HALTON BOROUGH COUNCIL

Adults and Community Directorate

TELECARE STRATEGY

2010- 2015

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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.

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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: -

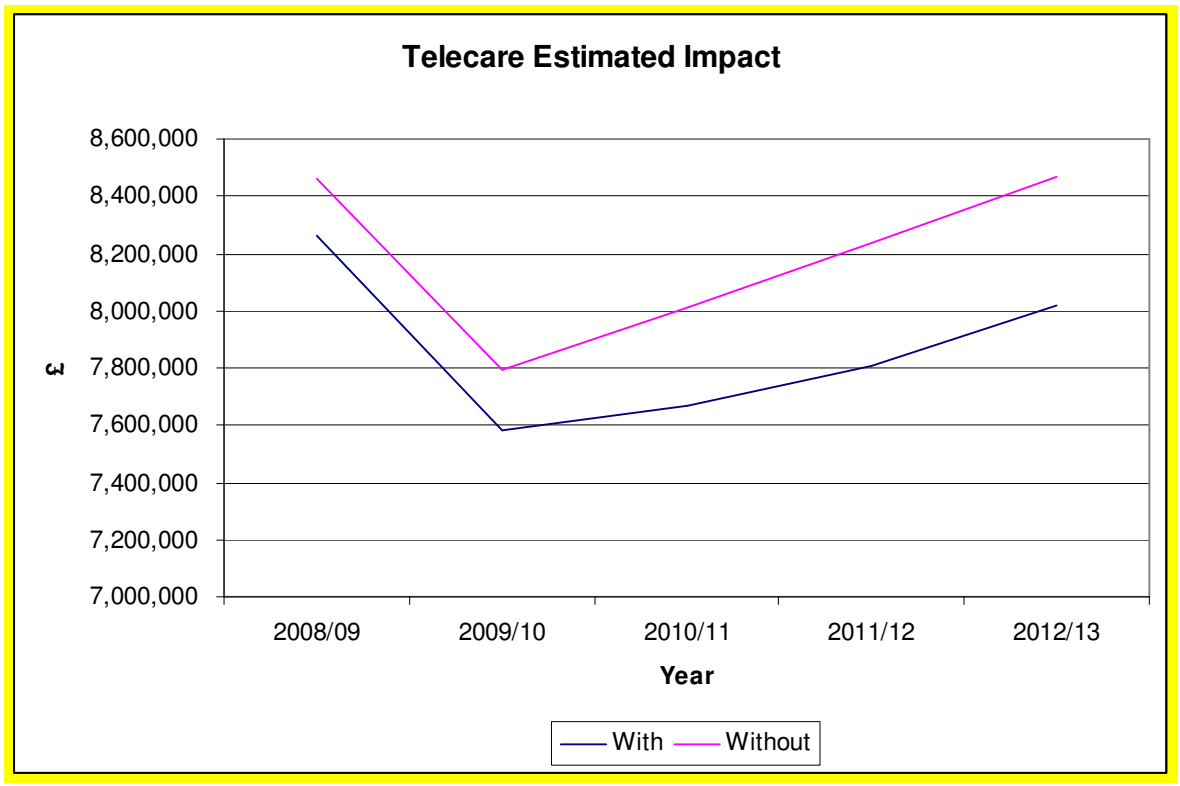
	Annual efficiencies				
Description	**2005/06**	**2006/07**	**2007/08**	**2008/09**	**2009/10**
Non Dementia Closed Cases	11,533	61,366	107,636	59,464	20,254
Non Dementia Average for Open Cases		18,294	34,709	132,406	180,829
Total Non Dementia	**11,533**	**79,660**	**142,345**	**191,870**	**201,083**
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