enable more people to live as independently as possible with the right care and support, greatly improving their quality of life.

The key aims of the fund were to:

- Prevent unnecessary in-patient admissions. The fund will provide solutions for people who require urgent housing and are at risk of entering inappropriate services like hospital or residential care;
- Encourage a move towards community-based solutions which promote independence and choice over housing;
- Make use of new technologies and other bespoke adaptations to improve and adapt existing accommodation, enabling people to remain living independently; and
- Deliver efficiencies – providing specially adapted housing means there is less of a requirement for costly hands-on care.

A number of local authorities were successful in their applications to the fund, and projects were in progress across England. Although the funding is non-recurring, the evaluation and outcomes of these initiatives should provide valuable evidence of strategic and operational approaches required to achieve optimum results for people and services, creating good practice examples of the value of technology in supporting people with learning disabilities.

We therefore argue that any Sector Deal for the learning disability sector will need to be met with a new, outcomes-based approach to commissioning. This will help to create clear outcomes for the sector to achieve, as well as aid local authorities in establishing a vibrant local marketplace for social care. Such a move will also help the sector to establish and build a clear evidence base for the positive impact the Sector Deal is having upon the health and life outcomes of people supported by the learning disability sector.

Our recommendation

A cultural shift is required to enable the proposals to be delivered, and we recommend this is supported by the collation and dissemination of further evidence of the benefits of using technology to support people with learning disabilities, and the clear direction provided by government policy, funding and the leadership of organisations such as Learning Disability Voices and the AHSN network.

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Hft & Tunstall collaboration: Andrew and Gillian's story

Enabling independent living by managing risks and medication management

The situation

Andrew and Gillian were living together in a small bungalow attached to a supported living environment but wanted to increase their independence by having their own front door. They wanted to have their own home together, with a private garden, and to have space to enjoy each other's company, without a support worker living with them.

The solution

Andrew and Gillian spoke to their Hft support worker, who worked closely with the couple to find a suitable flat for them to live privately, and supported them throughout the move. The Hft Personalised Technology (PT) team undertook assessments to explore how PT could assist in supporting their needs and enable them to live independently.

- **Lifeline home unit** – the Lifeline home unit allows the monitoring centre to ring the flat and alert support workers if Andrew or Gillian fail to answer.
- **Bogus caller button** – situated near the front door enables Andrew and Gillian to quickly alert staff if they need help or if they are unsure about a caller at the door.
- **Property exit sensor** – will let staff know if the door is opened or closed.

- **Medication dispenser** – reminds Andrew to take his pills without the need for a support worker to visit him, providing Andrew with more independence.

The outcome

Andrew and Gillian have achieved their goal of having their own front door and now live together in their two bedroom flat. They have more opportunities to gain confidence, develop new skills such as gardening and cooking, and can build their life together, with technology ensuring they are safe and have access to support when they need it.



Challenge 6: Articulating a clear offer from the sector

We believe that our analysis of the potential of investing in social care provides a robust economic argument for the creation of a Sector Deal. However, there are also several wider areas in which we believe that providing a Sector Deal to the learning disability sector will be beneficial in helping the government to achieve positive policy change.

The snap election of 2017 brought issues relating to the funding of social care to the mainstream. Largely seen as the single issue which cost Theresa May her majority, issues relating to Conservative Party's social care policy dominated the news agenda from the fortnight between the original policy announcements and Theresa May's so-called u-turn on these policies generating countless column inches until the London Bridge terrorist attacks wiped them from the front pages⁶⁹. An analysis of social media during the general election found that 154,007 tweets containing #DementiaTax or #SocialCare were sent during the election period, making it the eighteenth most discussed topic of the campaign⁷⁰.

Since the election, the government has promised to produce a green paper on the future of adult social care, although this has been plagued by frequent delays to the date of publication. With the growing importance of social care as a political issue, by providing the learning disability sector with a Sector Deal, the government will be seen to be supporting innovation and investment within a beleaguered sector, as well as improving the life and health outcomes for adults with learning disabilities.

The appointment of Matt Hancock to Secretary of State for Health in July 2018 was seen as a largely positive step for innovation and technology within the health and social care sectors. During his tenure as Minister for Digital and the Creative Industries at Department for Digital, Media, Culture and Sport, Hancock demonstrated a genuine passion for digital technologies and apps. Indeed, many noted that the creation of the "Matt Hancock MP App" showed a politician with a genuine passion for technology, but also "a taste for an eye-catching publicity stunt"⁷¹.

While we have seen many examples of the latter in his new role as Health Secretary – most recently with his plans to scrap fax machines⁷² and pagers⁷³ from the NHS in place of more modern technologies – Hancock's July 2018 speech on his long term priorities for the NHS and social care gave significant airtime to the role of technology in promoting innovations and improving outcomes in both sectors⁷⁴. It is our hope that this enthusiasm for technology will be reflected in the green paper, and that the value that a Sector Deal would bring to the sector will be recognised by the Health Secretary and his Ministerial colleagues in other departments.

Related to this is, of course, the application of assistive technologies to supporting people with disabilities into employment. The government has committed to increase the number of disabled people in work by one million by 2027⁷⁵. Despite this, the disability employment gap remains stubbornly large, with disabled people having an employment rate that is 30.3 percent points lower than non-disabled people⁷⁶.

Localis has already proposed a Sector Deal for disabled people, estimating the “purple pound” to be worth between £212bn and £249bn per year⁷⁷. They also put forward the economic benefits of supporting disabled people into employment and the role assistive technology could play in this⁷⁸.

Should Localis be successful in its bid for a Sector Deal for disabled people, we would view our Sector Deal as being supportive of, rather than running in competition with, the Sector Deal for disabled people. By ensuring key stakeholders from both Sector Deals are in close communication, we can work collaboratively to ensure that the government achieves its policy objectives to close the disability employment gap.

Looking at education, Make UK and Semta have called for the government to review the way Design & Technology (D&T) is taught in schools as a way of fuelling the Industrial Strategy⁷⁹. With a revised curriculum repositioning D&T as a “modern” subject, it is our hope that we will see a new generation of students enthused and informed in the way D&T can be applied to STEM subjects, ensuring the UK keeps its competitive advantage in design and innovation in technology and communications.

In their inquiry into Assistive Technologies, the Work and Pensions Select Committee also called for the government to consider making Assistive Technology a “fifth Grand Challenge”⁸⁰. Hft and Tunstall would, of course, welcome such a move, which would make our proposed Sector Deal all the more salient. However, we would argue the government must look beyond the Select Committee’s proposed remit of Assistive Technology as a method of closing the employment gap. While Assistive Technology does, of course have a “vital role” to play in closing the employment gap, we would implore the government to also consider the role of assistive technology in encouraging independent living, improving accessibility and the general enhancement to quality of life.

Finally, we should also explore overlap between our proposals between existing Sector Deals with the Life Sciences⁸¹ and Artificial Intelligence sectors⁸². The Life Sciences Sector Deal, published in August 2017, saw a number of ambitious commitments to enhance the UK’s global standing as a global leader in Life Sciences. This saw a commitment to increasing investment in R&D, with the aim of reaching 2.4 percent of GDP by 2027, the establishment of the Health Advanced Research Programme (HARP) and concrete plans to promote collaboration between industry leaders and academia. In April 2018, the Department for Business, Energy and Industrial Strategy confirmed the first major Sector Deal with the AI sector. As part of the Sector Deal, proposals were laid out for strong investment commitments from both the government and the sector to enhance R&D in the AI field, as well as plans to encourage the industry to work with wider stakeholders – such as academia and SMEs – to make the UK one of the most competitive places to invest in AI.

There will, of course, be commonalities between our proposed Learning Disabilities Sector Deal and the Sector Deals already agreed by the government. In forging links between industry and academia, it is certainly possible that certain stakeholders will be involved in some or all of the Sector Deals. We will share the commitment of the Life Science's Sector Deal to create reliable and robust health data for people with learning disabilities, and welcome the role that assistive technologies can play in that. Similarly, we want the United Kingdom to be a world leader in producing innovative assistive technologies. While some AI technology will have a role to play in this, we also believe that there is still a significant desire for assistive technology to help enhance human interaction in social care, enabling people to offer more meaningful support, rather than replace it all together.

Assistive technology and telecare have reached a critical point as BT has announced its intention to complete its transition of the UK's telephone network from analogue to digital (VoIP) by 2025. This digital switchover will have a significant impact on the development and deployment of telecare, and the learning disability sector needs to be included in planning for this change and the evolution of future digital platforms. This is particularly opportune for disabled people as, in September 2017; OFCOM expanded the protections offered to disabled people for mobile and landline telecommunications to include priority broadband repair, as well as assistance with third-party bill management, and the provision of bills in accessible formats⁸³. The increasing adoption of Internet of Things technologies (e.g. Amazon Echo,

Hive, Philips Hue) provides an increasing opportunity for high street technologies to be used to support people with learning disabilities, with agnostic platforms enabling consumer devices to work alongside more specialist technology.

Our recommendation

This Sector Deal would be complementary to, but distinct from, other Sector Deals. We recommend the Sector Deal for the learning disability sector is embraced as part of a paradigm shift in the way we view the relationship between technology and health and social care, and that forthcoming legislation such as the Social Care Green Paper acknowledges the potential for technology to deliver better outcomes as part of a multi-faceted approach.

⁶⁹Tim Ross & Tom McTague, "Betting The House: The Inside Story of the 2017 Election", Biteback Publishing: London (2017), pp.227,257, 360

⁷⁰Laura Cram, Clare Llewellyn, Robin Hill, Walid Magdy, "UK General Election 2017: A Twitter Analysis", University of Edinburgh: June 2017

⁷¹Pete Digger & Robert Ede, "The Download: Matt Hancock : A Look at the new Secretary of State for Health and Social Care, MHP, July 2018, p 1

⁷²Oscar Williams, "Health secretary to ban pagers in the NHS", New Statesman, 10th December 2018, URL: <https://tech.newstatesman.com/public-sector/nhs-fax-machine-ban-matt-hancock>

⁷³Oscar Williams, "Health secretary Matt Hancock moves to ban NHS fax machines", New Statesman, 10th December 2018, URL: <https://tech.newstatesman.com/public-sector/matt-hancock-pagers-nhs>

⁷⁴"Matt Hancock: My priorities for the health and social care system", gov.co.uk, 20 July 2018, URL: <https://www.gov.uk/government/speeches/matt-hancock-my-priorities-for-the-health-and-social-care-system>

⁷⁵"Improving Lives: The Future of Work, Health and Disability", Department for Work and Pensions, November 2017 p.3

⁷⁶Andrew Powell, "Disabled People In Employment, Briefing Paper 7540, House of Commons Library, June 2018, p.5

⁷⁷Liam Booth-Smith and Professor Francis Davis "A Sector Deal for Disability: Supporting Employment and Growing An Industry", June 2017, Localis, , p. 3

⁷⁸Ibid, pp. 10-18

⁷⁹"Making Design & Technology Manufacturer's Business", Make UK, April 2019, pp. 4, 6, 11, 13

⁸⁰"Assistive Technology", Work & Pensions Select Committee, pp. 15, 29

⁸¹"Sector Deal: Life Sciences", GOV.UK, URL: <https://www.gov.uk/government/publications/life-sciences-sector-deal>

⁸²"Sector Deal: Artificial Intelligence", GOV.UK, URL: <https://www.gov.uk/government/publications/artificial-intelligence-sector-deal>

⁸³Ewan Taylor-Gibson, "Ofcom strengthens customer protection rules", USwitch, 20 September 2017, URL: https://www.uswitch.com/broadband/news/2017/09/ofcom_strengthens_customer_protection_rules/



Chapter 7: Conclusion and Summary of recommendations

Hft and Tunstall believe that there are very clear and tangible benefits for a Sector Deal for the learning disability sector. Opening up the sector will not only help to foster collaboration and innovation between social care providers and providers of assistive technologies, but also deliver better health and life outcomes for those individuals supported by the sector.

In responses to written questions on a hypothetical Sector Deal for the care sector⁸⁴⁸⁵, the government reiterated that it was willing to “discuss Sector Deals with any sector which can demonstrate how a Deal will meet the six expectations that we set out in the Industrial Strategy.” It is our aspiration that this document will be the foundation for these conversations going forward.

Listed below is the summary of our recommendations, based on the key questions raised in the government’s Industrial Strategy White Paper, along with proposed next steps to ensure that the Sector Deal is successfully delivered.

Challenge 1: Is there clear leadership within the sector?

Our recommendation

In order to provide clear leadership, we recommend that a competent umbrella group leads negotiations regarding the Sector Deal on behalf of all relevant stakeholders. Should a suitable umbrella group not currently exist, representatives within the sector should seek to form one.

Next Steps: The sector should work to identify the most appropriate group to lead the negotiations. This group should represent the largest swathe of providers and service users from across the private, charitable and public sectors. Should an appropriate group not be found, steps should be taken to form a working group to help successfully negotiate the Sector Deal with government.

Challenge 2: Does the Sector Deal represent the breadth of the sector?

Our recommendation

In order to ensure the Sector Deal represents the full breadth of the sector, we recommend that the AHSN network takes a proactive role in bridging the gap, and supporting integrated working across health and social care, as well as providing a forum for key stakeholders to discuss the Sector Deal, and work together to progress it.

Next Steps: Representatives from the sector should begin discussions with their local AHSN to ensure that social care providers are adequately engaged and represented within their networks.

Challenge 3: Does the proposal include a rigorous analysis of the comparative strengths and weaknesses of the sector?

Our recommendation

This document contains as rigorous an analysis as possible of the strengths and weaknesses of the sector, however the authors recognise that it contains certain gaps in knowledge e.g. the accessible by accident market is still emerging and there is little evidence available from overseas to benchmark UK activity against. We would recommend further research and analysis is undertaken, and the results of relevant initiatives evaluated, such as those underway as a part of the Housing and Technology Fund for People with Learning Disabilities ⁸⁶.

Next Steps: We call on the Ministry for Housing, Communities & Local Government, or a relevant Parliamentary Select Committee, to launch an inquiry into the use of “accessible by accident”-style technologies, such as Amazon Echo, in social care. This inquiry needs to explore ways in which these can be used and enhanced to improve their accessibility for the learning disability market so they can further impact on improved health and life outcomes for people supported by the sector, while delivering efficiency savings for providers and local authorities.

Challenge 4: Will the specific proposals have an impact on productivity, earning power or the availability of good work?

Our recommendation

We believe the deal will impact positively in all of these areas. Our recommendation is that technology is used to enhance care, and as such will provide an opportunity to upskill social care workers, resulting in increased earning capacity, improved service outcomes and higher productivity.

Next Steps: We call on the Department for Health & Social Care, or a relevant Parliamentary Select Committee, to launch an inquiry into how assistive technologies can be used to upskill low-paid staff in the social care sector, and explore ways in which this can help raise the wage levels of upskilled staff.

⁸⁴PWQ 199870

⁸⁵PWQ 199871

⁸⁶<https://www.gov.uk/government/publications/housing-and-technology-fund-for-people-with-learning-disabilities>

Challenge 5: Can the specific proposals be delivered?

Our recommendation

A cultural shift is required to enable the proposals to be delivered. We recommend this is supported by the collation and dissemination of further evidence of the benefits of using technology to support people with learning disabilities, and the clear direction provided by government policy, funding and the leadership of organisations such as Learning Disability Voices and the AHSN network.

Next Steps: A key focus for the group leading negotiations should be to agree a series of achievable outcomes, and thereafter a methodology for realising these, in conjunction with relevant stakeholders. This can then form the basis for discussions with government/civil service.

Challenge 6: Is there a clear offer from the sector?

Our recommendation

This Sector Deal would be complementary to but distinct from other Sector Deals. We recommend the Sector Deal for the learning disability sector is embraced as part of a paradigm shift in the way we view the relationship between technology and health and social care, and that forthcoming legislation such as the Social Care Green Paper acknowledges the potential for technology to deliver better outcomes as part of a multi-faceted approach.

Next Steps: The relevant umbrella group should begin building connections with Ministers and Civil Servants within the Department for Business, Innovation and Skills at the earliest opportunity. The offer will be refined and clarified as described above.



Working in Partnership: Hft and Tunstall

One of the key strategic objectives of any Sector Deal, as outlined in the government’s document would be to demonstrate that all key stakeholders within a sector are able to work collaboratively. This is why Hft, a charity that supports adults with learning disabilities, and Tunstall Healthcare, a market leading provider of technology solutions to support people’s independence, have chosen to jointly produce and publish this document as an extension of the organisations’ long-standing working relationship.

Hft and Tunstall have a long standing history of partnership working. Our partnership started in 2004 when Hft was successful in securing European Social Funding (ESF) for a partnership project called TATE (Through Assistive Technology to Employment)⁸⁷. The purpose of the project was to research and develop assistive technology with people with learning disabilities and their supporters to enable them to gain employment.

A large part of this project was to trial the use of telecare (supplied and installed by Tunstall) and the outcomes that it can bring to individuals including, independence, safety, choice and control. This was a really successful project^{88 89} which led to Hft’s commitment and growth in the area of assistive technology, which continues today.

While Hft and Tunstall may not ultimately be the negotiators of the Sector Deal, we do believe that we bring a strong history of expertise from our respective areas.

i) Hft

Assistive Technology, which Hft refers to as Personalised Technology, is at the forefront

of the high quality, person-centred support we provide. In fact, personalised technology is such a fundamental part of the way Hft delivers support, that it forms a segment of Hft’s Fusion Model of Support, our unique way of supporting someone with a learning disability. The model puts the emphasis on how we provide support, not what support we provide. It contains all of our strengths and all of the elements that we believe are essential to providing high quality, person-centered services. When all of these elements come together, a ‘fusion’ is created – this is when Hft is working at its best.

Hft’s dedicated team of Personalised Technology experts implement Personalised Technology solutions to improve quality of life outcomes for people supported by Hft



Hft was one of the first organisations to encourage adults with learning disabilities to use computers and other Information Technology⁹⁰. As part of the charity's IT2000 Strategy, which launched in 1998, the charity set about developing ways to encourage the use of computers by adults with learning disabilities. Grants from the National Lottery Foundation, Esmee Fairbairn, Ian Karten and Vodafone totalling some £1.5m allowed for the provision of computers throughout Hft services, as well as training for staff and people we support on how to use them. Hft also worked to develop CD-ROMs to store multimedia and interactive life-stories, allowing the people we support to record their ambitions, memories, photos and favourite music⁹¹.

In more recent times, Hft has moved on from simple IT training, with Personalised Technology expanding to include any technology which enhances the lives of the people we support. This includes specialist technology such as telecare, environmental controls and prompting devices, as well as mainstream technology such as easy to use appliances and mobile phone technology.

Since 2004, Hft has been involved in a variety of projects to look at the impact of technology on people with learning disabilities. More specifically, from August 2015-2018, Hft was a lead partner in the Erasmus+ -funded "Assistive Living Training and Skills" (ALTAS) project. The aim of ALTAS was to "address the shortfall of assistive living technology training courses for health and social care staff that will ultimately enable their clients and patients to benefit from smart solutions, helping them to live independently, and improve their health and well-being"⁹².

Hft's role within the project was to provide expertise in maximising the benefits of using assistive technology from a service provider perspective, as well as delivering training in assistive technology at a variety of levels, and in a wide-range of settings.

Today, Hft is regarded as one of the leading providers in Personalised Technology for people with learning disabilities. Hft's dedicated team of Personalised Technology experts implement Personalised Technology solutions to improve quality of life outcomes for people supported by Hft, while increasing efficiencies for Hft services. In 2017, Hft also began working with external organisations offering Personalised Technology consultancy services, including knowledge and advice on implementing technology solutions into organisations, person-centred assessments, as well as holding bespoke training days for specific services or needs⁹³.

ii) Tunstall Healthcare

Tunstall Healthcare has pioneered the use of technology to enable independent living for more than 60 years, and supports more than five million people and their families around the world. Tunstall was the first to develop alarm systems for older people, and has continued to lead the market ever since, remaining at the forefront of developments such as telecare and telehealth, right up to the present day where we are harnessing the power of digital technology for our latest Connected Care and Health solutions.

People are at the heart of our solutions. Our products and services don't just support older people, but people with learning and

physical disabilities, sensory impairments and long-term health conditions, as well as informal and professional carers. Tunstall solutions can be found in individual homes, residential care facilities, supported living environments and hospitals around the UK. Our technology connects everyone around the individual, giving each stakeholder the insight they need to deliver better outcomes through person-centred care.

Technology can make a difference to people with all kinds of learning disabilities, whether their difficulties are relatively mild or more profound and if they are living in formal care settings or more independently in the community. From managing risks such as fires or falling, to aiding communication and helping to deliver greater privacy or dignity, technology can enable people to have more control over the way they live their lives. As well as enhancing more traditional care solutions by managing risk in the home environment, technology can also enable someone to be ‘connected’ with their wider community, friends and family and enjoy the wellbeing derived from activities such as going to the shops, to social events, to work and meeting friends and family.


Tunstall works closely with commissioners and providers to help them realise the potential of technology to make a significant and positive difference to the lives of people with learning disabilities, and the ability of our health, housing and social care systems to manage their needs effectively.

We continue to innovate, developing intelligent, interconnected solutions which harness the power of technology to create personalised, predictive and preventative care services that change lives for the better.

tunstall.co.uk

Connected Care and Health technology such as telecare, assistive technology and telehealth has a key role to play in supporting people with learning disabilities in a way that promotes independence as well as safeguarding them.

Tunstall Healthcare has pioneered the use of technology to enable independent living for more than 60 years and supports more than 5.4 million people and their families around the world.



⁸⁷“TATE: Through Assistive Technology to Employment”, URL: <https://joinup.ec.europa.eu/document/tate-through-assistive-technology-employment-tate>

⁸⁸Ann Aspinall & Emma Nichols (2008) TATE case study, Disability and Rehabilitation: Assistive Technology, 3:4, 236-239,

⁸⁹Stephen Beyer, Andrea Meek, Mark Kilsby, Jonathan Perry, (2008) “The TATE [Through Assistive Technology to Employment] Project: Outcomes of the TATE Project for people with learning disabilities and staff”, Journal of Assistive Technologies, Vol. 2 Issue: 3, pp.57-65,

⁹⁰Bill Peck, “A History of the Home Farm Trust, 1962 – 2008”, Home Farm Trust Ltd, Bristol, 2008, p. 121

⁹¹Ibid, p. 119-121

⁹²“ALTAS: About Altas”, ALTAS, URL: <https://www.altas.training/about-altas/>

⁹³“Our Services: Personalised Technology Solutions”, Hft, URL: <https://www.hft.org.uk/our-services/personalised-technology/pt-solutions/>



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