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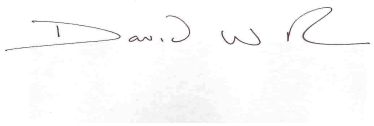
Executive Board

Thursday, 1 July 2010 2.00 p.m.
Marketing Suite, Municipal Building



Chief Executive

ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC

PART 1

Item	Page No
1. MINUTES	
2. DECLARATION OF INTEREST Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda no later than when that item is reached and, with personal and prejudicial interests (subject to certain exceptions in the Code of Conduct for Members), to leave the meeting prior to discussion and voting on the item.	
3. CHILDREN YOUNG PEOPLE AND FAMILIES PORTFOLIO	
(A) BUILDING SCHOOLS FOR THE FUTURE UPDATE - KEY DECISION	**1 - 6**

Please contact Angela Scott on 0151 471 7529 or Angela.scott@halton.gov.uk for further information.
The next meeting of the Committee is on Thursday, 15 July 2010

In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

Agenda Item 3a

REPORT TO: Executive Board

DATE: 1 July 2010

PRESENTED BY: Strategic Director – Children and Young People

SUBJECT: Building Schools for the Future - Update

WARDS: Wards in Runcorn

1.0 PURPOSE OF REPORT

1.1 This report provides an update on the BSF Procurement process. It also identifies the opportunity to transfer the centrally based IT support team for schools, known as the SIMs team, and the team who provide support for the Virtual Learning Platform into the LEP managed service

2.0 RECOMMENDATION:

2.1 RECOMMENDED THAT:-

(a) The progress in the BSF Procurement process be noted and a further report submitted to Executive Board on 5th August 2010 for approval of the selected bidder; and

(b) Executive Board approve, in principle, the transfer of the SIMs team and the team working on the Virtual Learning Platform, subject to the agreement of the Primary and Secondary Schools and on provision that this represents value for money.

3.0 BACKGROUND

3.1 Procurement Process

The BSF Procurement process consists of two stages of dialogue with the bidders. The second round of competitive dialogue commenced in February 2010 and was completed on 11th June 2010. The two bidders, Halton and Warrington Learning Partnership (HWLP) and Local Transformation Partnership (LTP) submitted their final bids on 14th June 2010.

3.2 Eight teams will now evaluate the bids. The eight teams are as follows:

- Partnering;
- Finance;
- Legal;
- Transformation;
- Wade Deacon;
- The Grange;
- Design, PE and Sport, Planning and Transportation; and
- ICT.

3.3 The teams will have three weeks to complete the evaluation. After the initial review the evaluation teams will then meet to discuss their comments and attend a final presentation by each bidder. A further meeting will be held to confirm the final comments on the bid. The recommendations of the team will then be reported to both Halton and Warrington's Executive Boards for approval. On 5th August 2010 the Executive Board in Halton will meet to agree the preferred bidder. Warrington Executive board will meet on 23rd August 2010 this will allow the Preferred bidder to be announced on the 24th August 2010 in line with the programme milestone. The programme team with then have until the 7 December 2010 to reach financial close.

3.4 **IT Provision**

School staff that work on IT must be transferred to the Local Education Partnership Managed Service. The managed service consists of a single contract designed to deliver all IT systems and services for schools. It comprises provision and support for the following:

- Learning Platform;
- Wide Area Network (support of);
- Institutional Infrastructure;
- All users equipment;
- Network system e.g. e-mail, virus protection etc;
- Change management for schools;
- ICT school administration;
- Help desk;
- Technical Support; and
- Refresh and sustainability funding.

3.5 In addition to the school staff the Council has staff that provide support and guidance on the learning platform for schools. The Virtual Learning Platform (VLP) is externally hosted and managed by UniServity. The VLP staff offer support to schools, pupils, teachers, headteachers and governing bodies to assist and develop their learning resources. The current system has been well adopted across all Halton schools, with all BSF schools using the system and understanding that this is a key tool for education into the future. All other schools in the borough are also adopting the system which is seen as a key for the continuity of education across the ages. Whilst there are a number of Virtual Learning Platforms on the market, at present it is not possible to automatically transfer content from one system to another. To build on the progress achieved to date it is suggested that approval be given to transferring the VLP team to the BSF Managed Service. As the current service is provided across the school sector there will need to be consultation with all schools to gain approval to the transfer to the LEP. This would provide the current staff with job security and the funding for this provision would still continue to need to be met by schools.

3.6 The SIMs team provide support for the schools IT administrative systems. They are highly respected and are funded in total by schools purchasing the service annually. The team have a key role in data collection from the schools to the Directorate. The team assists schools with the management of their data on children and staff, providing information essential for the financial planning of the Dedicated Schools Budget, timetabling in schools; and the termly census for children and young people and the workforce.

3.7 It is essential that the level of service provided to all schools remains at the same level or improves and that there continues to be a single source of help and assistance for schools. However, as schools will have the option to purchase this support through the managed service unless all schools take up the same option the authority will no longer have one single source of robust data.

3.8 It is therefore recommended that provided the primary, secondary and special schools agree to the proposal, the VLP and SIMs team transfer to the LEP as part of the managed service. The reasons for this transfer are as follows:

- It ensures a single point of contact with no necessity to hand off issues between the future BSF managed service and the Council;
- There are no interface issues between the Council and the managed service as both functions are the sole responsibility of the managed service;
- Allows clear contract management and clear lines of accountability;
- The managed service is responsible for the delivery of a range of key performance indicators;
- The arrangements fall within the contract and there are therefore agreed payment mechanisms in place for the successful delivery of these functions through the LEP;
- Schools have a clear line of contact for all aspects of service;
- It makes the contract more attractive to the LEP; and
- Through the TUPE transfer of existing teams it ensures that schools have continuity of service and still have the staff within these areas that understand the current position and their needs.

3.9 In producing their bids both bidders have been asked to price for the option of including the SIMs and VLP staff. However, as these services are paid for by all schools there will need to be consultation with all schools about this option. If both Executive Board and the schools approve the transfer the current staff will be transferred to the BSF Managed Service.

4.0 FINANCIAL IMPLICATIONS

4.1 Current funding for the two staff that provide support for the VLP finishes in 31st March 2011. The work of these two staff would have to be paid for by the schools from 1st April 2011. The SIMs team are fully funded by schools it is essential that all schools continue to purchase their IT support from one source to maintain the integrity of the data systems.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People

The BSF Programme aims to transforming the learning environment for children and young people and ensure there is sufficient provision within the borough.

5.2 Employment Learning and Skills in Halton

Through access to an excellent Secondary School for all pupils, standards will improve providing greater employment prospects for Halton's Children and Young People.

5.3 A Healthy Halton

The BSF Programme will enable schools to meet the School Sport Public Service Agreement through its Capital Investment and achieve high nutritional standards and encourage healthy living and eating.

5.4 A Safer Halton

Schools for the future will be designed to ensure that children, staff and other community users feel safe and secure on schools sites.

5.5 Halton's Urban

Through the BSF Halton schools will become a major resource for communities they serve and will be designed to offer shared community facilities, linking to other wider regeneration projects as well as being the focus for the local delivery of children's services.

6.0 RISK ANALYSIS

It is important that there is a single source of support for schools and that the authority continues to have access to robust and accurate data that is produced in a timely manner so that it can fulfil not only its statutory duties but to ensure the welfare of children is maintained.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 The BSF Programme seeks to provide choice and diversity, promote inclusion and access.

8.0 REASON(S) FOR DECISION

8.1 To provide a single source of data and IT support to all schools.

9.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

9.1 VLP and SIMs are retained by the authority. This could cause interface issues for the authority as part of the service will be delivered by the LEP managed service and part by the local authority.

10.0 IMPLEMENTATION DATE

10.1 The decision needs to be made on 1st July 2010 so that consultation can be undertaken with the schools.

11.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Documents	Place of Inspection	Contact
BSF Strategic Board Agenda, papers and minutes and ICT Workstream Minutes	1st Floor Eccleston Building – Grosvenor House, Runcorn and website www.halton.gov.uk/bsf	Ann McIntyre – Operational Director Children's Organisation and Provision

REPORT TO: Executive Board

DATE: 1st July 2010

REPORTING OFFICER: Strategic Director, Adults and Community

SUBJECT: Telecare Strategy 2010-2015.

Ward(s) Borough Wide

1.0 **PURPOSE OF REPORT**

1.1 To present the local Telecare Strategy for 2010-2015.

2.0 **RECOMMENDATION**

That

(1) Executive Board agree the Strategy and implementation plan and

(2) Executive Board agree the establishment of a dedicated telecare team

3.0 **SUPPORTING INFORMATION**

3.1 Introduction

The Griffiths report in 1988, into community care, placed a strong emphasis on the importance of establishing services to help people live in their own homes and retain independence, dignity and choice with an emphasis on early intervention and prevention. Since then a number of policy documents have reinforced this approach.
The use of technology has been increasingly identified within the policy framework as one of the services, which is effective in maintaining people's independence without the need for intrusive costly care where it is not needed.

3.2 As Local Authorities continue to be faced with the challenge of making best use of resources, evidencing value for money in frontline service delivery and the population of older people continues to rise. We are challenged with making the strategic shift from the provision of crisis response services, which are often high cost, such as residential and acute care, to a more preventative approach which has been evidenced as more effective in reducing the whole life cost of care.

3.3 The most likely way that Local Authorities can release monies for future investment is to reduce the proportionate spend on residential care. This has been happening nationally and locally at a steady rate over the past 5 years. Residential care does provide an essential environment for people to receive the care and support they need, however by developing an appropriate range of community services to support people to remain at home for as long as possible, at a lower cost than residential care, we can continue to provide the level of care and support people needs effectively. One of these alternatives is the mainstream use of telecare services.

3.4 Within the telecare strategy a number of best practice case studies have been described, which support the direction of travel in mainstreaming telecare provision to achieve better outcomes for users and value for money for the local authority. These case studies demonstrate best practice in the numbers of people supported and efficiencies achieved.

3.5 The most powerful case study to date is the North Yorkshire service; this service has also been highlighted in a variety of Department Of Health Documents, as providing a service to a large number of people and achieving positive outcomes for people.

3.6 Telecare provision in Halton has been developing since 2005, as an enhanced service provided by the Community Alarm Service, this has resulted in an increase in the numbers of people supported year on year. We are currently providing a service to 1765 people on the lifeline service and 70 people receiving a service using environmental telecare sensors.

3.7 Using the evidence provided in the North Yorkshire case study, (adjustments made for population differences) Halton should be aiming to increase the number of people supported with telecare to an additional 283 people using the environmental sensors.

4.0 POLICY IMPLICATIONS

4.1 The strategy is consistent with current Health and Social Care policy direction, to support people to live as independently as possible in their own homes earlier, with dignity and choice in how they live their lives.

5.0 FINANCIAL/RESOURCE IMPLICATIONS

5.1 Within the strategy we have evidenced that the current telecare services have released £690,494 on community care spend, over the last 4 years, when compared with traditional care provision. This has enabled us to meet the needs of more people for the same resource. This is particularly important when we consider the

increasing older population, and the potential that public services will not receive growth funding in the near future to meet this challenge.

5.2 The use of telecare can defer or delay people needing longer-term services (the biggest single efficiencies can be made from reducing use of residential care) and creating better community-based services delivering better outcomes.

5.3 The strategy is based on an invest to save approach, by increasing the number of service users able to benefit from the service:

- The cost of increasing the service is £144,408 and once the service is fully operational will reduce community care costs by £444,932 annually. These efficiency targets have been reviewed and validated by the Department of Health CSED.

5.4 Decisions on future savings and investments will be discussed and agreed during the coming budget process.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITES

6.1 Children and Young People in Halton

None identified.

6.2 Employment Learning and Skills

None identified

6.3 A Healthy Halton

Investment in Telecare to support vulnerable adults can impact positively on their health and well being, one example is the use of falls monitors which can reduce the impact of the fall on the person.

6.4 A Safer Halton

The use of Telecare can enable people to remain in their own homes and feel safer and more supported.

6.5 Halton's Urban Renewal

None identified.

RISK ANALYSIS

7.1 This strategy outlines the key risks and issues for the Local Authority in relation to an increasing older population and the financial implications, which we will face if we do not find an alternative way

to provide care services, and support people to maintain independent living for as long as possible.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 A Community Impact Review & Assessment (CIRA) will be completed on the final strategy.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None.

HALTON BOROUGH COUNCIL

Health & Community Directorate

Telecare

Service Evaluation

Dec 09, 2009

CONTENTS

Section 1

1.0 Introduction

Telecare is a set of electronic sensors installed in a person's home. These include: temperature sensors, fall detectors, smoke alarms, motion detectors, a personal alarm pendent and a 24 hour 7 days a week emergency response service. When coupled with an appropriate support plan Telecare helps individuals to live more independently and safely at home. Once installed, it can reduce risk by providing reassurance that help will be summoned quickly if a problem occurs. Telecare in Halton comprises three components: an emergency response, environmental monitoring and lifestyle monitoring (see section 2.0).

Telecare has been operating successfully in Halton for over 3 years and as this document shows there is clear and substantial evidence that it is broadly welcome and is making a difference to individuals, their carers and to the delivery of health and social care as a whole. It is helping to improve people's independence and confidence by allowing them to remain at home longer. There is also clear evidence that it can relieve stress on informal carers and can improve clinical and care outcomes, by significantly delaying hospital and care home admissions. As a consequence, Telecare has resulted in substantial pre-admission savings of over £0.4 million in the period 2007-2009.)This figure is based on a current average cost of residential care in Halton of £456.00 per week.)

2.0 Telecare Technology Defined

Thanks to rapid developments within electronics, computing, engineering and telecommunications, over the past few years a number of new technologies have arisen. Many of these can be used to support or maintain independence at home and are commonly known as assistive technologies. Generally an Assistive Technology (AT) can be defined as any product, system or service that enables a person to:

- Improve their independence
- Improve their quality of life
- Increase their likelihood of being included and participating in society through recreational, educational and work-related activities.

The technology is manually activated by the person, by using an alarm button. Alternatively, activation can occur automatically when a home-based sensor's parameters have been exceeded. Accordingly, as a form of assistive technology, Telecare tends to be categorised into the following three distinct generations:

- ***First generation*** Telecare refers to user activated (push button, pendant or pull cord) alarm calls to a Control Centre where a call handler organises an appropriate response by contacting a neighbour, relative or friend who is acting as key holder.
- ***Second generation*** Telecare represents a step beyond the basic Community Alarm service with the addition of specific sensors such as smoke and flood detectors. Second generation also includes sensors that are designed to monitor the home environment, vital signs, physiological measures and lifestyle. They can collect and transmit information continuously about door opening, bathwater running, the use of electrical appliances and movement within and from the house. All Telecare at HBC is 2nd Generation.
- ***Third generation*** Telecare stems from improvements in wireless, audio-visual technology and the increasing availability of broadband. Together these enable virtual or actual tele-consultations between the service user and the appropriate health professional (doctor, nurse, support worker…etc). In this way it can significantly reduce the need for home-visits or hospital appointments. It can also lead to increasing opportunities for people (particularly those who are housebound) to visit libraries, shops and maintain regular contact with extended family and friends.

Telecare is the generic name for advanced community alarm services, which use the telephone network and associated assistive technology to provide a combination of environmental and lifestyle monitoring services to vulnerable people in the own homes. In this way, Telecare can be used as an additional aid to service users and responsible others by helping them to manage identified risks.

Within Halton, Telecare offers a personalised mix of environmental and lifestyle-monitoring sensors all of which can be added to a basic community alarm unit (Lifeline 400, Lifeline 4000+ and Lifeline Connect+). This unit comes with a call button (pendant) which can be worn by the individual who can then summon help from anywhere in the home or garden. Service users can also wear sensors capable of detecting if they have had a fall. If any of the sensors in the house or on the person detect an event they send a wireless signal to the base unit. This automatically dials through to the contact centre where an appropriate response is triggered. Hence, Halton currently offers a combination of 1st and 2nd generation devices, but is moving into the third.

The base unit is able to provide details 24-7 on screen at a control centre. Lifeline (both 400, 4000+ and Connect +) units have a powerful loudspeaker and sensitive microphone. These allow a hands-free two-way conversation between the service user and the control centre operator. If the alert is an emergency, or if the contact centre operator cannot contact the person at home, then the individual support plan protocol is triggered and the response activated by the Contact Centre and underpinned by the Warden Service.

3.0 Key National Drivers – Living Longer with Greater Expectations

As far back as 1999, the Royal Commission on Long Term Care predicted that the cost of providing long term health and social care for older people in the UK would double to £12 billion per annum by 2025 and double again by 2050. Such projected costs were considered unsustainable using the then current approaches to older peoples care. They were also compounded by changes in the structure and expectations of society. These have led to:

- People living much longer into retirement. Over the next 50 years, the population of over 65s is expected to rise from the current 9.3 million to almost 17 million, with an estimated 90% of people wanting to live in their own home with whatever support is available to them.
- An increase in the number of people living alone and outside family networks.
- More expensive healthcare interventions, particularly for lengthy stays in hospital and care homes. By 2020, around 20.5 million people are expected to suffer from long-term conditions and the World Health Organisation predicts it will become the 'biggest killer. Hence, the number of individuals requiring community-based health and social care support will increase considerably.
- People and their families have much higher expectations regarding quality and choice in care delivery. As a consequence of this, a shift towards care in the wider community, patient empowerment and self-care is already well established.

(Data from E-Health Media Ltd, (2007))

These trends, coupled with an expected decrease in the numbers of informal carers and capacity strongly limits the system as costs continue to rise. All of this points to Telecare becoming a dominant influence as we progress towards 2020. Hence the role of councils such as Halton is to raise awareness by showing how the technology can: help mitigate risk while the person remains in their own home, improves their functionality and offers a level of prevention from physiological, environmental or lifestyle problems that are likely to occur, in the course of their daily lives (see also 9.0)

Over the past few years, the accepted approach has been two-fold: changing the way in which care is delivered with the emphasis on home-based care and making more use of enablement and assistive technology (ICT and communication in the form of Telecare and Telehealth) to assist in such care.

This assistive technology enables an individual living at home to: achieve a greater level of independence, enhance their quality of life and reduce their social isolation by helping them to participate in recreational activities with others.

Telecare services in the UK reflect the changes that have occurred as public resources have shifted from secondary to primary health care. Support services associated with community alarms have expanded to include more people with health care and medical support needs within the community. The

result has been a convergence of health and social care. Cost and capacity are fundamental drivers here. Data in the 'Telecare Service Strategy for Wrexham' (2006) showed that community based care is more than £10,000 less per person per year, than the cheapest institutional care!

Telecare is currently undergoing intense expansion and considerable research. It's early beginnings some 20 years ago were as a first-generation product offering a personal response without intelligence. This has evolved into the second and third generation systems we have currently and which are being developed, that can automatically detect and generate alerts calls. During the next few years, the expectation is that Telecare will be available to all those who need it, be personalised and able to meet the important requirement of predicting acute situations before they actually occur.

4.0 The Political Context – National Regional and Agendas

The Department of Health's report on The Expert Patient (2001) stressed that the era of the patient as a passive recipient of care is being eroded by a new approach in which health professionals and those they are caring for are genuine partners in which the use
of home-based technology would enable the recipients of health care to monitor the progress of their disease.

Halton's Corporate Plan (2006-11) stresses the need for partnerships in service delivery and especially the importance of consulting with those who will be using the services offered. A joint commissioning framework and pooled budgets have been established with the PCT. All of these will enable service development to continue in such areas as mental health, learning and disability and older people services.

Halton's strategy for Older People places emphasis on a variety of objectives such as: enhancing the engagement and participation of older people, tackling ageism, age discrimination and age stereotyping. To achieve all of these, collaborative links between transport, sport and leisure, neighbourhood renewal, health care, education, citizenship and community engagement have been forged.

The overall image of the future in Halton is that individuals are involved and have a direct say in all community activity to the extent that all of Halton's services are triggered from the ground up, rather than from the traditional, more distant and less effective, top-down paternalism.

Within this picture Telecare and Telehealth are seen as crucial in supporting people's choices for the kind of social and health care they want at home. The government's recent 'Personalisation Agenda' was created to ensure the person is kept centre-stage in their own home, where they prefer to be and where medical evidence shows they recover better from illness, due to support from their own social and community network. Telecare and future developments in Telehealth are tailor made for this approach.

In Lord Darzi's (2008) review and 10-year vision of the future Health Service, he stressed that the NHS will not be confined to hospitals, health centres or GP surgeries. It will also be available on-line in people's homes. Also, where previously people were once confined to hospital, Wireless, Bluetooth and digital technologies will allow health to be monitored at home.

A key component in Darzi's vision was the role that good quality accessible housing, education, employment, local transport and recreational facilities play in the health and wellbeing of the population. Darzi's review highlights the following 5 key areas of which Telecare/Telehealth and housing are crucially important:

- Prevention
- Empowering service users
- Quality of care
- Integration of services
- Innovation

It is clear from Darzi's review and various visions for future health and social care across much of the developed world, that Telecare and Telehealth will have prominent roles to play. The challenge for commissioners and providers is to realise their importance and adopt them even when the evidence base to support them may be far from risk free!

5.0 Telecare In Halton – Partnership Agreements

The successful implementation and delivery of Telecare requires a 'whole systems' approach and it is vital that all partners are fully engaged at an early stage. Halton is a Unitary Authority and therefore the involvement of a number of departments including: housing and social services is necessary to deliver the Telecare agenda. Similarly, early engagement with the voluntary sector in their role of service user representatives is also required.

In addition, the Widnes Practice Based Commissioning (PBC) Consortium, Halton and St Helens Primary Care Trust (PCT) and HBC are currently commissioning a community based integrated care service known as the 'Virtual Ward.' This will actively support the most vulnerable individuals and those with long-term conditions at home, in order to reduce unnecessary hospital admissions.

An important component part of the Halton's Virtual Ward concept will be its planned use of Telehealth devices to support self-management and the close monitoring of physiological observations. Telecare could have a significant role monitoring such long-term conditions as: Hypertension, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Coronary Heart Disease (CHD) and Dementia. The incidences of all of these conditions in various Halton practices, significantly exceed the national average. The important outcome in this respect would be to reduce hospital lengths of stay among those people with complex histories, due to emergency admissions.

Halton is also developing an 'Early Intervention / Prevention Strategy.' This will focus on individual dignity, independence and equality in order to reduce social isolation while enhancing reablement. An important component of this overall strategy will be assistive technology in the form of Telecare / Telehealth, the supporting people agenda and greater control through direct payments and individual budgets.

HBC are partnered with Age Concern. During the initial assessment the person is asked whether they would like an Age Concern Stay Safe Check. This is helpful as a means of identifying potential danger zones in the home that would carry a high risk of a fire or fall. They also provide additional advice. HBC arrange the Stay Safe Check and Age Concern carry it out.

6.0 Training

Training is central to the continued development of the current Telecare service. For all Community Warden staff it occurs on induction to the service or as new products are made available. Currently, training is delivered by the Telecare Implementation Officer and involves a PowerPoint presentation and product demonstration. Staff also have the opportunity to address any training issues as they arise and Wednesday each week is set-aside for this.

In addition, training has targeted other staff from health and social care, the independent and voluntary sectors. This also takes the form of a presentation and product demonstration. Such sessions usually last fro 2-3 hours to a half-day. The emphasis is to highlight how Telecare forms an integral part of a support plan. Currently 112 people (averaged over 17 dates in 2008-9) have received this training. These were staff from: Alzheimer's Society, the Supporting People Forum, Community Extra Care, Halton Multiple Sclerosis Group, Cheshire Fire Service, all sector groups and Private Reablement Providers.

Future training plans will be linked to the level of training required for staff who are directly involved in the assessment process. Such high-level training (see section 8.5) will be commissioned through the training section.

A 'Telecare Training Group' (TTG) has been set up led by Steve Kelly to drive forward the training agenda. This progresses the introduction of new Continuing Professional Development (CPD) training modules and actively promotes take-up of these new training opportunities by professional staff engaged in the assessment of those with potential long-term care needs.

The TTG also progresses the development of training courses to meet the needs of staff within the service and referrers who will use the service (Telecare handlers /responders and more generally those involved in equipment installation). The TTG also give advice to service users and their carers on how to use the equipment.

7.0 Concerns, Strengths and Weaknesses

In their article 'Brave New World' Miskelly and Mickel (2009) stress a number of factors that can act as a barrier to making Telecare happen. Those who are generally supportive see it as an important means of helping vulnerable individuals to maintain a level of independence. At the same time, Telecare offers a means of significantly reducing healthcare costs, by enabling vulnerable people to remain at home.

Those who are less supportive, view it as a cost-cutting substitute that is more about "replacing human contact rather than complementing it." They cite: finance, attitude, inefficient structures, inappropriate prescriptions, inadequate training and poor response services as major barriers to change. However, the government's recent Green Paper " Shaping The Future of Care Together" firmly positions Telecare within it's forward looking prevention strategy:

> "*We will continue to support Telecare so that people feel more confident about staying in their own home*."
> (p. 51)

Nonetheless, the very real and documented fear that an increase in Telecare can result in vulnerable people having fewer human contacts and feeling more isolated as a consequence, remains a cause for concern (Percival & Hanson, 2006). As they point out, a health professional making regular contacts can observe subtle changes in a person's condition – "little things that can be missed … that you can't quantify." Such contacts allow the less accessible emotional, psychological and motivational issues to be dealt with, in additional to the more usual practical tasks. Bowes and McColgan (2002, 2003) observed that people with Telecare reported feeling less safe and received fewer GP visits, than a comparative group without it. Such findings support Graham and Wood (2003) who concluded that digital technology and automated surveillance can encourage less human intervention and increase levels of anxiety.

A corollary of this frequently expressed by professionals is that local authority budget constraints could lead to staff being withdrawn, as Telecare becomes perceived as the less expensive option. However, as Percival and Hanson (2006) point out, rather than being a threat to the professional's livelihood adequately staffed backup services are necessary for effective Telecare provision. The challenge for professionals is to be able to respond within a 24-hour situation. In this respect, Lyall (2005) has pointed out that Telecare as a support tool is only as effective as the speed of response of appropriate services.

In addition, specialist training would be required enabling staff to respond effectively in cases of falls and to the needs of people with sensory and cognitive impairments.

8.0 Target Audiences for Telecare Services

Telecare is needs based and once it has been embedded into current health and social care systems, it acts, not as a replacement, but as an additional support to professional care staff. In particular, it can help to avoid a loss of independence and reduce the frequency and likelihood of admission to hospital or residential care.

Within Halton, Telecare is used as an electronic means of supporting the following vulnerable individuals:

- Those recently discharged from hospital who can be assisted to live at home in order to avoid the need for re-hospitalisation.
- For older people living alone Telecare offers a means of passive risk-management that serves to increase self-esteem and individual confidence in relation to accidents and security.
- People with dementia – reminders and sensors to detect dangerous situations.
- People with a learning disability – provides opportunities to maximise independence through electronic aids and emergency detection.
- People with physical disabilities (including auditory and visual) – remote control devices with risk management to provide easier access to emergency services in the event of an accident.
- People with increased frailty

9.0 Procurement and Choice Issues

There is considerable interest and enthusiasm for Telecare within Halton. The current service is well integrated with other support services (section 2.5 shows the variety of service referrals). Further, a key aspect of the service is the relevant person's ability to choose the level of service that suits them best. This best fit approach is tailored to the individual's needs and aspirations and can be extended or reduced accordingly as the person's support plan changes.

NHS Purchasing and Supply Agency (PASA) negotiated a four year national framework agreement covering Telecare equipment, installation, maintenance, monitoring and response services in support of the Department of Health's vision to build a strong Telecare infrastructure. The agreement went live on 30 June 2006 and will runs until May 2010. Regular product and pricing reviews are undertaken to ensure that the suppliers continue to offer cost effective solutions.

The framework covers 1st and 2nd generation Telecare systems (including remote vital signs monitoring equipment). It enables the development of consortia, as a means of taking advantage of price bands in which major savings can be made without the need to undertake expensive and time-consuming tendering processes. Currently only the UK's largest Telecare suppliers (Tunstall and Initial) have been accepted onto the PASA framework.

Like many councils HBC has tended to opt for a single supplier (Tunstall). This has a number of significant advantages - it simplifies: stock control, installation procedures and training requirements. In addition, Tunstall are the current market leaders in R & D and technical support

However, as personalised budgets for health and social care become common-place, individuals are needs assessed and Telecare /Telehealth devices are more readily available, people will be likely to choose whatever appeals rather than just being HBC led. Essentially they have three options under Personalisation: (1) purchase their own equipment and come to HBC for a response; (2) Purchase the whole package from HBC; (3) Not come to HBC at all.

10.0 Financial Outcomes – The Halton Charging Policy

The three service levels are charged every 28 days (4 weeks) in arrears as follows:

Service Level 1 - £5.42 (weekly) - this is the Community Warden Service. The charge is applied from the connection date. This level of service consists of a base alarm unit, with a pendant and smoke alarm. Private individuals pay the full amount, whereas those who are eligible are funded by the Supporting People Team.' Weekly charges to housing associations and trusts vary from £3.09 to £3.17.

Service Level 2 - £6.49 (weekly) – this is the Telecare (Environmental Monitoring) Service. There is an initial 2-week assessment period that is charged as for Service Level 1. After assessment, the charge is weekly as above. In addition to the base unit, pendant and smoke alarm, two further environmental sensors may be fitted. Examples of these are: Extreme Heat or Cold, Flooding, Carbon Monoxide and natural gas.

Service Level 3 - £8.65 (weekly) – this is the Telecare (Lifestyle Monitoring) Service. There is an initial 2-week assessment period that is charged as for Service Level1. After this the charge is weekly as above. In addition to the Environmental monitoring offered in Service Level 2, this service also provides a selection of Lifestyle Monitoring sensors. These detect motion (or lack of it) e.g. if someone has stopped moving, fallen, has gone outside, is in bed or sitting in a chair, for a prolonged period when they would normally be active.

All three service level costs above can be maintained at moderate levels year-on-year due to partial recycling. Base units and sensors such as: smoke alarms, fall, movement, carbon monoxide and door entry detectors can all be used many times over.

11.0 Objectives, Assessment and Installation

Service Objectives:

- To provide 24 hour response to an alarm call.
- To provide reassurance to individuals using the service and carers.
- To contact emergency services such as ambulance, fire or police on behalf of the service user.
- To reduce admission to hospital, residential or nursing home care.
- To assist in the early discharge of people from hospital.
- To provide a quality, cost-effective service that matches the individual needs of each service user.

Strategy Objectives:

- Promote assistive technology as a means of supporting independent living.
- Raise public awareness of Telecare within Halton.
- Maximise the time people are able to manage their long-term conditions at home.
- Promote home safety and security.
- Develop partnership agreements to facilitate Telecare.
- Improve the social and medical support to vulnerable people in order to reduce social isolation.

Currently some 1600 people are using the emergency response (Lifeline service) and of these around 70 have additional Environmental and Lifestyle devices installed. The Telecare and Lifeline service team is based in Widnes. It consists of 14 Community Wardens (a further 2 are currently on secondment) who operate a shift pattern, a dedicated team support officer, a technical specialist (Telecare Implementation Officer), a Telecare Installation officer, a team manager and a principal manager. The installation officer position is a shared by two individuals in a partnership agreement with Age Concern.

The team's principal role is to provide a 24 hour 365 day a year Telecare alarm service that is split into the following three levels by the cumulative addition of extra monitoring devices:

1. A Community Warden Emergency Response
2. Telecare Service Environmental Monitoring
3. Telecare Service Lifestyle / Environmental Monitoring

All of the above services rely upon the Level 1 emergency service being in place.

Telecare equipment will automatically activate a sensor when a certain critical threshold (e.g. temperature) has been reached, or if movement is no longer detected.

Referrals for a Telecare assessment can come from a wide variety of sources including self referral, family, GPs, other health professionals, social work staff, housing staff police and other community workers who may come into contact with a vulnerable person who could benefit from the service. The service is also beneficial to:

- People with Clinical /medical conditions such as MS.
- People with epilepsy, heart conditions, diabetes, dementia.
- People with Hearing, visual, speech or learning disabilities.
- Those living alone or with another vulnerable person.
- Those living with a carer or carers where the service is essential to maintain care arrangements.
- Carers who require support to alleviate some of the difficulties they experience in caring for a dependent.
- Families where a child may be at risk due to the medical condition of their carers.
- Families where there is a history of domestic violence and the partner is vulnerable when living alone.

The service is available to anyone of any adult (aged 18+) who would like to feel safer, more protected and independent in their own home. Within HBC referrals to the service generally come from the following teams:

Rapid Access & Rehabilitation Service - RARS
Older Peoples Team Widnes - OPW
Older Peoples Team Runcorn - OPR
Physical & Sensory Disability Team - PSD
Adult Hospital Team - AHT
Community Psychiatric Nurse - CPN
Adults With Learning Disabilities - ALD
Extra Care
Oakmeadow
Community Warden Service - CWS
Falls Service
Reablement
Next of Kin / Self
Community Mental Health team
Community Matron Service

The Referral Pathway: The Telecare alarm service pathway is outlined visually in Appendix 10. When an assessment has been completed (via Team or self) and the need for Telecare becomes clear, then the service user is informed and appropriate options are discussed. A referral is made to the Contact Centre (CC) and the appropriate Referral Proforma is completed. At this point, relevant information is passed to the Team Administration, who then contact the referrer to arrange an assessment. At this meeting a lifestyle assessment is carried out the type of service required is identified and appropriate parameters and responses are set. Consent for all responses is obtained and a contract is agreed with the service user.

At this point the CWS passes all information to the Contact Centre staff. Normally the CC becomes the first professional point of contact for the SU. However, this is flexible and the SU may choose to have others in this role (generally family member, partners or close friends).

The CC continues to monitor the installed system 24/7. As the person's activity patterns become apparent, the CC will ensure response protocols are adjusted appropriately. At the end of each of the first two weeks, both the CWS and the referrer will review the service to ensure it is meeting the appropriate need. If this is the case after discussion with the Service User and carers and agreement is reached, then after week two Telecare is continued.

Charges are applied according to which package (1,2,or 3) is adopted and the CWS take over as the key worker. The service is reviewed annually or after there has been a significant change in the person's care needs.

If at any point Telecare is no longer required CWS will remove the equipment. At this stage certain equipment will be identified as suitable for recycling as a means of off -setting future costs.

The Assessment Process and Installation

Halton Community Alarm Service Assessment Version 4 (revised Jan. '09) is the assessment tool (Appendix 1) currently used. The assessment is carried out in the person's home and details of: the type of dwelling (e.g. whether a sheltered flat, house, bungalow…etc), personal and financial information, form part of the assessment document. In addition, health needs such as any current illness and a detailed inventory of the care and support that is required, plus any equipment or individuals who are available to assist with specific tasks. It also includes: any help with medication, specific communication needs and details of visiting health professionals such as a Community Nurse and GP.

Details of all devices to be fitted are logged along with appropriate responses for each. If for any reason, agreed protocols cannot be met then the CWS must respond and notify next of kin should an event occur. At level 1 (Community Alarm) it is important to establish contact with the person. If this is not possible, CWs are despatched, next of kin are made aware of the situation (lack of contact or a smoke detector triggered) and the fire service contacted. At Levels 2 and 3 (Telecare) each sensor has an appropriate response. For example if the absence alarm for a bed sensor has been triggered, it is important to establish contact with the person as soon as possible. If voice contact is not possible, then the CWS will operate the appropriate response protocol.

Any additional response protocols agreed with the individual, or their next of kin…etc, are included along with a detailed physical description of the person, an agreement slip for a digital image to be taken to help identification if the person is found wandering.

12.0 Dealing With Risk

At any time the person or their representative can contact Telecare service to have their support plan updated. This reviews the risks and the interventions required to manage each in order to meet the person's needs (Appendix 2).

For all three service levels any appropriate response is always agreed with the service user / and or significant others. This is important, because Telecare is not a form of imposed surveillance, but incorporates a carefully agreed set of responses that enable previously identified risks to be managed efficiently and safely. Its overall aim is to highlight potential problems before they become crises. By targeting such difficulties quickly, the person will inevitably feel safer, knowing that the kind of assistance they require will soon be on its way.

13.0 Monitoring and Measuring Performance

The flowchart on page 20 shows how evidence on performance is collected, for either the Community Alarm Service or Telecare and by whom. Shortly after installation (typically 1 -2 weeks) all new users of Telecare are asked to provide comments on the effectiveness of the service they are receiving (Appendix 9). This is known as an installation review and provides the user with an opportunity to individualise the system to meet their behaviour, need and level of activity.

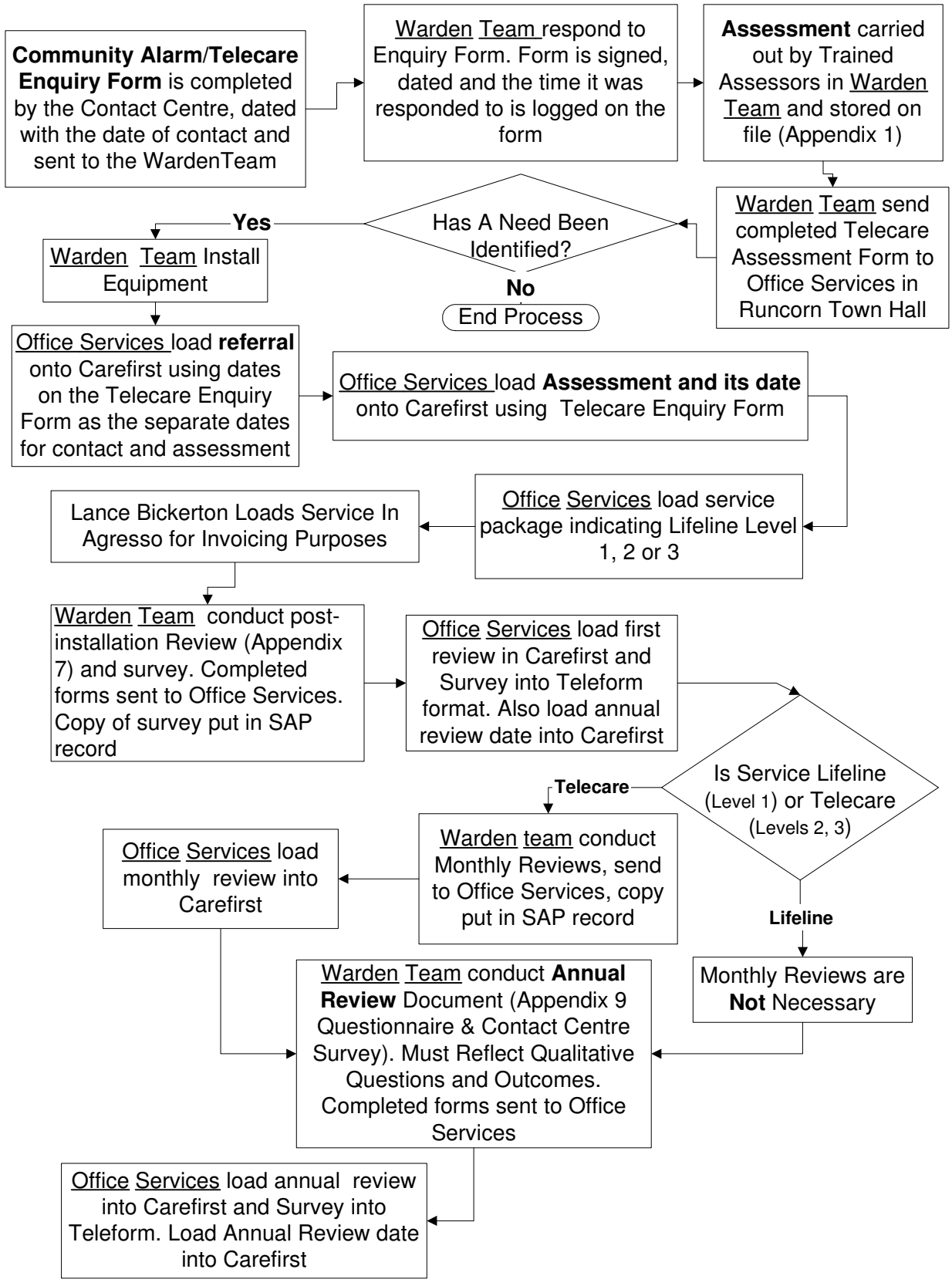
In addition, levels of satisfaction with the service are recorded on a monthly basis by the Community Warden team and all documentation placed in the SAP record. The Community Warden team also conduct an annual review of the service by questionnaire (Appendix 9). Data from this are uses to provide a qualitative analysis of the service, plus outcomes. Throughout (Installation review, monthly reviews and annual review) the Community Warden team deals with any issues that are raised by Telecare users.
All installed Telecare equipment is evaluated and reviewed to ensure it meets a user's individual needs and their support plan outcomes. Statistical information on outcomes delivered is also collated The flowchart below shows how and by whom evidence of outcomes is obtained.

The qualitative question set (Appendix 7) used at the initial and later annual review will be a separate document that reviewers take out with them. This will be forwarded to the IT systems Team in Runcorn Town Hall as this will enable outcome data to be collated and analysed using 'Teleform.' When this process is established there will be no further need for the Contact Centre to continue asking new Community Alarm Service /Telecare users to provide qualitative /outcome information.

The current Telecare Document (August 2009) can be consulted for the following:

- How the Commencement and Termination of the Telecare Service is notified to: the supporting People, Financial Services and Performance Monitoring Teams.
- The CareFirst procedure for connecting Telecare
- Annual Reviews on CareFirst
- How a Telecare account is closed by the Administrative Officer using the Aggresso System
- The CareFirst procedure for disconnecting Telecare

Flowchart Showing How Evidence for Lifeline (Level 1 Service) and Telecare (Level 2 or 3 Service) is Obtained.



14.0 Future Developments

In Halton, consultation is viewed as a central component in evaluating any of its services. This allows the service user to have a direct role in service planning, ensuring it is targeted accurately and meets all relevant needs.

Future consultation will involve monthly and annual reviews. The intention is that all consultation data will be accessible via CareFirst. Over time this will accumulate as a valuable service user resource, detailing personal profiles, specific individual Telecare preferences, problems and solutions. It is the intention that this database will inform all future development of Telecare within Halton.
The infrastructure for Telecare services includes the equipment needed to enable communications to be made rapidly and reliably between: sensors, disperse alarms, a monitoring centre and emergency responders. It also includes the methods employed to include access to appropriate services, assessments and provision of equipment.

The present Call Handling System at the HBC contact centre has been operating since February 2007. A new system upgrade (Tunstall PNC5) will be introduced to handle all calls from the autumn of 2009. This will slightly enhance the ability to take calls and will make it easier to pull off reports and provide more scope for the development of Telecare in Halton.

To date the main focus of Telecare has been on (1) home safety and security monitoring and (2) lifestyle monitoring and risk management, within a reactive mode approach where an alert triggers a response from an appropriate service. In general, the use of Telecare employs a small selection of standardised devices.

To meet future needs Telecare will have to be developed on a larger scale and involve many more sensors and devices. It must be capable of being personalised to individual user need, fully integrated into the care system and predictive in order to allow observation of longer-term trends and earlier intervention.

For example, future changes in demography and developments in policy will continue to transform the way services are delivered in Halton. As separate initiatives two aspects of Telecare are being proposed within the Halton business case: Telecare will be included as a component part of the standard social care assessment; those individuals who are over 85 will be entitled to free Telecare. In order to ensure quality social care, related primary care and support services to people, all those involved in providing the service, will need to work beyond their traditional organisational boundaries, structures and systems.

Future Training and service reporting needs to demonstrate that the structure of Telecare in Halton is meeting the needs of all its service users. It should emphasise the importance of delivering a quality service that is outcomes

focused. In this sense, any future qualitative analyses (annual reviews…etc) that are proposed, need to be able to demonstrate that:

- Individuals using the service are happy with its quality and accessibility (questions: 1 – 12 Appendix 7).
- Levels of individual self-management have increased (question 13: b, d, e)
- Positive changes in behaviour have occurred (questions (a, d, g).
- Fewer symptoms are being reported (c, f).

Increase the use of sophisticated Telecare platforms such as 'Community Alarm Service Connect+.' This makes it possible to monitor a set of additional sensors prior to raising a specific alarm. For example, a person may be out of bed at a time that is outside agreed parameters, but active elsewhere in the house as detected by PIR movement sensors. This would typically result in a delayed or cancelled alarm (if the person got back into bed). This type of passive alarm would reduce the number of unnecessary alarms and also allow the individual greater independence to behave in a way that is outside previously agreed conditions yet nonetheless perfectly normal.

Expand Halton's third area of focus (see 1.2) – 'vital signs monitoring' – as a cost-effective means of monitoring remotely and assisting individuals to manage long-term conditions such as diabetes at home. The monitoring would be done via the PCT with HBC in a supportive role providing the necessary Telecare/Telehealth units. This would also be a useful precursor to developments currently under way such as the Virtual Ward. In this respect, Widnes based GP surgeries are interested in piloting Telecare /Telehealth within the Virtual Ward concept. This will result in an increase in referrals for current Telecare sensors as well as a possible installation and technical support service for

Telehealth applications.

At an early stage in Telehealth planning the following would need to be looked at:

- Response protocols for any alarms triggered by the various Telehealth applications must be clearly set out.
- Storage, installation, de-installation, decontamination and maintenance procedures will need to be developed and put in place.
- There will be a need to train all call handlers and installers.

The implementation of Telehealth could significantly reduce the need for home-visits or hospital appointments. The technology fully developed has the potential to enable those who are housebound to have a virtual presence in libraries and shops and maintain contact with friends and relatives as well as professionals.

Keeping Track of Upgrades. Some service users move between different levels of the Lifeline, upgrading to a higher-level service when required and then later downgrading. Such movement cannot be tracked by the present data capture system, as the Community Alarm Service upgrading is not

separately recorded on CareFirst. For example, there are currently 25 individuals on the Level 2 package and 39 on Level 3 – many have been upgraded from Level 1, but exactly how many cannot be ascertained. Clearly, this difficulty needs to be looked at in any future monitoring and data capture procedures.

Currently there are a number of sheltered housing providers within the Borough who use their own Telecare systems. It is important to ensure that these are compatible with current and planned future systems in order to avoid duplication and potential confusion for the user. By establishing regular quarterly management meetings with sheltered housing providers, it will be possible to determine the level of compatibility and the potential for clear and effective response protocols. As growth area they would commission HBC as a response service.

Telecare is one component in a multi-agency health and social care approach. The principal aim is to provide the necessary professional back up to enable the individual to maintain their independence at home for as long as possible. The principal challenge for Halton in caring for its ageing population is to improve the care of long-term conditions. In order to take care of its frailer older people with continuing health problems, it must focus on better support for them at home (together with support for carers). It needs to develop early recognition and management (at home) of new or increasing health problems in order to avoid admission to an acute sector bed. It naturally follows that better communication across agencies would be beneficial (see 6.7).

Halton is currently (September 2009) in the process of developing its Early Intervention / Prevention Strategy which will stress the importance of Individual dignity, independence and equality. The overall purpose of this strategy is to reduce the likelihood of social isolation while enhancing reablement. It is the intention that Telecare will offer a means of achieving this kind of personal control and dignity for those with long-term conditions, especially when combined with Halton's direct payments facility and individual budget s.

Also, the capacity and structure of the call-handling system needs to be flexible enough such that all data collected can be shared with appropriate others in a common format. To this end the Halton contact centre has already upgraded to the Tunstall PNC 5 Call Handling System. This will enable reports to be produced and shared more quickly.

As their needs change, individuals at home may benefit from some form of activity monitoring. This comes under the umbrella term Activity of Daily Living Monitoring (ADL) and can reduce the number of visits required from carers and GPs. Connect + carries out a 'Just Checking' which can work well with individuals who have Dementia. At present families may purchase this system privately, but Halton are looking at the implications of adopting such a system as it would allow those with dementia or memory loss to maintain their independence.

The system monitors the person's movements at home and produces a chart of their activity at intervals throughout the day and night. Thus this kind of system can provide reassurance to family /carers and professionals that an individual with early onset dementia can maintain their usual living pattern without undermining their independence of movement. Being able to target early-onset dementia in such a way might make adopting such a system more acceptable financially.

Telecare – A Glimpse of the Future in Halton. Telecare is already a success story in Halton, but in the immediate future:

- The hope is that it will be more widely understood and accepted by service users, carers and health and care professionals alike. Local members and political leaders will appreciate what it can do for their constituents and actively promote its use.
- All housing providers will be active partners in implementing care solutions based on Telecare and Halton's housing strategy will actively promote Telecare solutions for vulnerable people.
- The boundaries between health and care services will become far less rigid as the technology helps to redefine roles, options and more efficient working arrangements. These will be geared toward consultation reflecting the person's desire to remain independent and at home for as long as possible.

Looking further ahead:

- In the short-term through an established Personalisation Agenda service users and their carers will be able to request and purchase directly Telecare based services as part of a broader package involving elements of health care monitoring and response. Telecare and Telehealth (remote health care) will be widely recognised by individuals and their carers as the way to greater independence and quality of life.
- In the longer term all new homes both public and private will be fitted with the capacity for care and health services to be provided interactively via broadband from day one of occupation.
- In the short-term, remote condition monitoring from home for extended periods will be the norm.
- Those receiving care services in Halton within a care home or hospital environment, will in future be able to benefit from Telecare at home.

15.0 Summary

Telecare in Halton has three principal areas of focus:

1. Information, advice and support – being able to demonstrate that as a form of support it has had an impact on clinical or care outcomes for vulnerable people with specific conditions.
2. Safety and security monitoring – being able to demonstrate that Telecare has enabled vulnerable people to feel safer and more secure at home.
3. Vital signs monitoring – putting a case for funding Telehealth as a cost-effective means of monitoring and assisting individuals to manage their diabetes at home.

The last of these has an important role in future plans to expand the service and will be dealt with under 1.14 (Recommendations) and more fully in 18.0 (Future Service Propositions). The other two are dealt with below.

Since its introduction in 2005, the number of individuals who have been referred for and subsequently had Telecare packages installed, has been increasing. The following table shows cumulative annual data from October '05 to November '09.

Cumulative Telecare Packages (Levels 2 & 3) Installed in Halton

	Oct '05 Mar '06	Apr '06 Mar '07	Apr '07 Mar '08	Apr '08 Mar '09	Apr '09 Nov '09	Totals
Active from previous yr.		22	48	46	72	
Referrals	25	102	111	131	83	**452**
Assessments	25	102	106	99	77	**409**
New Connections	25	95	74	76	40	**310**
Connection Removed	3	69	76	50	38	**236**
Active	**22**	**48**	**46**	**72**	**74**	

Falls and wandering issues have accounted for 76% (07/08) and 73% (08/09) respectively of these referrals (Appendix 6). There is also evidence to suggest an increasing trend year on year in the number of individuals connecting to a Level 2 or Level 3 Lifeline package as shown by the **Active** data.

The increase in the number of Telecare packages has impacted on the response element of the service. The following table aptly demonstrates this:

Callout Data For Telecare in Halton

	Apr '07 Mar '08	Apr '08 Mar '09	Apr '09 Nov '09
Total Active for period	122	122	112
Total Callout	920	1067	625
Monthly Av. (mean)	77	89	78

However, there are currently (09/10) almost 25% more people in receipt of Telecare than the previous year (08/09). Consequently, these data represent significant decrease in the number of callouts. This would seem to suggest that not only is the service becoming better known, but that confidence in its ability to manage risk is also growing among those who wish to maintain their independence at home.

Further, the number of new service users aged 65 and over, that have already been provided or are scheduled to be provided with 1 or more items of

Telecare level 2 0r 3 packages in their own homes (or an equivalent such as extra care /warden assisted housing) is expected to rise by some 8% (for adult social care alone) and 4% (Adult social care in partnership) during 09/10 (416 –450 and 7-10 respectively).

There are two important factors underlying this. First, people's general awareness of the service that is available has been greatly increased over the past two years. This has largely been due to: Halton Direct Link, the HBC website and word of mouth from current users, Community Wardens and health professionals. Secondly, as a consequence of people living longer, there is an underlying significant increase in the number of those developing dementia.

Such increasing levels of dementia year on year will undoubtedly result in annual increases on the number of future referrals received by the service and in the type of device selected by users and / or their carers. The majority of referrals have been for individuals with dementia and hence the most frequent devices installed are to detect falls and wandering.

Service users and their carers are becoming more aware of what the technology can achieve in terms of monitoring. Consequently, they have been more inclined to make use of environmental monitors such as heat, cold, water … detectors, as an additional safety blanket. To this effect there has been a 145% increase in environmental referrals, resulting in more of these being installed in the period 2008 - 2009.

When Telecare is coupled with an appropriate support plan an important outcome is that the individual is able to remain safely and independently at home for longer. Thus, safety and security monitoring is an important function of Telecare. As evidence for this, during the period 2007–2008, 17 service users eventually had to move into residential placements. However, prior to their residential move and thanks to the use of Telecare, 6 of these individuals remained at home for over a year and the remainder between one and 12 months. This represents a substantial pre-admission saving of approximately £240,000.

This suggests that people using the service with the right kind of equipment are able to be more independent. However, as the number of individuals connected to Telecare equipment increases, then so does the total number of activations and callouts. One way of reducing this would be for Halton to make use of Virtual Sensor technology.

Telecare has been a success, not only within Halton as evidenced above, but also nationwide. More people in Halton are transferring upwards from the basic Level 1 service as they develop confidence in its ability to minimise risk through its rapid response capability. This confidence is evidenced by the reduction in call-outs. In a sense, the past three years have been an experimental period: enabling the public to experience directly how supportive the technology can be and HBC to establish how daily living patterns can best be monitored, by whom, what new technology to employ and how the current

structure needs to evolve to accommodate an expansion of the service and the future implementation of Telehealth /Telehealth.

16.0 Recommendations*:*

The following recommendations stem from discussions with colleagues from: the Warden's Team (who lead on Telecare), Finance & Support Team (currently logging Telecare onto CareFirst), and Business / Policy Support (service quality). Service user comments have also been incorporated into the overall document.

At present logging of referrals and assessments is being carried out by one individual from the Finance and Support Team. This situation is recognised as not ideal and is likely to become less satisfactory as Telecare expands as a service and Telehealth becomes available. However, due to capacity limitations this situation is unlikely to change in the immediate future.

A Telecare Training Group (TTG) will inform the new Telecare /Telehealth agenda. All relevant staff will receive the new Telecare training as part of their normal continuing Professional Development. This would help improve awareness among staff of the current and future importance of Telecare. When capacity allows, training and procedures will be developed to enable the Warden's team to log all referrals and assessments.
The TTG could also drive forward the development and introduction of new training opportunities for all professional staff with the responsibility of assessing individuals with long-term needs. The use of 'Telecare Champions' within other referral teams would enable such teams to keep abreast of new Telecare developments and training opportunities.

The TTG will also continue to develop training courses to meet the needs of Telecare handlers /responders and more generally those involved in equipment installation and advice to service users and their carers on how to use the equipment.

Implement improved quality and performance measures as a means of evaluating the overall effectiveness of Lifeline, Telecare and Telehealth (when operational). These will take the form of: post-installation bedding-in checks/reviews to ensure operating parameters are appropriate, followed by monthly reviews in the case of Telecare and annual reviews in the case of both Lifeline and Telecare. This annual review will be structured as a teleform for automatic analysis.

Increase the use of more sophisticated Telecare platforms so as to allow delay or cancellation of alarms, depending upon the person's activity. This would greatly reduce the level of false alarms while allowing people to move around their house in whatever way is normal for them.

Widnes Practice Based Commissioning (PBC) in partnership with Halton and St Helen's MHS Primary Care Trust (PCT) have put forward a business case for a community based integrated care service. Part of this would involve

working in partnership with Halton Borough Council to deliver innovative solutions to support people at home with long-term conditions.

Such support would enable individuals, families, carers and professionals to communicate, coordinate and manage seamless care at home. This could include the use of Telecare devices as a means of supporting self-management and the close monitoring of physiological observations.

Any such future use of Telecare by the PBC would be advised by data from its current use in Halton. Hence HBC could supply relevant Telecare/Telehealth equipment that would support diabetes monitoring, where the monitoring is carried out by the PBC. Hence, it is important to ensure that the development of the 'Virtual Ward' concept, by the PBC will be closely linked to current and future developments in Telecare /Telehealth

There is a need to address system compatibility problems where Sheltered Housing providers have opted for different detectors from HBC. It is important in such circumstances to hold regular meetings with providers so that clear and unambiguous response protocols can be developed.

Currently there is no facility for tracking those individuals who opt to upgrade or downgrade their current Lifeline / Telecare system. This information is not currently recorded on CareFirst, but could be made available via monthly reviews for Telecare or at the post-installation inspections for Lifeline or Telecare by incorporating an appropriate question.

Virtual sensor technology is an important feature of the new Connect + base unit. This allows information to be combined from a number of sensors, thus enabling alarms to be delayed or cancelled, reducing the number of false alarms. For example, before an out of bed alarm is raised, the unit can be set to monitor other Telecare sensors that may be indicating that the user is active elsewhere in the house (they may have got up for a drink and will have triggered PIR sensors on the way to and in the kitchen). The unit can then react to this additional information by either delaying or cancelling the initial virtual out of bed alarm.

Enuresis is a common problem among older people. Telecare offers an enuresis sensor that Halton could offer as a new component in its Telecare service. The sensor provides a discreet and efficient means of detecting instances of enuresis the moment they occur. This enables carers to provide a higher level of service without the need for regular intrusion. This equipment is available and If there is a local demand then HBC will approach the PCT for future funding to expand into this new area of service.

There are currently some 1.75 million people in the UK who rely on Telecare. The Telecare Services Association (TSA) formed in 1995 represents service providers and those who commission Telecare services such as local government, housing associations, manufacturers, academics and others with a professional interest in Telecare. After taking part in a TSA consultation exercise in 2008, HBC is currently in the process of adopting the TSA Code of

Practice. This TCOP covers the whole Telecare system from referral to response and identifies the importance of each component along the way (e.g. profiling, service set-up, monitoring…etc). By adopting the TCOP and the recommendations of the TSA's independent inspection body (Insight Certification), HBC will ensure that its Telecare service is offering the best practice to service users, providers and commissioners.

Appendix 1

Health and Community Directorate –
Halton Community Alarm Service **Assessment Form**

Dwelling			
Tenure: Please Circle	Owner Occupied Private Tenancy Housing Association (Please state which one)		
Type: Please Circle	House Bungalow Sheltered Flat		
No. Bedrooms		Access to property	
Does client sleep upstairs/downstairs?		…….	

Personal Details		
Name:		D.O.B:
Address: Post Code:		Tel No: Alternate Number Telephone line Provider: Repair Line No:
Ethnicity:		Referred By:
Preferred Language:		
Do You Live Alone ?	YES / NO	C/First:

Service Provision		
Reason for Referral		
Service Type	Community Alarm	Telecare
Date Commenced……..		Month of Review…….
Model Type ……		Unit No……..

To be completed if service not provided

Reason …….

…….

Signature of service user:.....…….. Date:.....

Print Name:.....……

Carers/Advocate:…….. Date:…….

(Where Service User is unable to sign)

Warden(s):.....

Financial Details
Are you in receipt of: Housing Benefit Council Tax Relief Would you like a Council financial adviser to visit you to discuss any benefits you may be entitled to? YES / NO

Health Needs
Do you have any medical diagnoses or illness at present? Please describe   Do you have any infectious diseases?

Current Care and Support Needs	
Do you Require assistance with any of the below: Please Circle	
Washing	YES / NO
Dressing	YES / NO
Walking	YES / NO
Getting around your house	YES / NO
Getting in or out of bed / chair	YES / NO
Preparing food	YES / NO
Preparing a hot drink	YES / NO
Getting outside the house	YES / NO
Food shopping	YES / NO
General Shopping	YES / NO

Going out for social activities	YES / NO

Does anyone help you with the above? If yes what things do they help you with?
Do you use any equipment to help you with any of the above

Does a Community Nurse or other health professional visit you at home, If yes how often?	

Current Care and Support Needs

If you take medication do you have support with this?
Do you have any Communication Needs?
Referrals Made (e.g. Age Concern, Social Services)

Are you registered disabled? Please Circle	YES / NO

Other Occupants

Name	Relationship	Contact	DOB	Assessment Required

Relatives / Significant Others

Name	Address	Telephone	Relationship	Keyholder

General Practitioner	
Name:	
Address:	Tel No:

Home Environment	
Would client like a Stay Safe Check (Age Concern)	YES / NO
Keysafe Requested	YES / NO
Date for fitting of **Smoke/Keysafe**: ……. AM / PM Location Keysafe……..	
Do you feel safe in your property?	
Have you ever had a break in?	
Do you have an alarm? (Note number for PNC)	
Are there any environmental hazards? (i.e. Access Issues)	
Do you have any pets?	

Equipment Installed			
Unit installed into main Telecom socket?			YES / NO
Off Hook Test Conducted?			YES / NO
Unit Type	Serial Number	Location	
Smoke Alarm	Serial Number	Location	

Telecare (please indicate type of sensor, serial number, location and set parameters)

Type	Serial Number	Location
Type	Serial Number	Location
Type	Serial Number	Location
Type	Serial Number	Location
Type	Serial Number	Location
Type	Serial Number	Location

Warden Notes

Response Protocol

Protocol – <u>In all cases if agreed protocols cannot be met, Community Wardens Service to respond</u>

☐ Level 1 - Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue.
Smoke Detector if no voice contact dispatch Fire Service and CWs and notify NOK.

Level 2 & 3 Telecare

☐ Temperature Sensor - Always Active
Establish contact if no voice contact dispatch Fire Service and CWS and notify NOK.

☐ Carbon Monoxide Sensor – Always Active
Establish contact and notify NOK and/or landlord

☐ Flood Detector – Always Active
Establish contact if no voice contact, dispatch CWS and notify NOK

☐ Inactivity/PIR - Active……. Check for activity Every ……
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

☐ Bed Sensor - Active …… Absence Alarm……..
Establish contact, if no voice contact dispatch CWS and notify NOK if there is an issue

☐ Bed Sensor/Not in bed - Alarm ……..
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

☐ Bed Sensor/ Still in bed - Alarm ……..
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

☐ Chair Sensor - Active …… Absence Alarm……..
Establish contact, if no voice contact dispatch CWS and notify NOK if there is an issue

☐ Chair Sensor/Not in bed - Alarm ……..
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

☐ Chair Sensor/ Still in bed - Alarm ……..
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

☐ Floor Sensor – Always Active
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

☐ Universal Sensor – Active…….
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

☐ Wandering Client/Client - Wandered Active…… Absence Time……..
Establish contact, if no voice contact dispatch CWs and notify NOK if there an issue

☐ Wandering Client/Door left open Always Active Door left open……
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

☐ Fall Detector Always Active
Establish contact, if no voice contact dispatch CWs and notify NOK if there is an issue

Additional Protocols agreed with Service User/NOK/Significant others:

Client Physical Description	
Height	
Weight	
Build	
Eye Colour	
Hair Colour	
Distinguishing Marks	
Known Areas	

I the undersigned agree to have a digital image taken of the service user named on this assessment. This digital image may be used and shared with other agencies at the discretion of the Community Warden Service where they are concerned for their wellbeing.

Carer / Advocate Signature:…….. (Where Service User unable to sign)

I understand and agree with my arrangements and I agree to the information being held, used and processed by the Council for the purposes of the administration of the support service and other legal purposes of the Council. I also agree that the information may be shared with other agencies on my behalf and that my details will be held on a database.

Signature of service user:.....…….. Date:.....

Print Name:.....……

Carers/Advocate:…….. Date:…….

(Where Service User is unable to sign)

Warden(s):.....

For Office Use: **Loaded onto PNC** Name…….. Date……

Client Amendment Sheet

Date	Amendment	Signatures

Appendix 2

HALTON BOROUGH COUNCIL

Health and Community Directorate

Service User Support Plan, Halton Community Alarm Service

Care First No:

Title		**Ethnicity**		**Address:**
First and preferred names				**Phone no:**
Surname				

Overall Aim:

Date commenced Task No.	**Risks / Needs Identified**	**Interventions agreed with service user to manage risks identified and meet their support needs.**	**How will we know if we have been successful in managing the identified risk and meeting the needs?**	**Date of Review**

Service User Signature:			Date	
Carer Signature (where applicable)			Date	
Warden Signature			Date	
Date commenced Task No.	**Risks / Needs Identified**	**Interventions agreed with service user to manage risks identified and meet their support needs.**	**How will we know if we have been successful in managing the identified risk and meeting the needs?**	**Date of Review**
Service User Signature:			Date	
Carer Signature (where applicable)			Date	
Warden Signature			Date	

Date commenced Task No.	Risks / Needs Identified	Interventions agreed with service user to manage risks identified and meet their support needs.	How will we know if we have been successful in managing the identified risk and meeting the needs?	Date of Review

Service User Signature:	Date
Carer Signature (where applicable)	Date
Warden Signature	Date

Appendix 3

HALTON BOROUGH COUNCIL

Halton Community Alarm Service
Service User Contract

1.0 Background

This agreement forms a contract for the provision of Halton Community Alarm Service between Halton Borough Council of Municipal Building, Kingsway, Widnes, WA8 ("Halton Community Alarm Service") and …….(name) of

……

……..(address)

("the service user") on……..(date)

2.0 Halton Community Alarm Service Responsibilities

2.1 Halton Community Alarm Service will demonstrate equipment and provide written and verbal information prior to commencing the service.

2.2 Halton Community Alarm Service will undertake an assessment of the service user and provide a support plan at the commencement of the service. Copies of all documentation will be given to the service user.

2.3 Halton Community Alarm Service will own the equipment provided.

2.4 Halton Community Alarm Service will ensure that the equipment provided is of working order and meets the Telecare Services Association standards for Community Alarm and Telecare equipment and that it is installed as per the manufacturers instructions / guidance, using suitable fixings where required.

2.5 Halton Community Alarm Service will be responsible for the maintenance of all equipment provided in line with manufacturers instructions.

2.6 Halton Community Alarm Service will, at it's own expense, repair and / or replace any equipment that is found to have a fault or is outside of the manufacturers stated date of use.

2.7 Halton Community Alarm Service will ensure that the Contact Centre operates 24 hours a day, every day of the year. When the service user, or equipment activates an alarm, this is received by the Contact Centre. The call operator at the Contact Centre will respond in one or more of the following ways:

- Talk to the service user to ascertain what situation, if any, has occurred.
- Identify with the service user appropriate responses to situations and agree such responses.
- Contact an identified person as outlined in the assessment and agreed by the service user (2.2 above).
- Contact the emergency services where deemed appropriate.
- Dispatch a Community Warden to assist the service user where deemed appropriate.

2.8 Halton Community Alarm Service will ensure that the Community Warden Service operates 24 hours a day, every day of the year.

2.9 Halton Community Alarm Service will maintain records (paper and electronic) on all service users and in compliance with the Data Protection Act and the Freedom of Information Act.

2.10 Halton Community Alarm Service will review the provision of the service with the service user at least every 12 months from the date of commencement of the service.

2.11 Halton Community Alarm Service will only share such information it holds on individual service users with other agencies with the express permission of the service user.

2.12 Halton Community Alarm Service will, at it's own expense, make good any unintended damage to the service users property as a result of the installation and / or removal of equipment. This does not include unavoidable damage as a result of the installation of hardware where this has been explained to, and agreed by, the service user.

2.13 Halton Community Alarm Service will invoice the service user on a regular basis for the provision of the service.

2.14 Halton Community Alarm Service will record all telephone contacts from service users and keep records for a minimum of 12 months. All records will be destroyed within 24 months.

2.15 Halton Borough Council may at any time sub contract all or part of the service to other providers. One months' notice will be given to service users where this occurs.

3.0 Service User Responsibilities

3.1 The service user will pay Halton Borough Council the charge for the service on a monthly basis (in arrears). The charge may be varied by Halton Borough Council with not less than one month's written notice.

3.2 The service user will arrange access to their property for the provision of the service. Halton Community Alarm Service will not hold service user property keys unless in 'exceptional short term' circumstances. 'Exceptional short term' circumstances will be defined by Halton Community Alarm Service and agreed with the service user. Alternative access arrangements will need to be made at the end of this period.

3.3 The service user will test the equipment on an agreed basis and specified in the assessment and support plan documentation. Halton Community Alarm Service will undertake such tests where the service user is unable to do so due to physical or mental health impairment.

3.4 The service user will ensure the equipment is protected from damage and will report any damage to Halton Community Alarm Service.

3.5 The service user will be liable for any damage to equipment caused through intentional or reckless harm.

3.6 The service user will provide all information requested to the best of their knowledge to ensure the provision of the service as outlined in assessment, support planning, review and call out documentation.
3.7 The service user will ensure the provision of telecommunication equipment and electricity supply, pay for such services and report any malfunction to Halton Community Alarm Service.

3.8 The service user will permit Halton Community Alarm Service personnel reasonable access to their property for the purposes of delivery of the service. Service users should ensure that identification is confirmed prior to agreeing access to their property.

3.9 The service user will inform Halton Community Alarm Service when the property is to be vacant for more than 24 hours.

4.0 Period of Contract
4.1 This contract shall be deemed to have commenced on the date when the necessary equipment has been supplied, installed, tested, rested and found to be in working order.

4.2 This contract may be rescinded by either party by one month's notice in writing given to the other.

5.0 Liability
5.1 Halton Community Alarm Service will respond to any call for assistance with as much expedition as is reasonably practical having regard where appropriate to the degree of priority of the call.

5.2 Halton Community Alarm Service will not be responsible to the service user for any failure to respond to a call for assistance where:

5.2.1 the failure or delay is due to a malfunction of equipment, road vehicle, industrial action, or any cause beyond the control of Halton Community Alarm Service.
5.2.2 any delay in response to any call is an unavoidable consequence of the Halton Community Alarm Service policy for responding to calls for assistance as set out in the Halton Community Alarm Service and Community Warden manuals.

5.3 Halton Community Alarm Service will be liable for the replacement of any of the equipment required to operate the service where such equipment becomes faulty or is outside the manufacturers stated date of use. This does not include the telecommunication line and associated hardware that remain the responsibility of the service user.

5.4 Halton Community Alarm Service will not be liable for the replacement of any doors and or door frames that are damaged by the emergency services as a result of the activation of an alarm and where such action is taken to access the property, unless the service user can demonstrate that they had notified Halton Community Alarm Service of their absence and / or they have provided Halton Community Alarm Service with an alternative means of access, for example: a key safe number.

5.5 Service users will be liable to pay a monthly charge for the provision of the service. Halton Borough Council will take all reasonable steps to ensure that service users are advised on ways to maximize their income through welfare benefits. Halton Borough Council will pursue the recovery of debt in line with its' Debt Recovery Policy.

6.0 Previous Agreements.
6.1 This agreement replaces in whole any previous agreements for the provision of Halton Community Alarm Service services made between Halton Borough Council and individual service users.

7.0 Authorisation

Service User Signature……. Date ……

Print Name……

Carer / Advocate Signature…….. Date……
(where Service User unable to sign).

Halton Community Alarm Service Representative……
Date…… Print Name……

Position……..……..

8.0 Contact Information
Halton Borough Council 24 hour Telephone Contact Centre: 0151 907 8300

Appendix 4

HALTON BOROUGH COUNCIL

Community Warden Service
Installation/ Induction Checklist

Date of Referral:	
Date of Initial Visit /Demonstration:	
Installation Date:	
Referrer:	

Name:			
Address:			
Community Alarm Service No:		**Serial No:**	
Service Level	**Level 1**	**Level 2**	**Level 3**
HHT/ Private / Housing Association (delete as appropriate)			

☐ Explain how the alarm equipment operates and how it is connected to telephone network and power supply. After installing the alarm show the service user how to use both the alarm and the pendant. Put a test call through to the Contact Centre. This is to test the alarm unit has been installed properly and works but also shows new service users what actually happens when they press the alarm or pendant. This should encourage them to use the equipment in any emergency.

☐ Show the service user they can wear the pendant either around their neck or like a watch around their wrist if they prefer.

☐ Reassure the service user lots of people press their pendant by mistake. All they need to do is let the Contact Centre know the call is an accident.

☐ Advise the service user they should not unplug the alarm at any time, even if they go on holiday.

☐ Advise the service user to contact their telephone provider to let them know that a community alarm has been installed. Advise them to enquire about services such as BT's Total Care which ensures a rapid response to line faults.

☐ Explain the importance of self testing the alarm equipment on a monthly basis

☐ Advise the service user about the support planning process and make a follow up appointment with them to draft their support plan (see section 5D)

☐ Advise the service user that the Community Warden Service is unable to hold keys on a permanent basis and advise them regarding alternative arrangements for enabling access e.g. key holder, key safes.

☐ Advise that nominated key holders may be contacted at any time should it be deemed that this is the quickest option for gaining access in the event of an emergency call.

☐ Encourage user to have a HSA provided through Age Concern, if yes they will be contacted within a few weeks.

☐ Advise that if no key holder / key available access will be gained in an emergency via the Police. HBC are not liable for costs if damage is caused.

☐ Go through all sections of the Community Alarm Service Agreement to explain the service

☐ Explain charges and payment systems

Documentation Checklist

☐ Community Warden Service / Community Alarm Service Agreement (Agreement must be signed and dated by the service user and the community warden).

☐ Assessment Form (fully completed with service user's details)

☐ Key Safe Forms

☐ Financial forms (direct debit, etc .)

☐ Support Plan

☐ Leave Leaflets with Service User

☐ Wandering Client Physical description and digital photo taken (only for Wandering Client installed)

Service Users Signature - ……

Date - ……

Community Wardens Signature - …….

Date - ……..

Appendix 5

HALTON BOROUGH COUNCIL

Consent for a Key Safe unit to be fitted

I, ... (Please print full name)

of .....

Post Code:.....

Telephone Number:.....

1. Agree to the installation of a Key Safe Unit to the exterior of my home and understand that the cost of the Key Safe is £35.38, that I will be invoiced for this amount and that the Key Safe unit will then become my property and responsibility. ☐

2. Also understand that if I do not pay the invoice then debt recovery will commence to recover monies owing to Halton Borough Council. ☐

3. I understand that the Unit will be installed free of charge to me, but that I will have to make my own arrangements for removal of the Unit if I wish. ☐

4. I refuse to give permission for a Key Safe to be installed and will make alternative arrangements to enable care staff to gain access to my home. ☐

Please sign your name here .....……
Date.....

Career/Advocate.....……
Date.....
(Where Service User unable to sign)

Date requested for fitting:..... AM / PM

Location:…….
(where keysafe is to be fitted)

- **I would like a Halton Borough Council Community Warden to arrange to visit me to set my personal code on the Key Safe Unit. Please tick box**

  YES ☐ **NO** ☐

- **I would like my code to be stored securely at Halton Borough Council's Contact Centre**

YES ☐ **No** ☐

N.B If you have set the code to the Key Safe Unit yourself, and would like the code to be stored securely at Halton Borough Council's Contact Centre or have any enquiries concerning the Key Safe Unit, please ring the Contact Centre on 0151 907 8300

C/First No..... Referrer…… Team/Tel no……

Appendix 6

Assessments 2007-8

During the period 2007-8 there were 106 assessments. These led to a total of 74 connections plus 48 carried over from 2006-7. Of these (122), 76 were eventually disconnected leaving a total of 46 carried over to April 2008 - 9 (see Appendix 3).

The total callout for the year was 920 - a monthly average of 77.
Of the 106 assessments 89 (84%) were from RARS, OPW, OPR, AHT, ACD and CW service combined.

Assessments 2008-9

During the period 2008-9 there were 94 assessments. These led to a total of 76 connections plus a total of 46 carried over from 2007-8. Of these (122), 50 were eventually disconnected for various reasons: death of the S.U, hospital/care home admission or no longer required, leaving a total of 72 carried over to 2009 –10.

The total number of callouts for the year was 1,067 - a monthly average of 89.

Of the assessments 70 (75%) were from RARS, OPU, OPR, AHT and the Community Warden service.

		Falls	Wandering	Activity	Environment	Seizure	Totals
2007-8	Actual	54	36	10	11	7	118
	%	45.8	30.5	8.5	9.3	5.9	(100)
2008-9	Actual	51	41	5	27	1	125
	%	40.8	32.8	4.0	21.6	0.8	(100)

Total Referrals 2007-2009

Referrals have risen by 6.8% in the period 2007-8 → 2008-9.

Appendix 7

Community Alarm Service Level 1

Post-installation Review 2 – 6 Weeks

Name…….

Address:…….

C/First:……. Date:……..

For each question please write in the space provided or circle the appropriate choice.

1. How did you first hear about the Halton Community Alarm Service Service?

2. Did you find it easy to refer/apply for the Community Alarm Service service?

   Yes / No

   If **No**, please explain why?

3. How long did you have to wait between your referral/application and receiving the initial contact?

4. How did you feel about the installation process from the point we made contact to installation?

   Very Happy Fairly Happy Neither Happy nor Unhappy
   Fairly Unhappy Unhappy

   Could you tell us why you have answered this way?

5. Were you given enough information and support about the Community Alarm Service?

Yes / No

If **No**, please let us know what information/support would have been helpful?

6. Have you used the Community Alarm Service service since it was

installed

Yes / No

7. Is the alarm answered quickly after you have pressed the button

Yes / No

8. How do you feel about the response you received?

Very Happy Fairly Happy Neither Happy nor Unhappy

Fairly Unhappy Unhappy

Could you tell us why you answered this way?

9. Do you think the Community Alarm Service service meets your needs?

Yes / No

If **No**, how can this be improved?

10 Do you feel safer now Community Alarm Service is installed?

Yes / No

If **No**, can you tell us why?

11. If not happy with the service would you know how to make a complaint?

Yes / No

12. How would you rate the quality of the whole Community Alarm Service?

Excellent Good Adequate Poor

If answer is **Adequate** or **Poor** please explain why?

13. If you would like to make any further comments about the Community Alarm Service you are receiving then please do so in the box below:

Thank you for your comments and contribution to this review and if you wish to contact the Community Warden/Community Alarm Service service for any further information, contact details are as follows:

Chris Durr - Community Warden Manager **0151 907 8300** (Ext.: 4026)

Halton Borough Council
Community Warden Service
Catalyst House
Sankey Street
Widnes
WA8 0GH

I understand and agree with my current Community Warden / Lifeline arrangements. I also agree to the information I have provided being held on a database and used by the council (and other agencies in partnership with the council) for administrative, legal and statistical purposes.

Reviewed by:……. Date:……

Signature of Service user:…….

Appendix 3

HALTON BOROUGH COUNCIL

lucted by:……

Signed:……

Managers Signature:……

Date:……

Health and Community Directorate

Halton Community Alarm Service **Monthly Review** Form

User Information	
Name:	
Address:	D.O.B:
	Tel No: Ethnicity:
	Date of review:
C/First:	Method of review: BY TELEPHONE or IN PERSON

Current Community Alarm Service Services
Date commenced on service: ……..… Number of alarm activations in past 12 months?…….
Number of Community Warden call-outs in past 12 months? …….
Base Unit No:…… Sensors in situ:…….

Needs
Have any of the service users' needs changed over the past 12 months? Please state.
Reassessment to be undertaken? Yes / No
New Support Plan to be completed? Yes / No

Other Services	
Do you feel you need any help from Social Services other than Community Alarm Service:	Yes / No
Please Describe?	

Service Delivery	
Do you think the Community Alarm Service service meets your needs?	Yes / No
How would you rate the assessment process for receiving Community Alarm Service? Excellent Good Average Poor Very Poor	
Are you satisfied with the service you receive? If **No**, please explain why not?	Yes / No
Were you given enough information and support regarding the use of the Community Alarm Service equipment? If **No**, what further information and support would help you?	Yes / No
Have you had to ask the staff for assistance using the equipment? If **Yes**, were they friendly and helpful?	Yes / No Yes / No
Do you know how to get assistance via the Community Alarm Service if you need to?	Yes / No
Were you satisfied with the speed of the response of Community Alarm Service staff? If **No**, why not?	Yes / No
Do you think that the service is good value for money? Yes No N/A (Supporting People)	
If you were not happy with the service, do you know how to make a complaint?	Yes / No
Have you ever needed to make a complaint or suggestion? If so, did you receive feedback about the outcome? If you received a response, were you satisfied with the outcome?	Yes / No Yes / No Yes / No
Would you recommend the Community Alarm Service service to friends and family? If **No**, why would you not recommend the service?	Yes / No
Overall how would you rate the quality of the whole Community Alarm Service service? Excellent Good Average Poor Very poor	
Do you have any further comments about the service?	

Appendix 9

Telecare
Annual Review Questionnaire

Explaining Telecare

Telecare is a set of electronic sensors installed in your home. It includes equipment such as: temperature sensors, fall detectors, smoke alarms, a personal alarm pendent and a 24 hour 7 days a week emergency response service. Telecare coupled with your specific support plan will help you to live independently and safely in your own home. It offers you greater choice in how you want to live while at the same time provides all-important peace of mind for yourself, your family and your carers.

Who is it for?

- Vulnerable adults
- Older people
- People with a disability

Telecare technology enables health and social care workers to work together in a better way that deals with your care needs in your own home surroundings.

How you can help?

We are currently conducting a survey among services users to gain their views on their experience with Telecare.

What to do if you need help?

If you would like, you can ask a friend or relative to help you fill the questionnaire.

What to do if you have any queries or would like to obtain information on the results?

If you, or a friend or relative, have any questions you would like to ask about the questionnaire, please ring Chris Durr on 0151-907-8344.

Why you were selected?

Your name is just one of a number that have been selected at random from a list of Halton Telecare users in the last 12 months. We have selected you as a user of the Telecare service because we value your opinion and wish to consult your views on how effectively the service is operating.

What will be done with the results of the survey?

Your participation is entirely voluntary. All information collected will be anonymous and will be used to help us monitor the quality and effectiveness of Halton's Telecare service.

Confidentiality

Halton Borough Council acts in accordance with the Data Protection Act 1998, as well as an individual's rights to confidentiality and respect for privacy. All information is strictly confidential and staff are required and trained to respect their duty of confidentiality to you. We treat your private information with respect, it is kept secure and only Halton staff who are entitled to see it, have access to it. When we no longer have a need to keep your information we will dispose of it in a secure manner.

If a member of staff has helped you complete the questionnaire they are also required to keep the information confidential.

Returning the completed questionnaire

Once you have completed the questionnaire please return it to your Community Warden.

I agree to an assessment of my needs and agree to the information being held, used and processed by the Council for the purposes of the administration of the care service and other legal purposes of the Council. I also agree that the information may be shared with other agencies on my behalf and that my details will be held on a database.

Thank you for completing this questionnaire.

C/First No..... Referrer…… Team/Tel no……

Telecare Questionnaire (Service Users)

(For each answer, circle Yes or No or write in the space provided).

Date of Review:.....

1. How did you first hear about the Telecare Service?

   .....

   .....

2. Did you find it easy to apply for the Telecare Service?

   Yes No

   If no please explain why below.

   .....

   .....

3. Are you pleased with the Telecare equipment that has been supplied?

   Yes No

   If no please explain why below.

   .....

   .....

4. Were you given enough information and support regarding the use of the Telecare equipment?

   Yes No

   If no please let us know below what information and support would have been helpful?

   .....

   .....

Continued overleaf

5. Have any of your needs changed over the past 12 months?

No Yes

If Yes please let us know how we can improve the service to meet your present situation.

.....

.....

6. Overall how would you rate the quality of the Telecare service you have received? (Please tick the relevant category).

Excellent Good Adequate Poor

If you ticked Adequate or Poor to Q11 above, please explain why.

.....

.....

Continued overleaf

C/First No..... Referrer…… Team/Tel no……

The questions in the following table are about your feelings and whether Telecare helped you to maintain your normal lifestyle and independence at home (in response please write Yes or No in the box on the right) and any explanation in the space below.

7.

(**a**) Since the Telecare system was installed, do you feel more confident moving about and doing things around the house on your own e.g. housework and food preparation? If **No** please explain why:	
(**b**) Would you say that Telecare has helped you to feel more in control of your life? If **No** please explain why:	
(**c**) Has Telecare reduced your fears about your personal safety at home? If **No** please explain why:	
(**d**) Would you say that Telecare has helped you to maintain your independence at home? If **No** please explain why:	
(**e**) Would you say that Telecare has been a helpful addition to your daily life? If **No** please explain why:	
(**f**) Would you say that Telecare has helped reduce your fear of falling over and not getting help? If **No** please explain why:	
(**g**) In general would you describe yourself as feeling less stressed at home, especially at night, knowing that Telecare can get help should you need it? If **No** please explain why:	

Continued overleaf

C/First No..... Referrer…… Team/Tel no……

If you would like to make any further comments about the Telecare service you are receiving then please do so in the box below.

If after completing the questionnaire, you would like to discuss your experience of Telecare in further detail, please complete the following details. A member of the Telecare team will then contact you.

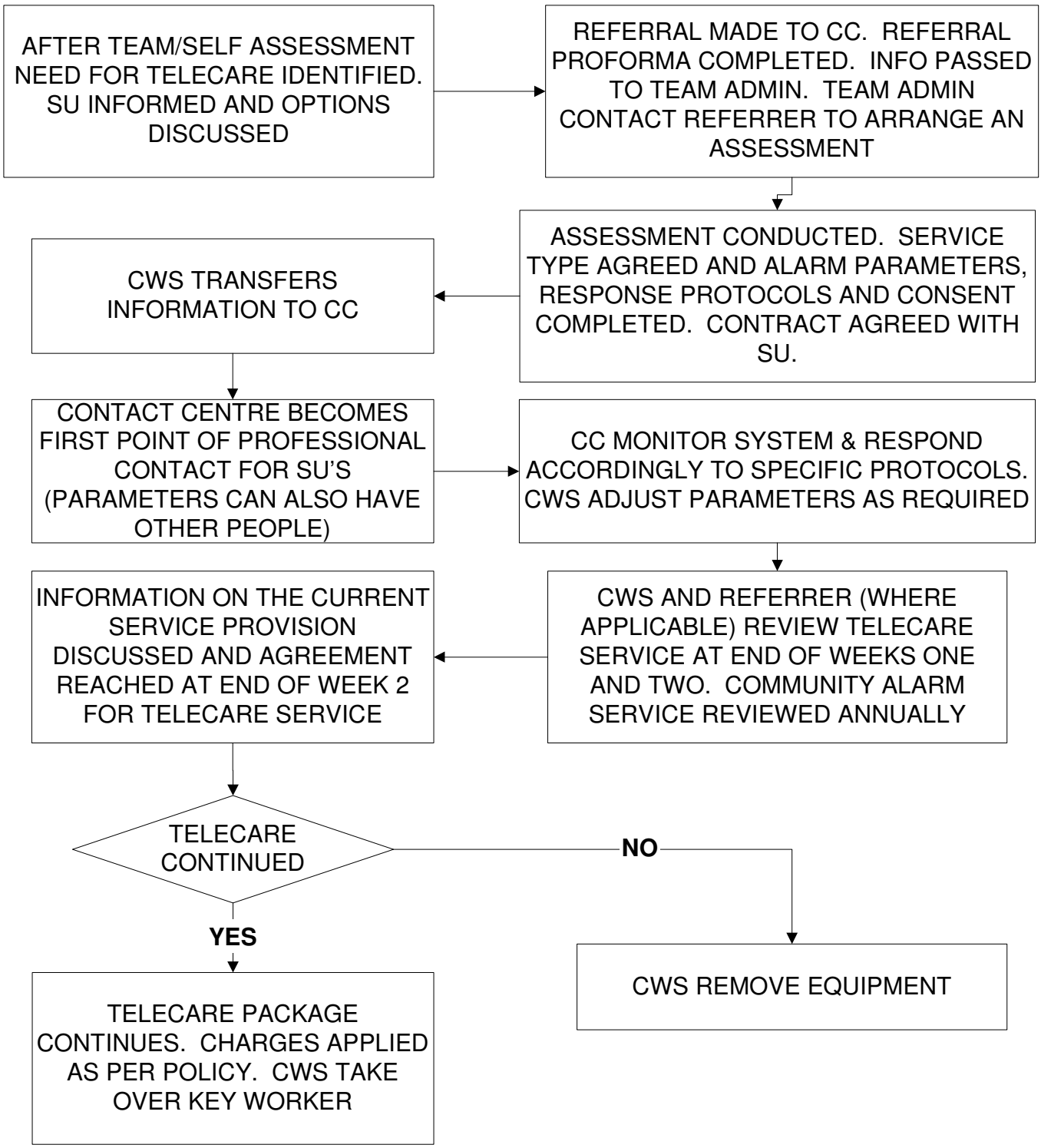
Full Name	
Contact Address	
Contact phone number	

Once you have completed, the questionnaire it will be collected by your Community Warden.

Thank you for your comments, and contribution to the survey, a summary of which will be given to you in due course.

Appendix 10

Current Telecare Alarm Service Pathway



Appendix 11

Suppliers on the NHS framework agreement

Following a full EU/OJEU compliant tendering process, fifteen suppliers were selected to participate in the national framework agreement, each providing a range of telecare equipment and/or services (including installation, maintenance, monitoring and response). Currently, the suppliers participating in the national framework agreement are (list updated 6 November 2008):

Supplier	**Suppliers' websites**
Chubb Community Care	www.initialattendo.co.uk/
Docobo	www.docobo.co.uk
Fold Telecare	www.foldgroup.co.uk
Invicta Telecare	www.invictatelecare.co.uk
Just Checking	www.justchecking.co.uk
Senior Link Eldercare LLP	www.eldercare.co.uk
Philips Medical	www.medical.philips.com/goto/motiva
Possum	www.possum.co.uk
RSL Steeper	www.rslsteeper.com
TBS GB	www.tbsgb.com
Tunstall Healthcare (UK) Ltd	www.tunstall.co.uk/pasa
Vivatec	www.vivatec.co.uk
Wealden and Eastbourne Lifeline	www.welbeing.org.uk

APPENDIX 2

TELECARE PROVISION – EXAMPLES OF GOOD PRACTICE FROM OTHER LOCAL AUTHORITIES

A number of recent evaluation and impact studies of local level telecare programmes have reported impressive results in terms of Cost savings: -

Essex County Council

For example has invested £4 million in telecare equipment and support, and offers new users aged 65 and over a completely free service for one year.

Telecare in Scotland

Outcome	Target-2007-2010	Actual- April 2007-septmenber 2007	Actual savings achieved
Hospital bed days saved by facilitating speedier hospital discharges	46,500	1,800	5,668 days. 517 discharges £1.7m
Reduced unplanned hospital admissions- bed days saved	Not available	Not available	13,870 days. 1220 admissions £3.34m
Care home bed days saved by delaying people being admitted	225,000	6,900	61,993 518 admissions £3.42m
Nights of sleepover care saved	46,000	1,250	£0.55m
Home check visits saved	905,000	107,000	£1.79m
Locally identified savings e.g. waking nights	Not available	Not available	£0.3m
Number of telecare users	13,505	6,005	7,902
Estimated verifiable savings as a result of the development	£43m	£2.9m	£11.5m

Source: York Health Economics Consortium at York University/Scottish Government final evaluation report January 2009.

Gloucestershire County Council

- Analysis of a two year project has revealed actual net savings of £405,088 across 55 users
- Extrapolating these average savings, the external evaluator shows potential health and social care net savings of £4.27m across 368 users.

Stockton on Tees Borough Council

- A draft evaluation was taken to the Adult care partnership board which showed that overall savings were estimate to be £300,199 net based on 300 clients
- The 13 month pilot directly supported the mainstreaming of telecare services in Stockton
- £400k funding over 2 years secured
  - £30k from the PCT
  - £100k social services
- 320 people using telecare (defined as 2 or more pieces of equipment. In addition there are 6,682 community alarm service users.

253 reviews (May 2009) had been completed at 6 weeks, a joint review with Social Work professionals stated that:

- 195 telecare installations will delay or have stopped a care/residential admission (77%)
- 38 telecare installations have resulted in no economic benefit (15%)
- 20 telecare installations have resulted in reduced domiciliary care hours (8%)
- 117 ambulance call outs saved

Northamptonshire County Council

- This project explored the use of telecare in the homes of people with Dementia.
- A published study compared results from the project with a control group, including 100 older people with Dementia.
- The technology was found to be very reliable
- In all but one of the scored items carer stress scale score was lower
- People in the control group were 4 times more likely to leave the community
- Net equivalent savings over 21 months was £1,504,773.

North Yorkshire County Council

The most powerful case to date, which has been highlighted specifically by the Department of Health as a thoroughly robust piece of work, is the North Yorkshire service, which estimates a sustainable 38% reduction in care packages where these packages are supported and enhanced by Telecare services.

The proportion of older people in North Yorkshire is increasing, as is the proportion with more complex care needs. If the County's previous model of care provision had remained unchanged, then costs would of increased by half by 2020.

North Yorkshire have estimated some savings by using telecare in place of traditional packages. Users rate telecare highly: 91% rate it as excellent or very good. The Council now has a target of including telecare in 15% of service packages.

As of June 30th, 2009, North Yorkshire had 12,265 telecare users, (levels 1, 2 & 3), of these approximately 20% were receiving level 2 and 3 services.

COMPARISON WITH LOCAL PROVISION

If we take some basic comparators as a means of comparing North Yorkshire County Council (NYCC) with Halton in simple terms, this will allow us to make some "broad brush" comparisons that will indicate the potential impact of telecare services impact on Halton.

Comparators

Comparator	**NYCC (POPPI data 2008)**	**HALTON (POPPI data 2008)**	**%**
Population 65+	115,800	17,100	14.8
Population 75+	55,300	7,400	13.4
Population 85+	16,000	1,800	11.3
Number of new clients assessed per month	5,205	1,085	20.8
Number of people admitted to permanent residential/nursing care	845	108	12.8
Number supported in residential/nursing care	4,068	505	12.4

These figures indicate that Halton is approximately 13% of the size of North Yorkshire and doing comparatively well in terms of demand for residential or nursing care, with rates of residential and nursing care admissions and placements being approximately 12.5% of the North Yorkshire rates.

As at June 30th, 2009, North Yorkshire has 12,265 telecare users, (levels 1, 2 & 3), of these approximately 20% were receiving level 2 and 3 services, therefore, using the "13%" comparator Halton should have **1,594 telecare users**, of these approximately **353** should receive level 2 and 3 services.

In Halton we currently have 1765 telecare users (Level 1,2 and 3), based on benchmarking with the North Yorkshire Service Halton have an additional 171 users.

However, when we compare the number of people on the level 2 and 3 services Halton should have 353 active users, currently we have 70.

Halton will need to increase the numbers of people on the level 2 and 3 services to achieve the level of success in the provision of telecare services as North Yorkshire and other good practice sites referenced.

APPENDIX 3

The table below shows a snap shot of individual cases of costs during telecare connection and the costs that Halton would have incurred if telecare had not been connected.

Clients who have had delayed residential placement

Package of Care complimenting Telecare (Per Week)	Cost During*	Costs Without Telecare **	Difference
28 x 30 mins Home care	4,310.46	5,586.46	1,276.00
14 x 30 mins & 9 x 45 mins Home care	2,723.24	2,889.92	166.68
14 x 30 mins, & 14 x 30 mins double handling Home care	17,344.92	10,410.28	- 6,934.64
14 X 30 mins Home care	2,018.46	7,218.10	5,199.64
14 x 30 mins & 7 x 30 mins Home care	2,598.19	3,415.36	817.17
14 X 30 mins Home care	1,328.96	2,988.44	1,659.48
19 x 30 mins Home care	8,125.36	14,088.36	5,963.00
9 x 30 mins Home care, plus 2 full days day care	17,883.19	22,626.76	4,743.57
21 x 30mins plus 7 x 1hr plus 7 x 30 mins Home care	2,350.45	1,871.88	- 478.57
35 x 30 mins plus 7 x 45 mins Home care	12,601.26	10,447.41	- 2,153.86
28 x 30 mins Home care	7,262.71	8,735.44	1,472.73
3 x 45 mins Homecare	1,292.11	6,042.56	4,750.45

* - Costs during include equipment and a 2hr Installation cost.

** - Costs without assume the residential weekly price is reduced by the maximum contribution from the client

APPENDIX 4

Development Model for Telecare Service		
	Community Alarm Service	Telecare Service
Scope	24 hrs per day 365 days per year Level 1	9-5 each day 7 days per week Level 2 & above
Function	Assessment Installation Emergency Response Reviews – Yearly Signposting	Assessment Installation – Additional Kit Testing/Monitoring Reviews 1-2 weekly/Monthly Training & Education Supportive Housing network/Virtual Sensors Sign posting
Staffing	1 WTE Manager 8 x 37 Hrs 2 x 37 Hrs 2 x 28 Hrs 2 x 24 Hrs 2 x 21 Hrs	1 WTE Manager 4 x 37 Hrs
	Installation Officer 1.2 WTE	
Joint Responsibilities Awareness raising Communication & Marketing Team Training TSA		

APPENDIX 5

Training Plan

Target Audience	Aims	Objective	How to be delivered	Venue	Responsible Officer/ Timescale	Outcomes
Service Users General Public Informal Carers	Increase awareness of Telecare within the borough	Promote a better understanding of Telecare and How to access the service.	½ day Road Shows Develop materials Leaflets Slide shows Produce or Commission a range training materials, which can be customised to meet local audiences. Tunstall DVD	Doctor Surgeries Service User Forums		The general public will be able knowledgeable about the benefits of telecare
Care Managers Principal and Practice Managers	To inform colleagues and raise awareness of the technology available which can help maintain people at home. How this technology can play a part in care packages and the importance of understanding the multidisciplinary approach to Telecare	Highlight potential cost benefits of Telecare. To enable care managers to monitor the use of Telecare within care packages Develop Telecare Champions within teams	1-2 hour PowerPoint Presentations On Induction to job Attend regular mangers meeting to keep updated Tunstall DVD	Corporate Training (not confirmed)		Increased knowledge of the Care Management Teams will result in increased referrals.

APPENDIX 5

Target Audience	Aims	Objective	How to be delivered	Venue	Responsible Officer/Timescale	Outcome
Social Work Teams Social Workers CCW CEC HBC Care Staff	To inform colleagues and raise awareness of the technology available which can help maintain people at home. How this technology can play a part in care packages and the importance of understanding the multidisciplinary approach to Telecare	Integrate Telecare into more care packages and develop Telecare Champions within teams By the end of the session delegates will be able to; Identify the range of equipment available Describe how we monitor potential changes in peoples behaviour and how we respond and deliver interventions Identify how their specific role contributes to Telecare Recognise the benefits of Telecare in relation to; Preventing delayed discharges Preventing Hospital Admissions Preventing Residential Placement Maintaining People at home Promoting Independence Managing Identified Risks	½ day PowerPoint Presentation Product Display On Induction to job Yearly Refresher Sessions Online Intranet Training Tool Tunstall DVD	Corporate Training Centre (not confirmed)		Increased knowledge of the Care Management Teams will result in increased referrals.

APPENDIX 5

Target Audience	Aims	Objective	How to be delivered	Venue	Responsible Officer/Timescale	Outcomes
Partner Agencies Private Domiciliary Providers Housing Organisations Health Sector	To inform colleagues and raise awareness of the technology available which can help maintain people at home. How this technology can play a part in care packages and the importance of understanding the multidisciplinary approach to Telecare	Work in closer Partnership and Develop Telecare Champions within teams By the end of the session delegates will be able to; >Identify the range of equipment available >Describe how we monitor potential changes in peoples behaviour and how we respond and deliver interventions >Identify how their specific role contributes to Telecare >Recognise the benefits of Telecare in relation to; Preventing delayed discharges Preventing Hospital Admissions Preventing Residential Placement Maintaining People at home Promoting Independence Managing Identified Risks	½ day Road Shows Product Displays 1-2 hour PowerPoint Presentations Tunstall DVD	Onsite Training sessions with Individual Organisations. Corporate Training (not confirmed)		Increased knowledge of the partner agencies will result in increased referrals.

APPENDIX 5

Target Audience	Aims	Objective	How to be delivered	Venue	Responsible Officer/Timescale	Outcome
Community Warden Service Community Wardens Installation Officer	The aim of this training will be to; Enable staff to identify Telecare as an option for support. Provide a knowledge base to effectively; program, setup and problem solve issues with Telecare equipment.	By the end of this session delegates will be able to; Program a number of Telecare Sensors Understand the importance of assessment. Identify how their specific role contributes to Telecare. Recognise the benefits of Telecare	On Induction to job ½ day PowerPoint Presentation 1-2 hour Yearly Refresher Sessions Assessment on Supervision Programming Guide Developed Equipment and Information Guide Developed Tunstall DVD	Corporate Training (not confirmed) Weekly Training Day at Catalyst House		Increased knowledge/awareness of the telecare range will support increased usage of the various applications.

APPENDIX 5

Target Audience	Aims	Objective	How to be delivered	Venue	Responsible Officer/Timescale	Outcomes
Call Handlers	To inform colleagues and raise awareness of the technology available which can help maintain people at home. How this technology can play a part in care packages and the importance of understanding the multidisciplinary approach to Telecare	By the end of The session Delegates will be able to ; Identify the range of Equipment available Understand the importance of screening alarm calls Describe how we monitor Potential changes in peoples behaviour and how we respond and deliver interventions Identify how their specific role contributes to Telecare Recognise the benefits of Telecare and Develop Telecare Champions within teams	On Induction to job ½ day PowerPoint presentation 1-2 hour Yearly Refresher Sessions Assessment on Supervision Online Intranet Training Tool Call Handling Training Manual has been developed. Equipment and Information Guide Developed Tunstall DVD	Corporate Training (not confirmed) Attending Team Briefs		Increased knowledge/awareness of the telecare range will support increased usage of the various applications.

APPENDIX 6

TELECARE STRATEGY ACTION PLAN 2010-2015

	Action	**Tasks**	**Lead/timescales**	**Outcomes**
1	Develop a Telecare Steering Group	• Agree multi agency membership • Ensure links with Prevention work • Governance arrangements	SWB August 2010	A whole system approach, with a clear governance framework
2	Establish dedicated Telecare Team	• Job descriptions • Change of establishment • Recruitment	SWB August 2010	Capacity available to meet service users n Capacity to support implementation of the training plan
3	Develop a telecare training group as a subgroup of the steering group	• Agree multiagency membership • Ensure links with prevention work • Governance arrangements	Steven Kelly September 2010	Expertise will be established to implement the training plan across the whole system
4	Implement Training Plan	Details in attached Training Plan	Telecare Training Group	Telecare will be a mainstream service option

			September 2010- September 2011	
4	Review current policies, processes and procedures	• Review existing • Benchmark • Develop revised • Review annually	SWB/ Steven Kelly 2010-2011	Improve current processes to improve efficiency and service users experience
3	Develop a performance management framework	• Agree Governance arrangements • Agree reporting mechanism • Review annually	SWB September 2011-2012	Performance of the service will be effectively managed and reported
4	Review the range of equipment available	• Research • Current availability • Cost	Steven Kelly 2012-2013	Improvements to the availability of equipment to support independence
5	Further develop the partnership approach to telecare and telehealth development	• Review current availability • Partnership approach with PCT	SWB 2012-2013	A holistic model of provision will be implemented
6	Review partnership arrangements with Housing		Steven Kelly	Improved approach to housing support

	providers		2012	
7	Review charging framework	• Map current • Benchmark • Fairer charging • Recommendations to SMT	SWB/ finance team 2011	Charging framework will reflect the cost of the service
8	Review implementation	• Numbers of people supported • Outcomes • Finance	2012	Recommendations for future development
9	Ensure continued consultation with users of the service and their carers	• Regular feedback on progress • Focus groups • Established groups e.g. OPEN, Halton speak out	2011-2015	All users will be fully engaged on future developments
10	Achievement of efficiency targets	• Map actual spend on the service • Utilise the DOH evaluation tool to map health and	2010-2015	Predicted efficiency targets will be achieved

		social care efficiencies		

HALTON BOROUGH COUNCIL

Adults and Community Directorate

TELECARE STRATEGY

2010- 2015

DRAFT : 15.05.10

CONTENTS

PREFACE

The Authority is committed to providing a range of care and support options, for all the citizens of Halton that values them as individuals and enables them to actively contribute to society. Care and support should promote citizens autonomy, self-determination, safety and well–being. The Authority believes that telecare has a small but significant role to play in promoting this independence and well-being through addressing concerns about safety, security and risk taking where physical and mental health issues compromise the individual's abilities to meet their own needs.

Telecare complements a range of other care services in the community and we advocate the use of such technology as part of the existing policies and procedures for the assessment of need within health, social care and housing provision. The clear ethical frameworks explicit within these policies and procedures supports person centred practice in relation to choice, protection, risk management and consent.

This Strategy therefore explains more about what Telecare is how it is operated and how we plan to develop these important services further.

Dwayne Johnson
Strategic Director
Adults & Community Directorate

SECTION ONE: TELECARE IN CONTEXT

INTRODUCTION

National policy is directed towards meeting the housing, health and social care needs of older people and adults with a disability in their local community and, where possible, within their own home. This is to be achieved through the commissioning and development of a range of services from the statutory, voluntary and independent sector that maximise independence and self care, reduce and manage risks, provide timely and appropriate care and health interventions and, promote social inclusion. The emphasis is to increase the opportunities for citizens to be active participants within their local community.
The exploration and development of technologies for the delivery of community engagement and the provision of health and social care have created new and innovative ways that people can access the services they need. Telecare is one area of technological developments promoted by central government.

There is now a growing evidence base that, in tackling the crucial social, economic and organisational challenges we face in the future provision of health and social care, telecare offers a set of low cost options, not yet adequately mainstreamed, which can reduce avoidable pressures in the system, releasing financial and human resources to be deployed elsewhere.

WHAT IS TELECARE?

> Telecare is care provided at a distance using information and communication technology (ICT).
>
> *Telecare is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living. (DH 2005c)*

Telecare includes equipment such as detectors or monitors e.g. fall or motion detectors, which are connected to community alarm systems, this in turn triggers a warning at a control centre that can be responded to within specific timescales. It is worth considering that technology is constantly developing and there is likely to be more varying types of equipment available in the future with increasing availability of mobile and wireless technology.

Telecare is designed to enable people to remain in their own home; it helps to support increased safety, confidence and independence. As Telecare increases in use and quality it will be increasingly used as part of a care package with other related services. In it's practical sense Telecare sensors can help reduce risk to a service user in three key ways:

- Lessening the impact of a known hazard e.g. shutting off a gas supply or putting on a light at night when someone gets out of bed.

- Lessening the impact of an incident that has happened e.g. a user falls and breaks a hip; a falls monitor will detect it and reduce the time elapsed before treatment is received.
- Recognising behaviour that could present a risk to the user e.g. wandering

Furthermore, Telecare can reduce the fear associated with risks and thus promote independent living.

Housing and Telecare

As part of the strategy for telecare we need to consider how future housing provision will incorporate technology. This will include any new builds, extra care housing, sheltered accommodation, and residential and nursing homes. Technology will make a huge difference in the level of independence that people can experience at home as well as potential resource savings across all parts of the sector.

Telecare and the wider health, housing and social care agenda

Much of the Telecare technology has been developed with a close link to community alarm systems. These long-established alarm systems typically include telephone handsets and pendants linked to a control centre. A strong research base in the UK and around the world has developed and evaluated products from simple smoke and heat sensors to complex telemedicine monitors, allowing clinical activities to be carried out without the Clinician and patient actually meeting. Specifically within in the field of community care for long term conditions, systems for monitoring vital signs at home, known as “Telehealth technology”, are proving to be especially effective in improving outcomes for patients and saving resources for the NHS, (mainly the Primary Care Trust).

This research base has demonstrated that Telecare can make a significant difference in a variety of environments and links to a range of health, housing and social care initiatives. Telecare is making the transition from protecting ‘property’ to protecting ‘people’. Sensors are now becoming more reliable and smarter in their performance. In time they will be able to support a wide range of service users in a variety of environments.

Recipients

International and national evaluations and research suggest that Telecare is notably relevant as an adjutant to the assessment, care and support of older people and adults with health and social care needs. This includes older people with physical frailty, long-term conditions and mental health issues and younger adults with acquired and congenital impairments.
Significantly Telecare can also support carers through providing monitoring and responsive support that reduces both carer anxiety and burden. In addition, a variety of Telecare applications have the potential to provide lower level and preventative support to individuals not actively known to health or social care but at risk in the community.

Telecare in Learning Disability Services

Alongside the transformation in service delivery that is being driven through the "Valuing People Now" initiative, Telecare is proving to be an excellent tool for giving greater independence to service users with a Learning Disability. This success in relation to service users themselves is enhanced by the positive impact on the lives of carers as well, who find that they too gain independence that they never thought they would experience again. Finally, the professional staff involved are also discovering that they can use their skills more effectively, focussing on improving outcomes for people, rather than guarding them against risk.

THE NATIONAL CONTEXT

A number of key policy documents have described the need to shift the way we deliver health and social care services, from reactive crisis support to a more planned approach to early intervention, prevention and support in the persons own home. This approach will deliver improved outcomes for the people with an emphasis on independence; choice, dignity and respect, balanced with ensuring the services we offer demonstrate value for money.

The provision of effective telecare services is integral to this policy shift, and has been highlighted in a number of recent policy documents:

- **The Green Paper – Independence, Well-being and Choice; Our Vision for the Future of Social Care for Adults in England (2005)** where the vision is of high quality support meeting people's aspirations for independence and greater control over their lives, making services flexible and responsive to individual needs.

  'Telecare has the huge potential to support individuals to live at home and to complement traditional care. It can give carers more personal freedom and more time to concentrate on the human aspects of care and support and will make a contribution to meeting potential shortfalls in the workforce'.

- **Our Health, Our Care, Our Say (2006)** The White Paper, published in January 2006, sets out the reforms intended to develop modern and convenient health and social care services. Telecare is identified as a key element of these reforms.

  'So for people with complex health and social care needs, we plan to bring together knowledge of what works internationally, with a powerful commitment to new assistive technologies to demonstrate major improvements in care….
  For example, remote monitoring enables people to have a different relationship with the health and social care system. It enables people to feel constantly supported at home, rather than left alone, reliant on occasional home visits or their capacity to access local services'

- **The Wanless Report – Securing Good Care for Older People (2006**) identified that the cost to the public purse is greater when services are focussed on intensive interventions to manage complex health and social

care needs, and that it is cost effective to shift the focus to prevention and the promotion of good health, supporting people in the community and reducing reliance on residential and acute hospital care.

This report supports the move to Telecare and the Government policy shift identified.

'Enough pilot studies have now achieved positive results for telecare to be moved into the mainstream when planning long term care for the elderly. Funding should be deployed to realise the potential net value of telecare'

- **Putting People First (2007)**
  Reports on the changing face of social services with the personalisation of services through initiatives such as Individual Budgets says:

  'Person centred planning and self-directed support to become mainstream and define individually tailored support packages. Telecare is to be viewed as integral not marginal'.

- **Lord Darzi (2008) "High Quality Care for all",** builds on the direction set in "Our Health, Our Care, Our Say", and highlights the need to improve prevention, deliver services as locally as possible, and deliver patient choice and personalisation.

  Including the value of introducing technology into supporting community health and social care:

  'Improved technology is enabling patients that would once have been hospitalised to live fulfilling lives in the community, supported by their family doctor and multi-professional community teams. Where patients were once confined to hospital, Wireless and Bluetooth technologies allow their health to be monitored in their own homes. For instance, a thousand people in Cornwall are having simple-to-use biometric equipment installed in their own homes, enabling them to monitor their own blood pressure, blood sugar and blood oxygen levels. This information helps to prevent unnecessary hospital admissions. This is better for patients and their carers, delivers improved outcomes, and is a very efficient way of using NHS resources. An even bigger factor in the shift from hospital to home is the up-skilling of a wider range of staff, and the removal of barriers to more independent working in the patient's interest.'

- **National Dementia Strategy**

  The strategy "Living Well With Dementia", identifies 17 key objectives, which when implemented, largely at a local level, should result in significant improvements in the quality of services provided to people with Dementia and should promote a greater understanding of the causes and consequences of dementia. This strategy should be a catalyst for change in the way that people with dementia are viewed and cared for in England.

  This strategy has multiple references to telecare and a dedicated objective.

The aim of the strategy is to ensure that significant improvements are made to dementia services across three key areas:

1. Improved awareness- we need to ensure better knowledge about dementia and remove the stigma that surrounds it
2. Earlier diagnosis and intervention- we have to ensure that people with dementia are appropriately diagnosed
3. Higher quality of care- we must develop a range of services for people with dementia and their carers which fully meet their changing needs over time.

Objective 10 Housing and telecare for people with dementia:

Considering the potential for housing support, housing related services and telecare to support people with dementia and their carers.

The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.

- **Building a National Care Service**

It is important to note that telecare is embedded throughout the document, not just confined to one section:

- Importantly telecare is included in the definitions of adult care and community care
- Newham telecare case study is featured in the case for change- *"Jill now has a pendant, a heart detector in the kitchen and a radio pull cord in the bathroom"*
- Telecare is included in the Vision for NCS and Delivering the Vision sections- "*Telecare gives greater independence, before telecare my family would come round and check on me every night. Having telecare has given me independence and my family peace of mind"*

The report clearly supports the intervention of telecare:

"Where it is shown that an intervention works and is affordable, we want local authorities to ensure that everyone can benefit from it quickly". Adding later: "When someone's care plan is designed, prevention services, such as telecare will be a fundamental part of their package, wherever they live"

Telecare in Newham

Ex nurse Jill, 77 years old, is registered blind and has a frail physique from childhood polio. As a result, she is prone to falls.
Though she has a carer who comes in twice a week to help her around the home, a concern for her is being at home alone, if she has an accident with nobody there to help her. In 200 she had 2 falls at home which prompted her to seek an alternative solution.
Jill now has a pendant she can press if she needs assistance, a heat detector in the kitchen to warn of high temperatures, and a radio pull in cord in the bathroom.
She said, " Because of my nursing experience I was thrilled to hear these things were being developed to help protect vulnerable people and help them maintain their dignity so they can feel like they are still capable of carrying on themselves. Now I can have a bath on my own, I feel safer and it helps me to retain my independence".

THE LOCAL CONTEXT

The Borough of Halton has a challenging agenda to improve the lives and wellbeing of its citizens. Indices of health and deprivation, demographic changes and inward investment suggest that Halton will have a population that has moderate to high rates of people with long term health conditions in the 55+ age group, an increase in the proportion of people in the older age groups and limited resources on which to draw to support these groups. Halton's resident population is 119,500 (2006).

Older People

Halton mirrors the national picture of an ageing population, with projections indicating that the population of the Borough will age at a faster rate than the national average. In 1996 12.9% of the population were aged 65 and over by 2006 this had increased to almost 14% and by 2015 this is projected to have increased to 17%, which will have a significant impact on Health and Social Care services and resources.

One of the largest growths (up by 19%) will be seen in potentially the most frail and dependant group of over-85's. On average older people are more likely to report lifestyle limiting illness, to live alone, live in poverty and to rely on public services and informal carers for support.

Dementia is most common in older people, with prevalence rising sharply amongst people over 65 years. It is also one of the main causes of disability in later life. The number of people with dementia is forecast to increase by 55% between 2010 and 2025 rising from 1085 to 1683

Adults with disabilities or a limiting long term illness

In Halton the number of adults living with a limiting long-term illness is higher than the national average at 22%. Increases in the prevalence of diabetes and the incidence of heart disease are increasing as a consequence of obesity rates in Halton.

People with a learning disability

It is predicted that the population of people with learning disabilities will grow by 6% by 2011. Of further significance is that people with a learning disability are living longer. Adults with learning disabilities have poorer general health than the wider population and have more difficulties in accessing mainstream health services. Since 2002 there has been a significant shift in the way services are delivered, to supporting more people in the community as an alternative to residential type services.

Carers

Carers provide a significant proportion of community care as services target provision on those with highest need.

There are as many as 13,531 carers in Halton and 3,696 provide over 50 hours unpaid care a week. 14% of carers in Halton state that they are in poor health, and as the population ages there is predicted to be a steady increase in the number of older carers. All these factors indicate an increased demand for services to support carers in Halton.

Key Local Strategies/Developments

A number of local strategies/developments within Halton, have been developed to support the strategic shift from crisis management of ill health to one of early intervention and prevention, the provision of Telecare Services are integral to the implementation of these strategies:

- **Joint Commissioning Strategy for Dementia 2009**

  The Joint Commissioning Strategy for Dementia addresses all of the recommendations of the National Dementia Strategy and sets out a broad programme of development for the boroughs that is intended to address public health issues, raise awareness, combat stigma, facilitate the development of peer support, and provide comprehensive early assessment, care and treatment to all who need it.

- **Enablement Services**

  Enablement has an essential role in meeting the Health and Social care needs of individuals to prevent unnecessary admission, expedite appropriate hospital discharge and avoid premature admission to care homes. Older people are particularly vulnerable at transition points in care, so services need to work together and share responsibility for meeting people's needs through access to appropriate care, in the right place, at the right time, first time.

The enablement function will enhance the appropriateness and quality of care for individuals and help adults to realise their full potential as well as regaining their health. Enablement services will also have a significant impact on the health and social care system as a whole by making for effective use of capacity and resources, the provision of a telecare and telehealth are integral to this overall approach.

- **Early Intervention, Prevention strategy 2010**

Halton Borough Council and NHS Halton and St Helens have drawn up this strategy to establish a clear framework and rationale to support an increased shift to improving preventive and early intervention services in the Borough. The document is a local response to the national documents “making a strategic shift to prevention and early intervention- a guide department of health 2008, Our health Our Care Our say 92006), Putting people first (2007, Transforming Social Care (2008) and High Quality for all (the Darzi report, 2008).

- **Joint Carers Commissioning Strategy 2009 - 2012**

The Joint Commissioning Strategy has been developed via ongoing consultations and contributions from stakeholders who provide services to carers as well as carers themselves. We have listened to what carers have told us about the help and support that they need and have responded by addressing the issues throughout the Strategy.
The Strategy is written as a practical document, including an action plan, to support services in Halton move towards a more focussed way of commissioning services over the next three years

POPULATION NEEDS ANALYSIS

The figures in the tables below clearly demonstrate the projected increase in the population over 65. Halton is projected to have an increase of 63% in the older population and this compares to an increase of 52% nationally.

In addition there is a 66% increase in the number of older people who will be living alone across Halton.

The figures also illustrate a 3% fall in the number of people aged 18-64 with a learning disability, however there is an anticipated increase of 64% in people over 65 with a learning disability.

National figures

Total population over 65 living in England (projected)

	2009	2015	2020	2025	2030
65-74	4,381,500	5,201,100	5,449,700	5,473,000	6,135,700
75+	12,470,500	14,227,900	15,676,300	17,702,200	19,623,500

Projected number of older people living alone in England

	2009	2015	2020	2025	2030
65-74	1,105,160	1,311,020	1,374,130	1,379,050	1,546,300
75+	2,031,500	2,237,501	2,515,366	2,995,216	3,300,667

% of people over 65 living alone (projected)

	2009	2015	2020	2025	2030
65-74	25.2%	25.2%	25.2%	25.2%	25.2%
75+	16.3%	15.7%	16.0%	16.9%	16.8%

Halton Figures

Total population over 65 living in Halton (projected)

	2009	2015	2020	2025	2030
65-74	9,700	12,200	13,600	13,500	14,200
75+	24,500	28,800	32,600	37,500	41,600

Projected number of older people living alone in Halton

	2009	2015	2020	2025	2030
65-74	2,500	3,080	3,440	3,400	3,600
75+	3,677	4,091	4,600	5,835	6,656

% of people over 65 living alone in Halton (projected)

	2009	2015	2020	2025	2030
65-74	25.8%	25.2%	25.3%	25.2%	25.4%

75+	15.0%	14.2%	14.1%	15.6%	16.0%

% of people 18 – 64 & 65+ predicted to have a learning disability

	2009	2015	2020	2025	2030
18-64	1,847	1842	1821	1,795	1,791
65+	355	426	484	534	583

Conclusions

Due to the changing population and more older people will be living alone you can see that there is an increased need to consider innovative and cost effective solutions to support people in their own home. If numbers in residential and nursing care accommodation were to increase at the same rate as the projected population growth then the implications on both resource and capacity would be far reaching. The use of technology in the form of telecare is one solution that could support the shift to a more preventative approach and help to support more people in their own home.

SECTION TWO: CURRENT PROVISION

INTRODUCTION

Halton Borough Council and partners in the NHS have been developing the use of Telecare since October 2005, with a range of equipment and service responses being piloted. The service was initially funded through the Vulnerable Adults Taskforce, followed by funding available through the Preventative Technology Grant and Access and Systems capacity Grant, in addition to supporting people funding for the basic lifeline service.

Mainstream funding was identified to continue the telecare Implementation Officer role.

The service is delivered as an integrated provision with the councils Community Alarm Service, which is provided by the contact centre and the community warden service. The Contact Centre manages referrals and call handles alarm triggers. The Community Wardens provide demonstrations, installation and maintenance of the equipment and the mobile response for the service.

There are three levels of service provided:

- Level 1- is the traditional community alarm service, the user is provided with an alarm pendant and usually a smoke detector if required. A warden response is provided when the alarm is activated.

- Level 2- is the traditional community alarm service, plus up to two pieces of additional equipment. A warden response is provided when the alarm is activated.

- Level 3- is the traditional community alarm service plus a number of complex pieces of telecare equipment. A warden response is provided when the alarm is activated.

The service is available 24 hours a day, seven days a week.

STAFFING ESTABLISHMENT

- 0.5 WTE principal manager
- 1 WTE assistant manager
- 16 WTE community wardens
- 1 WTE Telecare implementation officer
- A telecare installation officer (0.8 WTE) (partnership with Age Concern)

The current Community Alarm Service has in excess of 1765 service users registered with the service (Level 1). Of those 1765 service users approximately 128 people have received an active telecare service during 2009/2010 (Level 2 & 3).

Since 2005 343 service users have benefited from receiving a level 2 or 3 telecare service in Halton, and there has been a steady increase in the number of people referred year on year.

Budget

The total gross budget for the current Community Alarm Service is £622,450.

Based on the current charging framework the total income for the service is £588,070 and community care contribution of £34,380.

Financial Benefits of the Current Service

The potential financial savings from level 1 service provision have not been calculated

From 2005 to 2010 A total of 343 people have received a level 2 or 3 service.

The total net savings have been calculated at £690,494, compared with the estimated cost of traditional care provision.

Table 1 shows the year by year savings achieved, the savings have been calculated by comparing the package during connection of telecare with the package that would have been required if telecare was not available, Appendix 2 outlines a detailed snap shot of the financial model used.

CAPACITY

The capacity of the service is identified by the number of active service users the service is able to manage at any one time.

Although this is approached flexibly, on average the Current Community Alarm service has an overall service capacity of approximately 2,000 users, (levels 1, 2, and 3).

The existing capacity for level 2 & 3 service users is between 70 and 80 people.

Learning Disability Service

Halton Community Alarm Service also provides a service to the Halton Supported Housing Network. Telecare services are used to support 12 people in 8 properties. This service has been used to replace the traditional use of “staff sleep ins”, releasing an overall saving of £49,260 on the staffing budget. There is further scope to increase this support, however an evaluation of the current provision is required.

With the use of technology as an alternative to traditional “sleep ins” the service package can be designed to meet the individual needs of the service user and improve independent living, rather than the traditional one service fits all approach.

Stand Alone Equipment

This system can be used onsite, without the need for activations to go to the community alarm service, but can be used for an “on site” response, either by staff or family and carers. This system has been used for a number of people. However, this service needs to be evaluated before recommendations can be made for further use.

Charges

The current service is a chargeable service, which is funded through supporting people.
Charges apply to each service level provided.

An enablement approach has been built into the service, whereby any service user requiring level 2 or 3 services are not charged for the first two weeks, this is to ensure that the correct level of service is assessed and provided.

Service charges include the response and equipment element of the service.

EQUIPMENT

Equipment costs have been calculated on the stock items available within service level 2 and 3 but exclude the cost of the base alarm unit and smoke alarm supplied within service level 1 (current cost £176.80).

For the period April 09 February 2010 a total of 125 people have been connected to the service:-

- 60% (75) are currently active
- 40% (50) have been disconnected

A total of £21,100 worth of equipment has been installed which averages to £168.80 per installation.

The majority of the equipment is reusable however items such as bed sensor pads, chair sensors pads and carbon monoxide detectors need to be replaced at set intervals and therefore this on cost needs to be considered.

Telecare peripherals are supplied with a two-year manufacturer's warranty however the bulk of the stock held at present was purchased with the Preventive Technology Grant and therefore is out of this warranty period, this will require additional funding.

As the range and availability of Telecare equipment has increased, the current charging framework is no longer able to cover all the costs, in particular at the complex end, level 3.

EVALUATION OF CURRENT PROVISION

In January 2010 an evaluation of the current service was completed. This evaluation provided us with a baseline of the current provision.

Since the introduction of telecare in 2005, the number of people referred to the service has increased year on year. During 2009/2010 there has been a 25% increase in the number of users on the service. The data also indicates a yearly increase in level 2 and 3 services provided. 76% of all service users have received support around falls and wandering, with the majority of service users being in the 75+ age range.

The full evaluation of the current Telecare service is attached in **Appendix 1.**

A number of recommendations were identified from the service evaluation, and will be implemented as part of this strategy:

- Improve logging of referrals and assessments.
- Further development of training (Develop the Telecare Training group.)
- Implement improved quality and performance measures.
- Increase the use of more sophisticated Telecare platforms.
- Ensure Telecare is included in partnership plans to support people at home.
- Ensure system compatibility problems are addressed.
- Upgrade Tracking via Reviews.
- Extend the use of Virtual sensor technology.
- If there is local demand for an enuresis detector, then HBC will approach PCT for funding to expand into this new area of service.
- HBC will provide a ‘best practice’ Telecare service, (Telecare Services Accreditation).

CASE STUDY

Mrs D is 96 years old who lives independently with support at home. She has occasional episodes of confusion and has been known to wander during the night/early morning. She has very good family support and spends most daytimes with her granddaughter but returns home in the evening. Neighbours had alerted granddaughter that Mrs D had been seen out in the late evening/early morning in her nightclothes. Granddaughter approached SS. Mrs D referred by social worker for Telecare equipment to monitor possible instances of wandering at night/early morning.

Following a home assessment Mrs D had a property exit sensor installed in March 07. The system was set to monitor between 22.30 - 06.45 and was to alert if Mrs D left the property during this time and did not return within 3 minutes.

Since this time there have been 2 instances of wandering detected.

At 01.50am one day the equipment activated and the local community warden response service were dispatched to check on her. On arrival Mrs D was found not to be at the property and the local police and her Next Of Kin were informed, a speedy search of the area was undertaken and Mrs D was located in a neighbouring street and returned home.

At 06.08 am one morning a call was received at the control centre indicating the Mrs D had wandered. The local community warden response service was dispatched to check on her. On this occasion Mrs D was found not to be at home but was quickly located at neighbours. On this occasion Mrs D did not want to return home and was left in the safety of her neighbours and her Next Of Kin were informed.

Outcome

Mrs D has been able to remain at home safely. Her family have the reassurance to know that should she wander, it will be detected at an early stage. Data from the system will enable possible trends in patterns of wandering to be detected and early intervention to be given.

CONSULTATION

As previously stated telecare was first developed in Halton from 2005. At this time a full consultation exercise was completed, feedback and comments from this exercise have been included in the development of this strategy.
This consultation exercise included:

- A letter to approximately 1100 Halton residents, using Halton OPEN and carers centre mailing lists. This provided local people with a brief outline of the function of telecare and invited them to make an appointment to visit the Intermediate Care Bungalow for a demonstration of telecare applications and sensors. A feedback questionnaire was completed to ascertain people's thoughts and opinions on the use of telecare.
- A press release was sent to local free papers, this further widened communication/consultation and gave the wider community the opportunity to attend the demonstration and feedback their views.
- All HBC staff were also invited to attend the demonstration sessions. In addition updates were provided at team meetings and the Older Peoples LIT
- Primary Care Trust, local GP's and Primary Health Care Teams.- an email was sent to all PCT managers and staff were invited to attend the demonstrations, an information leaflet was also circulated.
- Acute Trusts- Managers and senior clinicians have been informed of the developments and encouraged to cascade to staff.
- Local Councillors- Article in information bulleting, in addition Local Councillors were invited to attend the demonstrations.

During the development of this strategy we have also consulted with:

- Older People's LIT
- Halton OPEN
- The Early Intervention and Prevention steering group (Multi agency)
- Health Policy and Performance Board
- Senior management team, Adults and Community

In addition we have used information from Service user feedback to support the development of the strategy:

- Information from service user questionnaires on the quality of the service provided
- Feedback from professional staff who use the service.

- Focus Group studies. The purpose of the focus groups was:

  - To invite and explore the opinions of Halton's Telecare users (some of whom were carers) who had been using telecare for a period of a few months to 18 years and non users (as a comparative control)

  - To provide qualitative evidence that telecare supports Halton residents to live as independently as possible in their own homes

- Seek ways in which services may be improved as part of a telecare strategy.

The main recommendations from the focus groups were:

- Publicity and information needs to be enhanced to make the available services better known.
- More time should be spent during assessment discussing and demonstrating the available sensors and how they work
- The benefits of telecare for carers needs to be further explored
- Telecare must be promoted more widely, particularly among vulnerable people with carers
- Clarity on charges needs to be established

As part of the implementation of the strategy for consultation and engagement with a number of service user groups will be completed.

SECTION THREE : FUTURE PROVISION

INTRODUCTION

Following the Department of Health's guidance *Building Telecare in England and the Preventative Technology Grant arrangements (2006-08),* a number of Local Authorities across *the* country have been expanding their Telecare services and making wider use of the assistive technologies available to support people to remain in their own homes. However in most Authorities this has been a steady approach.

Where it has been offered the outcomes for people who use the services have been positive and the Authority has evidenced efficiency savings.

The actual expenditure on telecare services is still very modest when compared with the total health and social care expenditure and the pattern of Telecare implementation since 2006 has not been sufficient to keep pace with the growing numbers of people who may benefit from it. This is why a new approach to mainstreaming telecare services is being discussed and implemented nationally.

Appendix 2 Examples of Good Practice from Other Local Authorities.

BENCHMARKING

Comparing the current provision in Halton with some of the best practice examples, in relation to the number of people we support with telecare will provide us with a means of estimating the number of people we should be aiming to provide with a telecare service. To do this we used the North Yorkshire County Council (NYCC) example:

Comparator	**NYCC (POPPI data 2008)**	**HALTON (POPPI data 2008)**	**%**
Population 65+	115,800	17,100	14.8
Population 75+	55,300	7,400	13.4
Population 85+	16,000	1,800	11.3
Number of new clients assessed per month	5,205	1,085	20.8
Number of people admitted to permanent residential/nursing care	845	108	12.8
Number supported in residential/nursing care	4,068	505	12.4

These figures indicate that Halton is approximately 13% of the size of North Yorkshire and doing comparatively well in terms of demand for residential or

nursing care, with rates of residential and nursing care admissions and placements being approximately 12.5% of the North Yorkshire rates.

As at June 30th, 2009, North Yorkshire had 12,265 telecare users, (levels 1, 2 & 3), of these approximately 20% were receiving level 2 and 3 services, therefore, using the same "13%" comparator Halton should have 1,594 telecare users, of these approximately 353 should receive level 2 and 3 services.

In Halton currently we have 1765 telecare users (Level 1,2 and 3), based on benchmarking with the North Yorkshire Service Halton have an additional 171 users.

However, when we compare the number of people on the level 2 and 3 services Halton should have 353 users per year, currently we have approximately 70 per year. (Dependant on the length of stay on the service).

Halton will need to increase the numbers of people on the level 2 and 3 services by an additional 283 people to achieve the level of success in the provision of telecare services as North Yorkshire and other good practice sites referenced.

EFFICIENCIES

To calculate the efficiencies achieved from the current service provision the finance team, working in conjunction with the community Alarm service and Care Managers, completed an assessment of the 343 people who have received a level 2 and 3 services since 2005. The efficiencies that have been achieved were calculated by estimating the costs of the provision of a traditional service against that of a telecare service. (Table 1). (Appendix 3)

The Department Of Health (CSED) have worked with us to verify the efficiencies identified, and using their evaluation tool on the data provided from Halton they have estimated a similar level of efficiencies.

Table 1

The actual net annual efficiencies made are detailed below: -

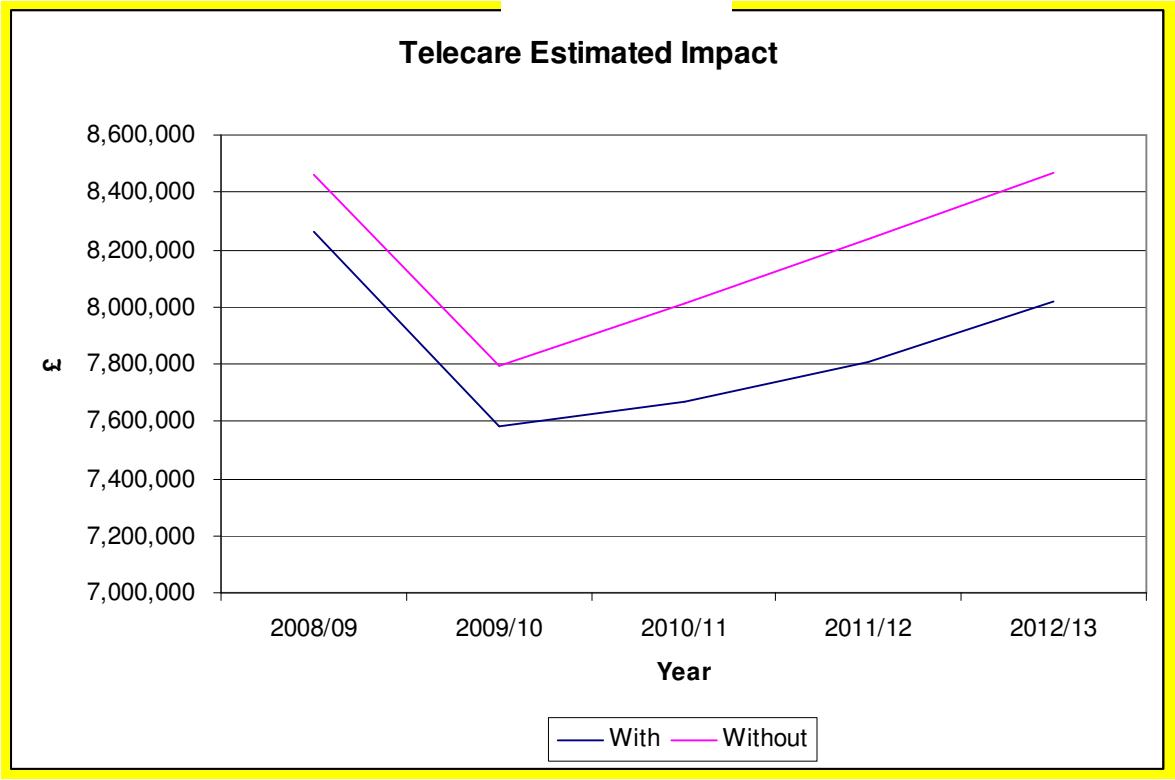
	Annual efficiencies				
Description	**2005/06**	**2006/07**	**2007/08**	**2008/09**	**2009/10**
Non Dementia Closed Cases	11,533	61,366	107,636	59,464	20,254
Non Dementia Average for Open Cases		18,294	34,709	132,406	180,829
Total Non Dementia	**11,533**	**79,660**	**142,345**	**191,870**	**201,083**
Dementia Closed Cases	1,457	30,010	37,488	21,212	10,718
Dementia Average Open Cases		2,507	5,465	6,287	25,581
Total Dementia	**1,457**	**32,517**	**42,953**	**27,499**	**36,299**
Overall Total	**12,990**	**112,177**	**185,298**	**219,369**	**237,381**
Estimated efficiencies with 10% Risk	**11,691**	**100,959**	**166,768**	**197,432**	**213,643**
Actual Clients per year	24	116	121	120	170
Estimated Savings if 353 clients					**444,932**

This work has also demonstrated that a more personalised service, that better meets assessed need has been delivered as a result of this new approach. This is borne out by the fact that in 24 of the cases, the "actual package cost" was greater than the "would have cost" package reported, but the client has clearly been able to stay at home where they would prefer to be. So not only is the service providing significant efficiencies, but it is also better meeting the needs of the clients and carers involved.

The graph below shows the trend line for the spend on the community care budget due to an increasing population of older people, and compares this with the impact on the spend with the implementation of mainstream telecare services.

The graph shows a dip from 2008/09 to 2009/10 due to a home care re-tender and in the main clients transferring to Continuing Health Care. This trend is not anticipated to continue with an expectation that community care expenditure will increase due to an ageing population.

The trend line without shows the likely impact Telecare will have when the service gradually expands in 2010/11 to 353 active clients.



The mainstream use of telecare has been evidenced nationally and locally in achieving efficiencies compared to the use of traditional care services, in particular the reliance on long term residential care. If Halton do not implement the recommendations within this strategy the impact on spend within the community care budgets will not be affordable, particularly with the current financial pressures.

There are also some examples of Local Authorities using telecare to provide additional support for people living in the community, rather than having staff available 24 hours a day.
In Halton this approach has been used in the Supported Housing Network (In-House current provision section 2), this approach has released £49,260 net efficiencies.

PROPOSED SERVICE MODEL

The current service model has been established for the telecare service built on the community alarm infrastructure, this model of provision has recently been evaluated (Appendix 1) and identified as an effective model, therefore it is proposed that we maintain the current service with the addition of a dedicated telecare team (Table 2). This will support the proposed increase in service capacity to provide a service to an additional 283 people annually on the level 2 and 3 service, in line with the best practice evidence available and the recommendations of this strategy.

The service will be continue to be available 24 hours a day 7 days a week, the community alarm service will continue to deliver the assessment, installation, response and review element of the service.

The dedicated team will be established based on the details in table 2, at a cost of £144,890. It is proposed that this funding is provided from the existing community care budget, in line with the predicted efficiencies.

Table 2 Recommended Staffing Establishment

	Current	**Cost**	**Proposed**	**Additional Cost**	**Comments**
Staffing	Telecare Implementation Officer (HBC 6) Installation officer- Partnership with Age Concern (0.8 WTE)	£37,702 £20,000	Telecare Manager (HBC 9) Installation Officer - Partnership with Age Concern (1.4 WTE) Telecare officers x 4 (HBC 4)	£13,463* £20,000** £94,427	Redesign of an existing post **Increase in current establishment
TOTAL				**£127,890**	
Equipment	Within existing budget		Telecare Specialist kit Replacement costs Maintenance contract	£3,798 £830 £5,372 £2,000	
TOTAL				**£12,000**	
Marketing & Publicity	Within existing budget		Public re - launch of service Service leaflets Information packs Media Broadcast (4 weeks)	£5,000	
TOTAL				£5,000	
Training	Within existing budget		Tunstall Telecare Manager/ Officers	Existing	
Performance Framework			ICT systems and hardware	Existing	
TOTAL				**£144,890**	

The dedicated team will operate 9-5, 7 days a week, and focus on levels 2 and 3 services only, to complete assessments, installations and review.

In addition this team will be responsible for implementing a training and awareness raising across the whole system, to ensure telecare is a mainstream option for people.

Appendix 4 describes the Service Model

Enablement

The service will continue to provide an initial enablement period of 2 weeks, which is free of charge, to all people referred for level 2 and 3 services.

In addition further expansion of the enablement approach will be explored within the implementation of this strategy.

Service Capacity

The increase in capacity will be for level 2 and 3 services.

Service capacity will be approximately 353 service users annually.

Budget

The total gross budget for the proposed service will be £767,340. This includes the additional £144,890 for the dedicated telecare service.

Financial Benefits

The estimated net efficiencies attributed to the increase in the service at level 2 and 3 is £444,932 annually.

Learning disability services

The service will continue to provide support and further development to the supported housing network, including an evaluation of the current provision.

In addition further work on “stand alone” systems will be progressed. The dedicated telecare team will ensure we have the capacity to provide specialist support to this area of work.

Housing and telecare

The dedicated team will ensure we have the capacity and expertise to provide support, advice and training within the housing sector, including extra care developments.

Telehealth Services

The potential for the rapid development of a teleheath service alongside the telecare service remains part of the overall plan. This element is waiting further joint working with NHS Halton and St Helens before being progressed beyond the planning stage.

Charges

In light of the service development a review of the charging framework will be completed, to reflect the enhanced service options at level 2 and 3.
The current service is funded through the Supporting People framework, however level 3 services are providing a care service, and as such the review of the charging framework will include a recommendation for level 3 services to be included within the Community Care Framework.

Equipment

Charges for equipment provision are currently included in the overall service charge. However due to the increasing availability and use of more complex equipment the current charging framework will not cover the costs, and therefore requires reviewing.

Additional equipment provision

Future developments in the range of telecare options will be explored within the new service;, including;

- **Epilepsy/Enuresis (equipment costs circa £165 - £310)**

Although the cost of equipment for epilepsy and enuresis sensors are comparative to equipment currently within service level 3 the response required for these types of situations is likely to impact on other services.

- **Gas Escapes (equipment costs circa £600 + installation costs)**

In order to monitor and support issues relating to natural gas escapes installation of this equipment needs to be undertaken by qualified gas and electrical engineers. This may be an area of partnership working which could be developed with local RSL.

- **Medication Dispensers (equipment costs £135 - £200)**

As with epilepsy and enuresis monitoring the management of this sensor is likely to impact on other services. However the potential cost benefit that may be achieved using this sensor in preference of care visits needs to be calculated.

- **Hearing Impairment (equipment costs £20 - £400 + installation)**

Further technological support could be offered to people with hearing impairments in the event of environmental issues such as fires and floods. A range of equipment is available, visual call beacon, vibrating pagers vibrating pillow alerts. Installation in some cases will need to be undertaken by qualified electrical engineers.

TRAINING

Training is central to the continued development of Telecare Services in Halton. This will require a whole system approach, to bring about a culture change and support to develop telecare as a mainstream option for supporting people to live independently in the community.

In all of the successful telecare development projects to date a key success factor has been the commitment and support of the senior management team to the project. This has included both Executive officers as well as Local Councillors. Therefore it is essential that a programme is in place to ensure that all senior leaders and their management teams are confident and "on board" with the telecare initiative.

In addition all "front line" staff, across the whole system will be trained and confident in the application of telecare services. All frontline staff need to be knowledgeable and confident about telecare services so as to be able to recommend and endorse their use as part of an appropriate individual care package.

Appendix 5 contains details of the training plan

PERFORMANCE MANAGEMENT FRAMEWORK

Key performance standards and outcomes are clearly established, for the Community Alarm Service, through the Telecare Services Association's (formerly the Association of Social Alarm Providers (ASAP)) Code of Practice and The Supporting People Quality Assessment Framework.

Telecare Services Association Code of Practice

For the community alarm service key performance standards and outcomes are clearly established through the Telecare Services Association's (formerly the Association of Social Alarm Providers (ASAP)) Code of Practice.

Part 1 of the Code of Practice gives recommendations for the planning, construction, facilities and operation of Centres receiving calls from social alarm and telecare systems.

The key performance indicators for the operation of alarm services are around the time taken by the Centre to answer calls – 80% of calls to be responded to within 30 seconds; 98.5% within 60 seconds.

The Code of Practice states that "managers of alarm receiving centres should identify, set and monitor performance indicators determining the effective delivery of their services and service values and the customer experience of their service. Such indicators should include but not be limited to call answering, call rejection and customer satisfaction. "

To meet the requirements of the Code, Centres must produce an annual performance report.

Part 2 of the Code of Practice addresses practice for marketing, supplying, installing and maintaining alarm services to individual service users.

Part 3, which relates to mobile response, was issued in October 2005.

Performance indicators for the mobile response element must include but not be limited to:

- Number of planned visits achieved as a % of planned visits contracted to provide (Service providers expected to achieve 100% taking account of voids, service users in hospital or on planned absences to assess the % of achieved visits)
- Number of emergency visits made within one hour of the decision to deploy mobile response staff as a % of the total number of emergency visits undertaken. (Service providers expected to achieve target of 100%)
- Service user satisfaction -service providers to have procedures in place to measure customer satisfaction
- Service user complaints – service providers to have procedures in place to measure customer complaints.

Supporting People Quality Assessment Framework

The Quality Assessment Framework (QAF) sets the standard in the delivery of supporting people services. As well as setting these standards, the QAF also identifies methods of evidencing their achievement and is a tool for ensuring continuous improvement. It is used by Supporting People Administering Authorities as a means of ensuring that providers deliver services to high standards and in accordance with contractual expectations.

The Community Alarm Service (including telecare) needs to ensure that the standards outlined in the QAF are integrated into their approach to service delivery

The QAF has 17 service objectives, which describe good practice in delivery of housing related support. There are 6 core and 11 supplementary objectives

QAF Core Objectives	
C1.1	Assessments of needs and risks are carried out for all service users
C1.2	Service users have up to date support plans in place
C1.3	The security, health and safety of all individual service users staff are protected
C1.4	Service users have the right to be protected from abuse and this right is safeguarded
C1.5	There is a commitment to the values of diversity and equal opportunities and the needs of BME service users are met
C1.6	Users, carers and other stakeholders are made aware of complaints procedures and how to use them

Supplementary objectives relate to empowerment, rights and responsibilities, the service and its organisation and management

The QAF Lite is used to assess community alarm services. The criteria cover needs and risk assessment, support planning, health and safety, protection from abuse, fair access, diversity and inclusion and complaints.

Further development of performance management framework is required in light of the proposed service developments:

- The development of outcome-focused targets and measures to reflect the impact the service has on user's lives.

- Development of an integrated performance management framework, which incorporates the requirements of both the Telecare Services Association and Supporting People

Health Related Performance

Further work is required to ensure the service monitors the impact on Health services, this will help inform future Whole System implementation of the strategy. This will need to include:

- Hospital admissions avoided
- Facilitated Hospital discharge
- Ambulance call outs avoided.
- Falls prevention

SECTION FIVE: IMPLEMENTING THE STRATEGY

INTRODUCTION

A telecare implementation steering group will manage the implementation of this strategy. Membership of the group will include stakeholders and partners, linked to the existing early intervention and prevention steering group.

The steering group will complete a review in 2011, to include a cost benefit analysis to ensure that the service is meeting its desired outcomes.

Technologies develop quickly as manufacturers and suppliers appreciate more fully the way that Telecare Services can assist in empowering people and helping their support and care needs. Such changes and growth in service provision will mean that it is necessary to keep the service under constant review.

RECCOMENDATIONS

1. Establish a dedicated telecare team
2. Implement the training plan as identified in appendix 3
3. Review the current charging framework to reflect the service changes
4. Review the current policies and procedures to reflect the service changes
5. Review the performance management framework to reflect the service changes
6. Review the range of equipment available
7. Further develop the partnership approach to the provision of holistic telecare and telehealth services as an integrated package.
8. Review the partnership arrangements with the Registered Social landlords
9. Ensure continued consultation with users of the service and their carers
10. Achievement of efficiency targets

Attached at A**ppendix 6** is the Telecare Strategy Action Plan 2010-2010

REPORT TO: Executive Board

DATE: 1 July 2010

REPORTING OFFICER: Strategic Director - Resources

SUBJECT: Corporate Health and Safety Policy

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 To report on the revised corporate Health and Safety Policy for 2010.

2.0 RECOMMENDED

That Executive Board endorse the Policy and recommend its approval by Council.

3.0 SUPPORTING INFORMATION

31 The corporate Health and Safety Policy is produced in accordance with the Health and Safety at Work Act 1974. It identifies the undertakings and arrangements in the provision of health and safety across the Authority. It has recently been amended to take account of role of the Corporate Services Policy and Performance Board in monitoring health and safety performance and reporting back to Executive Board members. It also takes account of the new Health and Safety Executive's Strategy, 'Being Part of the Solution' and as a result includes aims, objectives and outcomes for the Health and Safety meetings.

32 The Policy is appended as Appendix 1, and was considered by the Corporate Services Policy and Performance Board on 25 May 2010. The Policy and Performance Board have recommended that it be approved.

4.0 POLICY IMPLICATIONS

4.1 There is a legal requirement to manage health and safety in the workplace and the Policy sets out the necessary organisational arrangements.

5.0 OTHER IMPLICATIONS

Nil

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 A Healthy Halton

By implementing the requirements of the Corporate Health and Safety Policy it will assist to create a healthier working environment for all staff, service users and the public.

6.2 Halton's Urban Renewal

No implications.

6.3 Employment learning and skills in Halton

No implications.

6.4 Children and Young people in Halton

Safeguarding within education now incorporates health and safety issues for both pupils and staff. The Policies clearly indentifies the roles of the Authority and Governors in the management of health and safety in schools.

6.5 A Safer Halton

By implementing the requirements of the Corporate Health and Safety Policy it will assist to create a safer neighbourhood environments and amenities for everyone.

6.6 Corporate effectiveness and business efficiency

By implementing the requirements of the Corporate Health and Safety Policy it will highlight the necessary undertakings and arrangements in compliance with health and safety legislation and at the same applying a 'common sense' approach to risk management.

7.0 RISK ANALYSIS

7.1 There are no particular risks attached to this report. Occupational and workplace risk assessments are used to reduce the likelihood of accidents.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 There are no direct implications for equality and diversity.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

There are no relevant background documents.

HALTON BOROUGH COUNCIL

CORPORATE HEALTH, SAFETY AND WELFARE POLICY

(STATEMENT OF INTENT AND ORGANISATION)

CORPORATE HEALTH, SAFETY AND WELFARE POLICY

Date Created:	**Date of Amendment:**	**Date of Next Review:**
Dec 2004	May 2010	May 2012
Approved by	Chief Executive	
Custodian title & e-mail address	Principal Health, safety and welfare Manager tony.dean@halton.gov.uk	
Author	Tony Dean	
Responsible Directorate/Division	Risk and Emergency Planning Division	
Supporting documents, procedures & forms of this policy	Policy only	
References & Legislation	Health, safety and welfare at Work etc. Act 1974 Management of Health, safety and welfare at Work Regulations 1999	
Audience	All HBC Officers	
Consultation	Chief Executive Council Leader Management Team (04/05/10)	
Managers checklist	1. Comply with the requirements identified in the Policy.	
Expiry date of Policy	n/a	

Version Control and Change History

Version Control	Date Released	Date Effective	Approved By	Amendment
1	Dec 04	Dec 04	N/K	N/A
2	Aug 08	Aug 08	Chief Executive	Nil
3	April 09	April 09	Chief Executive	Include in: Managers Responsibilities 1. 'any person who may be directly affected by their actions including clients, pupils and members of the public' and 2. Managers to make staff aware of 'risks to themselves and others' Risk and Emergency Planning 3. Will 'publicise' information
4	Sept 09	Sept 09	Chief Executive	P.4 Amend name from Executive Directors to Strategic Directors
5	May 10			Changes to arrangements in light of Efficiency Review and HSE Strategy. Approved at Management Team 4/5, Corp H&S 13/5 & PPB 25/5.

STATEMENT OF INTENT

Halton Borough Council is committed to continual improvement in health, safety and welfare performance. It recognises its “duty of care” to employees, clients, pupils, and members of the public using its services.

The Authority will aim to comply with its legal responsibilities as required by the Health and Safety at Work Act, 1974 and all other health and safety legislation. In so doing the Authority will :

- Identify and control significant risks which may affect the above mentioned groups
- Communicate information on the risks to those people who may be affected
- Monitor the effectiveness of any measures taken to reduce risk
- Provide a safe and healthy working environment
- Provide safe work equipment
- Provide suitable and sufficient health, safety and welfare training
- Aim to reduce work-related accidents / ill-health in accordance with targets set by Government initiatives
- Identify and address trends in work-related ill-health and accidents
- Involve trade union representatives in the consultation process
- Make all employees aware of their legal responsibilities for ensuring their own health, safety and welfare and that of others
- Review the health, safety and welfare policy at regular intervals
- Proper regard is given to ensuring that welfare arrangements and facilities are adequate. Welfare arrangements will include the management of stress whilst facilities will include toilets, provision of drinking water, etc. and also ergonomics such as lighting, heating, seating, ventilation, etc

ROLES AND RESPONSIBILITIES

Executive Board Members

Executive Board Members should ensure that adequate resources are available and effectively deployed to enable the Authority to fulfil its legal requirements under health, safety and welfare legislation.

School Governing Bodies

In schools, the employer is ultimately responsible for health, safety and welfare.
Note: In voluntary aided and foundation schools, academies and independent schools the Governing Body is the employer whereas in community and voluntary-controlled schools, the employer is the Local Authority

Chief Executive

The Chief Executive is responsible for ensuring that the Statement of Intent is implemented as part of aims of the Corporate Health, Safety and Welfare policy. Quarterly update meetings are held between the Chief Executive and the Principal Health and Safety Advisor.

Strategic Directors

Strategic Directors have ultimate responsibility in ensuring that Health, Safety and Welfare is managed in their Directorate.

Operational Directors / Divisional Managers

Operational Directors and Divisional Managers have an active role in the management of health, safety and welfare by:

1. Ensuring that an effective health, safety and welfare management system is implemented within their work area

2. Allocating specific health, safety and welfare responsibilities to managers in their area

3. Keeping informed about accidents which are reportable to the Health and Safety Executive and any trends in accidents or work-related ill health that may arise

Managers and Team Leaders

1. All managers shall ensure that risk assessments are carried out for tasks, workplaces and equipment associated with staff under their supervision or any person who may be directly affected by their actions including clients, pupils and members of the public.

2. Managers shall also ensure that their staff:

   - Are made aware of the risks to themselves and others concerning their work
   - Have access to relevant health, safety and welfare policies and guidance
   - Understand the safe systems of work to minimise the risks
   - Are made aware of the risks of their working environment
   - Are instructed in any emergency procedures relevant to their task / workplace
   - Are provided with suitable and sufficient health, safety and welfare training
   - Are aware of their responsibilities to report accidents
   - Understand the need to report any significant hazards
   - Are provided with safe work equipment

3. Managers will also:

   - Monitor the effectiveness of any control measures in place to minimise risks
   - Review risk assessments in accordance with corporate guidelines
   - Keep records of instruction and training
   - Ensure that all significant accidents and violent incidents are investigated

All employees

All employees, full time, part time, and casual must be:

1. Aware of their legal responsibility to ensure their own health, safety and welfare and that of others who may be affected by their actions.

2. Aware that they have a legal duty to follow any procedures issued by the Authority which are designed to protect their health, safety and welfare.

3. Familiar with the hazards of their work and with the safe systems of work designed to minimise risk to them.

4. Aware of their responsibility to report accidents / potential hazards

5. Aware of their responsibility to report defective equipment / premises

CONSULTATION ARRANGEMENTS

The aims and objectives for meeting forums in the management of health, safety and welfare are;

Corporate Health, Safety and Welfare Committee

Aim: -

To monitor health, safety and welfare arrangements across the Authority to ensure that it is being effectively managed.

Objectives: -

1. To monitor health, safety and welfare arrangements and performance as reported by the Working Group representative.
2. To monitor occupational health arrangements and performance as reported by Personnel.
3. To ensure that there are effective consultation arrangements with the Trade Unions.

4. To provide strategic direction with support from the Health and Safety Team, Risk and Emergency Planning Division.

Outcome: -

To be satisfied that health, safety and welfare is being effectively managed within the Authority.

Directorate Health, Safety and Welfare Working Groups

The group representation will comprise of a senior manager from each service area represented, a Trade Union Safety Representative, a Health and Safety Advisor and an administrator from within the directorate. The Chair will provide 6-monthly reports to the Corporate Health, Safety and Welfare Committee.

Aim: -

To measure, monitor and continually improve health, safety and welfare performance for the respective areas within the Directorate.

Objectives: -

1. For each area to report on performance at meetings and identify areas for development.
2. To monitor accidents and any trends and identify actions to prevent recurrences.
3. To keep updated with legislation and topical issues and identify actions arising.

Outcome: -

To ensure that there is full representation and reporting on performance from each work area at meetings.

Directorate Occupational 2nd Tier Groups

Aim: -

To monitor health, safety and welfare performance within the Directorate to ensure that it is being effectively managed

Objectives: -

1. To monitor the performance of each area of the Directorate.
2. To deal with any unresolved issues from Working Groups.

3. To provide strategic direction.

Outcome: -

To be satisfied that health, safety and welfare is being effectively managed within the Directorate.

Additional Health, Safety and Welfare Arrangements

In addition Management Team and Policy Performance Board will receive reports relating to the Health, Safety and Welfare performance of Directorates. The Corporate Services PPB will make such recommendations to the Executive Board as may from time to time be necessary and appropriate to maintain suitable and sufficient health, safety and welfare arrangements across the Council.

Risk and Emergency Planning Division

Risk and Emergency Planning Division will:

1. Develop, publicise and support the implementation of health, safety and welfare policies and procedures
2. Keep the Authority up to date on relevant legislative changes
3. Provide advice and guidance to management
4. Audit health, safety and welfare performance
5. Investigate accidents and liase where necessary with the HSE
6. Report to management around accidents
7. Provide training
8. Assist Insurance in the defence of claims

COMMUNICATIONS

Where a member of staff has a concern regarding health, safety and welfare there are two routes available for addressing the issue:

1. Through the line manager

   If the problem is not easily resolved, the line manager should seek advice from the Health, safety and welfare team.

2. Through Trade Union Representatives

   Trade union members may choose to raise concerns directly with their union representatives. The union representatives should then consult with the appropriate managers to try to resolve the issue. If the outcome is

unsatisfactory, it can be referred to the relevant directorate's 2nd Tier Occupational Group meeting.

CONSULTATION

Halton Borough Council encourages consultation with Trade Union Safety Representatives. Consultation will take place regarding:

- Preparation of health, safety and welfare policies
- The objectives set in directorate Health, Safety and Welfare working groups
- Health, safety and welfare audits
- Significant findings of accidents and violent incidents

Forums for consultation include 3rd tier meetings where quarterly accident reports are submitted and where updates are provided on significant issues at the time; Directorate 2nd Tier Occupational Group meetings where health, safety and welfare is a standing item on the agenda and the Corporate Health, Safety and Welfare Committee.

Signed

D. Parr
Chief Executive

Cllr. R. Polhilll
Council Leader

Date

2.6.10

Date

2.6.10

REPORT TO:	Executive Board
DATE:	1 July 2010
REPORTING OFFICER:	Operational Director Finance
TITLE:	Government Announcement to Cut 2010/11 Grants
WARDS:	Borough Wide

1.0 PURPOSE OF REPORT

1.1 The report sets out the financial implications on the Council of the Government's announcement to cut 2010/11 grants.

2.0 RECOMMENDED: That the Executive Board note the grant cuts in this year and, if necessary, that a Special Council be called to consider any in year savings required in response.

3.0 SUPPORTING INFORMATION

3.1 On 24 May 2010 the new Coalition Government announced plans to make £6.2bn of savings in the current year. These plans were intended to cut out waste and be in areas of low priority and, at the same time, protect key front line services and those on lower incomes.

3.2 Of the total savings the local government sector was to provide £1.65bn, equivalent to over 18% of the total savings. The Government made it clear that Formula Grant, Dedicated Schools Grant (DSG) and Sure Start grants would be protected in the current year.

3.3 On 10 June 2010 the Government provided further details of the savings from local government and these are set out in Appendix A.

3.4 For Halton the direct cuts amount to £2.047m in revenue grants and £0.953m in capital grants. These are set out below, together with the percentage reduction in each allocation.

		£000	%
Revenue			
Area Based Grants (ABGs)	Dept of Education	1,225	24
	Road Safety	90	27
	Supporting People Administration	96	100
	Working Neighbourhoods Fund	601	10
	Cohesion	18	24
	Home Office	17	81
		2,047	

		£000	%
Capital			
Highways	Integrated Transport Block	442	75
	Principal Road Network	438	9
	Road Safety	75	27
		955	

3.5 For both the Department of Education and the Home Office ABGs the Government have only provided the total grant cut and not identified the individual grant cut. If the grant cut was apportioned pro rata to the grant allocation then the cut to individual grants would be:

	Allocation £	**Cut** £
Dept for Education		
14-19 Flexible Funding Pot	36,976	8,861
Choice Advisers	26,334	6,311
Education Health Partnerships	60,115	14,407
Extended Rights to Free Transport	72,306	17,328
Extended School Start Up Costs	233,313	55,913
Secondary National Strategy		
Behaviour and Attendance	68,300	16,368
Central Co-ordination	132,382	31,725
Primary National Strategy		
Central Co-ordination	94,389	22,620
School Development Grant	1,131,667	271,203
School Improvement Partners	71,340	17,097
School Intervention Grant	44,000	10,545
Children's Social Care Workforce	55,839	13,382
Children Fund	483,454	115,859
Connexions	1,718,540	411,847
Teenage Pregnancy	106,000	25,403
Positive Activities for Young People	253,418	60,731
Child Death Review Processes	23,646	5,667
Care Matters White Paper	163,816	39,258

Young Persons Substance Misuse	20,760	4,975
Children's Trust Funds	4,204	1,007
Designated Teacher Funding	10,228	2,451
LSC Transfer	246,781	59,141
January Guarantee	26,179	6,274
School Travel Advisors	17,000	4,074
Sustainable Travel General Duty	10,249	2,456
	5,111,236	1,224,905
Home Office		
Young Persons Substance Misuse Partnership	42,369	3,291
Safer and Stronger Communities Fund	171,512	13,323
Community Call for Action	2,000	155
	215,881	16,769

3.6 In addition the following grants have been cut that had not been allocated to individual local authorities. These are identified below with indicative grant reductions for Halton, which brings the total grant loss to £2.879m.

	£000
Housings Planning Delivery Grant	245
Local Area Agreement Reward Grant	444
Local Authority Business Growth Initiative Grant	143

3.7 The Government have made it clear that it is up to individual local authorities to decide where the cuts actually fall. They have increased the number of grants that are free from any ring fence and these are shown in Appendix B.

3.8 The Council's response to these cuts in grant will need careful consideration and will need to take into account impact in future years with the likelihood of further significant cuts to follow. The next Council meeting after the Summer break is 20 October, which may be too late to implement the cuts to balance this year's budget. Accordingly, it may be necessary to arrange a Special Council meeting before then to authorise the budget cuts.

4.0 POLICY AND OTHER IMPLICATIONS

4.1 There are no policy or other implications arising directly from the report.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**
5.2 **Employment, Learning and Skills in Halton**
5.3 **A Healthy Halton**

5.4 **A Safer Halton**
5.5 **Halton's Urban Renewal**

5.6 The Council will need to make decisions on the basis of its own priorities.

6.0 RISK ANALYSIS

6.1 It will be necessary to take appropriate action in response to the cut in grants to enable a balanced budget for the year.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 There are no equality or diversity issues arising directly from the report.

8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

8.1 There are no background papers under the meaning of the Act.

APPENDIX A

REDUCTION IN GRANTS TO LOCAL GOVERNMENT

	Revenue £m	Capital £m
Department for Education		
Reduction in ABGs	311.0	
Department for Transport		
Integrated Transport Block		150.8
Major Projects		61.4
Yorkshire and Humber ITB Transfer		23.5
Capital detrunking		6.8
PRN networking funding		5.9
Urban congestion fund		7.9
Road Safety capital grant		17.2
Kickstart 2009	5.0	
Other (to be allocated)	10.0	
Road Safety ABG	20.6	
Communities and Local Government		
Housing Market Renewal		50.0
Gypsy and Traveller site grant		30.0
Housing and Planning Delivery Grant	146.0	
Connecting Communities	19.1	
Other Cohesion Planning	5.0	
ABG – Supporting People admin	30.0	
Working Neighbourhood Fund	49.9	
Local Enterprise Growth Initiative	17.5	
Prevent	7.0	
Cohesion	4.0	
Local Area Agreement Reward Grant	125.0	
Local Authority Business Growth Incentive Scheme	50.0	
Department for Environment, Food and Rural Affairs		
Contaminated Land		7.5
Home Office		
ABGs	6.0	
Less Adjustment	(1.1)	
	805.0	360.9
	£1,165.9	

APPENDIX B

RING FENCES REMOVED FROM LOCAL GOVERNMENT FUNDING STREAMS

Ring fences removed from revenue grants in 2010-11

Revenue Grant	Department	£m 2010-11
Youth Opportunity Fund	DfE	40.8
Think Family Grant	DfE	94.1
Challenge and Support Funding	DfE	3.9
AIDs Support	DH	25.5
Learning Disability Campus Closure Programme	DH	51.0
Stoke Challenge	DH	15.0
Bus Challenge and Kickstart	DfT	10.0
Animal Health and Welfare Enforcement	DEFRA	8.5
Waste Management Pilots	DEFRA	1.5
		250.3

Ring fences removed from capital grants in 2010-11

Capital Grant	Department	£m 2010-11
Fair Play Pathfinders	DfE	9.3
Fair Play Playbuilders	DfE	65.7
Innovation in Extracare Housing Grant	DH	3.0
Capital Investment for Transformation in Adult Social Care	DH	30.0
AIDS/HIV	DH	3.1
Common Assessment Framework	DH	21.0
Social Care IT Infrastructure	DH	17.0
Detrunking	DfT	27.2
Major Projects	DfT	434.7
NEXUS (Tyne and Wear Metro)	DfT	34.0
Green Bus Fund	DfT	9.7
Flood and Coastal Erosion Risk Management	DEFRA	42.8
Coastal Change Pathfinders	DEFRA	4.6
Contaminated Land	DEFRA	10.0
Housing Market Renewal	CLG	236
	£948.2	
	1,198.5	