

Dorset County Council

**Telecare Strategy
2006 – 2008**

**PILOT PHASE DOCUMENT
2006 -2007**

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Appendix 1 – Implementation Plan

Appendix 2 – Performance Indicators

Dorset County Council - Telecare Strategy 2006 - 2008

1. Aim of this strategy

- 1.1 The aim of this strategy is to provide information about the plans for the development of telecare within the County Council for the period 2006 -2008.

2. Summary

- 2.1 There are major opportunities from 2006 to provide telecare as a care option to support people in their own homes and reduce unnecessary admissions to hospital and care homes.

3. Purpose

- 3.1 The strategy intends to:

- Indicate how the funding for telecare - £261,274 in 2006/07 and £438,993 in 2007/08 will be used.
- Progress the telecare implementation plan (Appendix 1).
- Review services where telecare has an impact to develop a further report in December 2007 ensuring consultation with all relevant stakeholders as to the future direction of Telecare services.

4. Background

- 4.1 In 2001, The Department of Health produced a Health and Local Authority circular (HSC 2001/008: LAC (2001)13) on integrating community equipment services. Reference was made to the emerging electronic assistive technology originally based on extensions to community alarm services (eg smoke and flood detectors, falls monitors etc). Much of the initial innovative work on telecare was carried out in housing environments.
- 4.2 Since publication of the 2001 circular there has been growing interest in the provision of remote technology to support housing, community safety and health options as well as supporting domiciliary care packages. With the development of intermediate care, long term condition management and alternatives to acute hospital admission, the technology has moved further.
- 4.3 In February 2004, the Audit Commission published a series of five reports on the 'Ageing Society' entitled '*Older People: Independence and well-being: The challenge for public services*' which examined the ways in which public services support the independence and well-being of older or disabled people.
- 4.4 In the summer of 2004, a decision was made to provide Government funding for preventative technologies during the period 2006-2008. £30m will be available nationally in 2006/07 and £50m in 2007/08.
- 4.5 In the spring of 2005, the Government published a green paper on social care which included specific references to telecare as part of a preventative approach.
- 4.6 As commissioners of telecare and telehealth the County Council will need to work closely with housing, health, education, employment, and voluntary sectors as well as with specialist equipment providers. It is also expected that users and carers of the service will be involved, as well as their representatives, in helping to plan and monitor service developments to achieve tangible benefits.

4.7 In July 2005, the Department of Health published 'Building Telecare in England'. This is supported by the Care Services Improvement Partnership's (CSIP) Telecare Implementation Guide and numerous factsheets covering policy context, service design, evidence and ethics amongst other things.

5. What is Telecare?

5.1 'Building Telecare in England' (Department of Health, July 2005) provides a broad definition of telecare.

What is telecare?

Telecare is as much about the philosophy of dignity and independence as it is about equipment and services. Equipment is provided to support the individual in their home and tailored to meet their needs. It can be as simple as the basic community alarm service, able to respond in an emergency and provide regular contact by telephone. It can include detectors or monitors such as motion or falls and fire and gas that trigger a warning to a response centre.

As well as responding to an immediate need, telecare can work in a preventative mode, with services programmed to monitor an individual's health or well-being. Often known as lifestyle monitoring, this can provide early warning of deterioration, prompting a response from family or professionals. The same technology can be used to provide safety and security through bogus caller and burglar alarms.

Another form of telecare often known as telemedicine is designed to complement health care. It works by monitoring vital signs, such as blood pressure, and transmitting the data to a response centre or clinician's computer, where it is monitored against parameters set by the individual's clinician. Evidence that vital signs are outside of 'normal' parameters triggers a response. To be successful telemedicine needs to be part of the local health and social care pathway for managing long term conditions.

All the examples outlined above can be used on their own or in combination in order to best meet the needs of the individual and get the best fit with local services, including those provided by family and friends. All telecare packages need to balance technology with other forms of care and support and be reviewed in the same way as all other packages of health and social care.

Building Telecare in England – Department of Health (July 2005)

5.2 Case studies to provide examples of the potential use of Telecare

Building Telecare in England: Telecare supporting people with dementia

One project aims to support the independence of people with dementia by using technology to compensate for disabilities arising from dementia. Referrals to the project can be made by a social or health care professional, and a full assessment is undertaken, to identify technology tailored to meet specific needs. The project worker also has responsibility for obtaining and arranging for the installation of this technology, and liaising with the local control centre who co-ordinate any social response.

Risk management is a major feature of the project, for example, technology that can detect the presence of gas and isolate the supply to a cooker or fire that may have been left on unlit, and an alert can be raised.

Key findings were that people without telecare were four times more likely to leave the community for hospital or residential care over the 21 month evaluation period. The equivalent cost saving was £1.5 million over the 21 months.

From 'Building Telecare in England' (July 2005) Case Study 3

Case study provided by Northamptonshire

Telecare to support people with Long Term Conditions

This project is part of the overall Long Term Conditions strategy and part of the local assistive technology programme, a joint health and social care initiative. The service which is a health project is situated in the council alarm service and is co-ordinated by a nurse based in the call centre. The project aims to help individuals with long term conditions to:

- Self manage and increase treatment/medication compliance.
- Identify earlier than currently possible when patients' conditions deteriorate, thus averting an acute exacerbation of their condition.
- Increase access to, and amount of, information readily available to healthcare professionals.
- Reduce the risk of individuals on the project becoming 'Intensive Service Users'.

25 'suites of equipment' are available and are being used for as many people as possible over the first year. People will be on the service for 30–60 days in order that they become self-managing.

From 'Building Telecare in England' (July 2005) Case Study 4

Case study provided by Newham

6. The Preventative Technology Grant 2006-2008

- 6.1 An important aim of the Preventative Technology Grant made available from April 2006 is to initiate a transformation in the design and delivery of health and social care services. This includes prevention strategies to enhance and maintain the well-being, self-esteem, independence and autonomy of individuals by using telecare to support them to live safely and securely at home.
- 6.2 The Preventative Technology Grant will be channelled through Councils with Social Services Responsibilities (CSSRs). The County Council will need to work closely with partners in Housing, Health (including ambulance services), the independent sector, Supporting People services, service users and carers. The key to such partnership working will be to both acknowledge and understand the priorities for service design and how this will link with local prevention strategies.
- 6.3 The grant is not ring-fenced. The total amount for England in 2006/07 is £30m and in 2007/08 is £50m. The County Council's allocation for 2006/07 is £261,274, with a further £438,993 in 2007/08.
- 6.4 The grant will be used to run a two year Telecare pilot which will seek to determine:
 - level of need for Telecare
 - annual cost of the service
 - appropriate level of charges
 - extent to which Telecare can enhance care plans by working with other services.

- The numbers of service users using Telecare who are not admitted to hospital or residential care
- customer satisfaction with Telecare
- potential for developing Telemedicine.

- 6.5 A review will be reported to the Adult Services Overview and Policy Development Committee and no long-term commitment to Telecare will be made until the review is complete.
- 6.6 Beyond 2007/08 it is expected that the introduction of Telecare will produce savings in Health and Social Care, which in combination with other service developments such as Intermediate Care, Falls Service, Homecare Developments and Supporting People will more than fund the ongoing revenue costs of providing Telecare.
- 6.7 One Primary Care Trust (PCT) will also consider how to move forward with Telemedicine as part of the pilot and how the two services can be linked together. The equipment is recyclable reducing the need to purchase new equipment each time it is used.
- 6.8 A Telecare Board will monitor the implementation and a review of the costs will be carried out after 12 months. This review will show the full benefits and costs for local services, and will be able to draw on further national research to inform future developments of the service.

7. Demographic Data

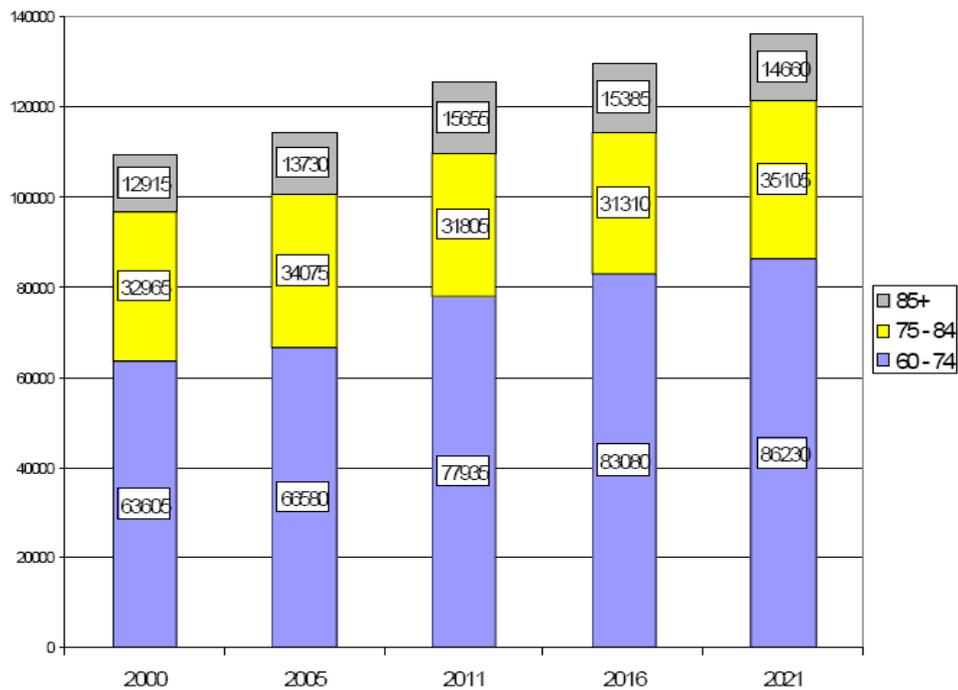
Population of Dorset – mid 2003

District/ Borough	Population aged 0–19	Population aged 20-64	Population aged 65+	Total population
Christchurch	8,925	22,767	13,431	45,123
East Dorset	17,974	45,041	21,840	84,855
North Dorset	16,044	35,171	12,789	64,004
Purbeck	9,985	25,033	9,816	44,834
West Dorset	21,151	50,422	23,157	94,730
Weymouth/ Portland	14,967	36,947	12,545	64,459
Dorset	89,065	215,465	93,578	398,005

SOURCE: ONS

- 7.1 The proportion of older people (over 65) is forecast to increase steadily - the following chart provides estimates for the future, based on the structure plan, mortality and migration rates and other relevant factors.

Dorset's estimated and projected older population



7.2 The current target number of annual care home placements for older people (2006) is 1527. This is increasing. Care home occupancy in the region is currently 95%.

7.3 It will be necessary to further examine alternatives to acute hospital and care home admissions. Telecare and telehealth monitoring can supplement existing care plans and play an important part in future provision of services for older people.

7.4 Current Primary Care Trust Data

The table below sets out the requirements of the Local Delivery Plan target to reduce emergency bed days by Primary Care Trusts.

Each Trust is required to reduce these by 2008. The bed reductions are adjusted for population growth.

Primary Care Trust	Baseline 2003/04	2005/06	Change from Baseline	2006/07	Change from Baseline	2007/08	Change from Baseline
North Dorset	48,801	49,030	229	48,301	(500)	47,399	(1,402)
South and East Dorset	110,550	109,880	(670)	107,757	(2,793)	105,714	(4,836)
South West Dorset	90,461	90,266	(195)	88,686	(1,775)	87,157	(3,304)
Total	249,812	249,176	(636)	244,744	(5,068)	240,270	(9,542)

Strategic Framework for the development of services for people with Long Term Conditions

7.5 The following table shows the top 20 causes of non-elective admission for 2003/04.

Cause of admission	2003/04
Chest Pain	4,722
Chest Infection	3,845
Abdominal Pain	3,230
Stroke	2,150
Chronic Obstructive Pulmonary Disease	1,994
Syncope and collapse	1,986
Angina	1,858
Myocardial Infarction	1,779
Urinary Tract Infection	1,767
Heart Failure	1,516
Dyspnoea	1,370
Atrial Flutter and Fibrillation	1,212
Senility	1,104
Asthma	984
Fracture Neck of Femur	928
Cellulitis	848
Noninfective gastroenteritis and colitis, unspecified	792
Disorientation, unspecified	696
Retention of urine	685
Head Injury	648
Total	34,114
Percentage of all non-elective admissions	36%

7.6 The top four causes, namely chest pain, chest infection (lower respiratory infection and pneumonias), abdominal pain and stroke, have remained consistent over the past three years. The diagnosis on admission is often non-specific and 'senility' is included as one of the top 20 causes each year, presumably reflecting the admission of frail older people with no specific identified illness.

7.7 Consideration of this data can identify opportunities for reducing emergency admissions, for example through community based services for respiratory disease and heart failure, faster access to diagnostics, case management to prevent urinary tract infection, falls prevention and the introduction of Telecare.

7.8 The data below highlights by PCT area, the emergency admissions, bed day and average length of stay in 2004/05. People over the age of 75 years have been specifically recorded. It can be seen that they use a significant amount of health resources and if Telecare can reduce the need for emergency admissions it will be of great benefit to all concerned.

Revised data, South West Dorset PCT		2004/05
		Total
Emergency admissions	Total (all ages)	12,432
	Age 75 -79	1,143
	Age 80 – 84	1,352
	Age 85 & over	1,687
	Total (75 and over)	4,687
Bed days	Total (all ages)	106,591
	Age 75 -79	12,315
	Age 80 – 84	14,270

	Age 85 & over	21,319
	Total (75 and over)	47,904
Average length of stay (Days)	Total (all ages)	8.6
	Age 75 -79	10.8
	Age 80 – 84	10.6
	Age 85 & over	12.7
	Average (75 and over)	11.0

Revised data, South and East Dorset PCT		2004/05
		Total
Emergency admissions	Total (all ages)	14,254
	Age 75 -79	1,570
	Age 80 – 84	1,911
	Age 85 & over	2,438
	Total (75 and over)	5,919
Bed days	Total (all ages)	115,534
	Age 75 -79	15,559
	Age 80 – 84	25,829
	Age 85 & over	34,920
	Total (75 and over)	76,308
Average length of stay (Days)	Total (all ages)	8.1
	Age 75 -79	10.0
	Age 80 – 84	13.7
	Age 85 & over	14.5
	Average (75 and over)	12.7

Revised data, North Dorset PCT		2004/05
		Total
Emergency admissions	Total (all ages)	7,065
	Age 75 -79	642
	Age 80 – 84	826
	Age 85 & over	1,039
	Total (75 and over)	2,507
Bed days	Total (all ages)	51,488
	Age 75 -79	6,379
	Age 80 – 84	9,108
	Age 85 & over	13,455
	Total (75 and over)	28,942
Average length of stay (Days)	Total (all ages)	7.3
	Age 75 -79	10.0
	Age 80 – 84	11.0
	Age 85 & over	12.8
	Average (75 and over)	11.3

7.9 Current Housing Data

Currently there are 5,507 people living in rented sheltered housing schemes and 1,944 living in private sector leasehold schemes such as McCarthy and Stone. The table below indicates the provision across the six districts in Dorset.

District	LSVT, RSL units	Other RSL units	Voluntary Orgs Units	Total Rent	Leasehold	Total
West Dorset	1,456	98	116	1,670	612	2,282
East Dorset	742	177	62	919	462	1,381
North Dorset	596	154	51	801	339	1,140
Weymouth and Portland*	687	134	9	830	212	1,042
Christchurch	366	113	28	507	261	768
Purbeck	667	85	28	780	58	838
Total	4,514	761	294	5,507	1,944	7,451

* There are a further 102 units in Weymouth and Portland

LSVT – Large Scale Voluntary Transfer RSL – Registered Social Landlords

8. The reasons for change

8.1 As well as understanding the current position, it is also important to consider why there is a need to make changes in service design and delivery.

Cost and availability of care options - care home placements, home care, LTCs, national tariff	Local authorities and health services are familiar with the increasing costs of care homes. Home care costs are also rising and there are problems with recruitment into local authorities and agencies. There are increasing numbers of people with long term conditions (COPD, heart failure) who are frequently admitted to acute hospitals. From 2006, the national tariff (Payment by Results) is likely to apply to A&E visits, emergency admissions and ambulance callouts – poor commissioning of acute services will affect the financial status of PCTs.
Increasing numbers of older people, more complex needs	The number of older people in the community is increasing. In many cases, individual needs are more complex requiring significant numbers of home care hours, equipment and adaptations.
People want to remain independent at home	Research indicates that people wish to remain independent in the community, preferably in their own homes.
Availability of carers, community nurses etc	The age profiles of home care staff and community nurses in many areas indicates that there will be significant shortages within the next five years. This is linked particularly to high house prices and low wage levels in Dorset.
Delayed transfers from hospital	In many areas, delayed transfers of care have reduced considerably over the last couple of years. However, there will be a small number of people who do not have continuing acute healthcare needs but who are not able to leave hospital owing to poor housing or lack of care support – could telecare and telehealth monitoring make a difference?
Tariff for hospital admissions (2005/6)	The national tariff (Payment by Results) is expected to be rolled out from April 2006 following the initial work being done with foundation hospitals. PCTs (and possibly GP practices under practice based commissioning) will need to commission services using these arrangements. Unnecessary acute hospital admissions may start to put pressure on local PCT budgets.
Budget pressures in health and social services	Failure to provide preventative services to stop people moving into critical/substantial risk categories may continue to put pressure on health and local authority budgets. Innovative solutions such as telecare and telehealth monitoring may address the needs of a significant number of service users in the area.

9. The potential benefits of telecare

9.1 From the work carried out over the last ten years, there are a number of potential benefits from telecare.

Benefits for Carers and Organisations

Group/organisation who may benefit from Telecare	Examples of Benefit
Older people, people with disabilities, people with dementia	<ul style="list-style-type: none"> • Supports users in their own homes through housing services or a care package. • Increased safety, confidence, re-assurance
Carers	<ul style="list-style-type: none"> • Confidence and re-assurance that there can be rapid contact if there is a problem
Local authority housing services, housing associations	<ul style="list-style-type: none"> • Provides rapid response cover to support users in sheltered/extra care housing rather than admission to a care home
Local social services authorities and NHS trusts	<ul style="list-style-type: none"> • Supports users in their own homes as part of a care package • Contributes to Intermediate Care to prevent a move to a care home or admission into hospital
Voluntary organisations	<ul style="list-style-type: none"> • Support to users and carers directly or funded through statutory agencies
GPs, nursing and therapy staff, care managers and community-based health services	<ul style="list-style-type: none"> • Effective component of a care plan under single assessment process to prevent a move to a care home or admission into hospital

9.2 Benefits for Users

Users who may benefit from telecare	Examples of benefits
Older people recently discharged from hospital with concerns about going home	<ul style="list-style-type: none"> • Increased confidence to live at home
People living in local housing association dwellings	<ul style="list-style-type: none"> • Warden and home care support
People with a history of falls	<ul style="list-style-type: none"> • Increased confidence to live at home • Rapid response to fall decreasing likelihood of hypothermia, fear and complications
People with mild dementia	<ul style="list-style-type: none"> • Carer confidence where user exits his/her home and may be at risk
People with shortness of breath with A&E visits (includes COPD, heart failure, Angina etc)	<ul style="list-style-type: none"> • Telemedicine vital sign monitoring
Fear of violence or intrusion	<ul style="list-style-type: none"> • Increased confidence to live at home

9.3 There are increasing numbers of older people with more complex needs who wish to remain in their own home and, without growing numbers of carers, Telecare offers another option for helping them to do so.

9.4 In Scotland it has been shown that Telecare can keep people in their own homes for a further 18 months before needing a residential care placement.

10. The current position in Dorset County Council

10.1 Before moving forwards to develop a vision of telecare in the County Council it is important to understand the current position.

10.2 There are 3 Careline Services operating 24/7 control centres at the following locations.

Dorchester

Run by Magna Careline, Hollands House, Poundbury Road,
Dorchester, Dorset. DT1 1SW. Tel: 01305 251642.
www.careline@magna.org.uk

The Magna Careline currently has 1914 dispersed alarms in Dorset and 1300 within Housing Schemes. They also have a 'Smart Home' in Wimborne with a great deal of telecare technology and environmental control solutions installed. This is occupied by a resident but visits can be arranged.

Wareham

Run by Purbeck Housing Trust, Purbeck Housing Trust Ltd,
Prospect House, 8 Westminster Road, Wareham, Dorset,
BH20 4SW. Tel: 01929 558400. www.purbeckhousing.co.uk

Purbeck Careline has 5,000 alarms – 3000 of these are dispersed alarms, 2000 are within Housing Schemes.

Newbury, Berks

Run by Twynham Careline, 2nd Floor, Dolphin House, Wick Lane,
Christchurch, Dorset, BH23 1HX. Tel: 01202 480858.
www.twynham-careline.co.uk

Twynham Careline has 400 alarms in North Dorset and Christchurch.

10.3 These alarm systems operate by a radio trigger in the form of a pendant/wrist band/pull cord, which remains with the service user. When activated the alarm raises a call via a 'Home Unit' to the monitoring centre where the caller's details are displayed on a screen, showing the type of call and how it was initiated. The powerful loudspeakers and sensitive microphone enables hand free, two way speech to be established between the user and the monitoring centre operation, allowing the most appropriate action to be taken.

10.4 The centres have been successfully running for a number of years. As part of the partnership arrangement it is the intention to develop telecare services in conjunction with them.

11. Vision of Telecare services within the Dorset County Council area

• Vision for Telecare

11.1 Telecare technology should promote confidence in independent living by being routinely available to potential service users. Community Care professionals should be aware of Telecare and how to access it, to enable them to provide effective and efficient support and care to their patients and service users. It should also be easily available to individuals to purchase either in their own right or on behalf of those for whom they care. There should be easy access to guidance for professionals and the public on the application and availability of Telecare equipment, including a demonstration centre.

- Objective

11.2 To change the way Health and Social Care is delivered to vulnerable people through improved monitoring of their needs by the use of technology.

- Outcomes

11.3 The availability of Telecare technology will enable individuals and carers to

- lead independent lives
- maximise their quality of life
- have a reduced need for home care
- avoid residential care
- have a reduced need for specialist health care services
- avoid hospital admission
- minimise time spent in hospital.

11.4 Examples of service models being considered across the County

The following models will be considered as part of the Telecare pilot, and Telecare will be directed to elderly people over 75 years within these groups, to identify where it will be most beneficial.

Service models	Comment
'Careline' services	Emergency control centre and response services to people in their own homes usually including a pendant alarm or adapted telephone mechanism. In some localities, Careline services and warden call services are co-ordinated and delivered within the same arrangements.
ICES arrangements	Services provided through health and social care integrated community equipment services where pooled funding, storage and other facilities are already in place
Intermediate care and long term conditions monitoring as part of a care plan or case management	Support for users outside of acute hospital settings either as part of rehabilitation, chronic disease case management or self-management
Specific user groups	Telecare is proving to be effective for users with dementia and in

	particular to support their carers. Careful assessment is necessary, with the package tailored to meet the individual's and the carer's needs.
Falls prevention	Telecare can support local strategies for falls prevention and should be considered as part of the range of services provided by health and social services
Self-assessment, advice and information	Information, advice and available product/response options will need to be readily available

- **Telecare target areas in Dorset**

11.5 The Telecare service will be targeted towards elderly and disabled people over the age of 75 years primarily. If finances allow, elderly and disabled people under 75 years will be offered a similar service. The development of Telecare in Dorset should be phased gradually to accommodate these areas. Based on provisional costings, this will allow us to help approximately 200 people in 2006/07 and 500 in 2007/08. This user group has been targeted because the introduction of Telecare is likely to have the biggest impact on key performance issues and improved service delivery.

- **What could it mean for a Service User in Dorset**

11.6 In practice, what can a service user assessed for Telecare in Dorset expect to receive as part of a care package – vignette will help explain.

'Mr and Mrs Smith, a couple in their eighties, live in their own bungalow. Mrs Smith has a tendency to wander as she has Alzheimer's Disease. Mr Smith cares for his wife as best he can but is increasingly frail and has both visual and hearing impairments and does not always notice her wandering especially at night.

Although their daughter in law lives nearby and provides enormous support, she cannot be there 24 hours a day.

The problems experienced included:

- *Wandering at night* - which involves the police returning Mrs Smith home.
- *Fires* – the frying pan is left unattended on the stove.
- *Floods* – the washing machine is opened mid-cycle.
- *Bogus caller incident* – 2 men falsely claiming be from a satellite television company try to gain entry to the property.

The situation is becoming unmanageable and it seems likely the couple will need to leave the family home for residential care.

The solution would be to provide a package of new technology to include:

- **A bed occupancy sensor** – which senses Mrs Smith getting up in the night and turns a light on, this would minimise the risk of falls and sets a timer running.

If Mrs Smith fails to return to bed within 20 minutes the bed sensor raises an alert to the Call Centre, which in turn raises a call to her daughter in law.

- **A contact on the door frame** - This would raise an alert if broken by the door being opened within pre-determined home perimeters.

If the front door is opened after 10.00pm and before 9.00am and Mrs Smith exits but does not return, it will raise an alarm.

- **A loud buzzer** is also sounded to alert anyone in the house that the door has been opened. Carers use a key safe to enter the property so that strangers cannot enter unawares.
- **A smoke detector and a Flood detector** - fitted in the kitchen linked to the Call Centre, so that an alarm is triggered if either the kitchen becomes filled with smoke from the frying pan or begins to flood from the opened washing machine, enabling their daughter in law to deal with any immediate risks.

11.7 The technology supports their independence, not only by providing an alternative to residential care but also by allowing the couple and their family to manage their own level of acceptable risk.

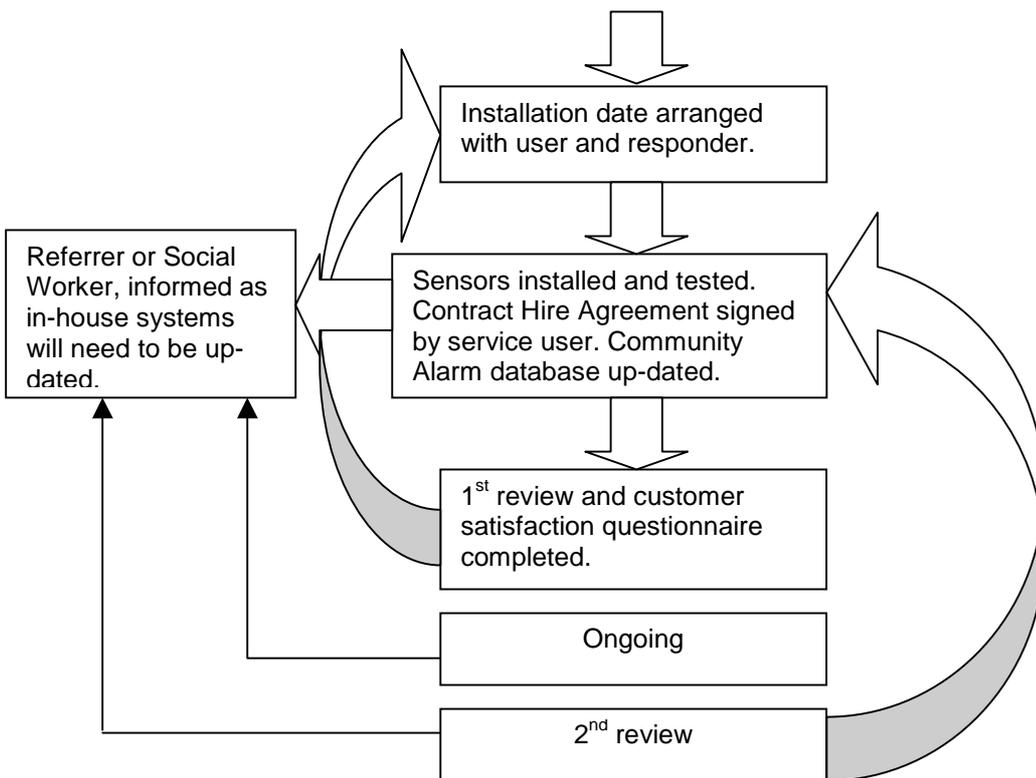
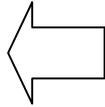
- **Role of Dorset Telecare Project Board**

11.8 A Telecare Board has been established with representatives from a range of partner agencies including PCTs, the Ambulance Service, Supporting People, Housing Associations as well as Voluntary Organisations and Service User and Carers representatives. The role of the Board is to agree a vision for the development of Telecare in Dorset. It should maximise the opportunities presented by the funding available in 2006/07 and 2007/08 ensuring that the benefits to patients and clients are clearly demonstrated. This can be achieved through investigating innovative and best practice schemes that need to show incontrovertible benefits for individuals and their carers. The aim is to ensure that by 2008/09 Telecare becomes an important part of the mainstream system of care.

12. Proposed Telecare Referral Pathway

If need falls outside FACS, advice and assistance given to purchase privately.

Referrer, Social Worker, Occupational Therapist, District Nurse.
Identify need in line with Fair Access to Care Services criteria (FACS).



12.1 Key Telecare implementation issues in Dorset

There are key implementations issues to consider.

Issue	Questions	Comments
Problems with awareness	Awareness of telecare and its benefits remains low in many organisations.	A programme of staff and public awareness will need to be undertaken.
Not included in assessment and care plan options	Documentation for assessment (eg single assessment process) does not include references to telecare.	Care plans need to reflect the need for telecare. The use of direct payments needs to be resolved.
Not included in service specifications and standards	Are standards and specifications included in new housing developments eg extra care?	A raised awareness and links with Supporting People programme need to be enhanced.
Questions about cost-effectiveness	Although many pilots have now been evaluated, there remains only limited evidence of long term cost effectiveness for mainstream service provision.	A cost-benefit analysis needs to be undertaken.
Through integrated equipment services or otherwise?	Are there any benefits from setting up telecare through ICES (integrated community equipment services)?	To be investigated – particularly bulk purchasing arrangements.
Capacity issues, use of alarm control centres	Do existing alarm control centres have the capacity for call and alert monitoring for telecare, telehealth monitoring?	Current investigations indicate they will, but further work is required.
Concerns about charging	The two existing services have traditionally charged for community alarms (handsets and pendants) but is it possible to charge for telecare sensors? What happens if health services are involved?	Issues to be resolved.
Many Social Services implementing FACS at critical/substantial only	The telecare grant is aimed at prevention. If Dorset County Council is only providing direct services for people in critical/substantial risk bands how will we implement a preventative approach?	To be reflected in the current consultation process.

13. Involving partners in telecare development

- 13.1 'Building telecare in England' envisages partnership working to build telecare capacity. There are links between social care, housing and health and in the longer term with leisure activities through smart homes or digital homes. Equally important is the role of independent/voluntary organisations and suppliers.

14. Involving users and carers

- 14.1 An increase of user autonomy and control is central to a number of Government strategies - from the Department of Health's 'National Service Framework for Older People' to the Prime

Minister's Strategy Unit's recent report, 'Improving the Life Chances of Disabled People'. The way commissioners and providers involve users is therefore crucial in determining whether the use of Telecare to support housing, health and/or social care services is user-led or service-led within local economies.

- 14.2 There are already clear quality assessment requirements under Supporting People arrangements and other Codes of Practice to ensure that:
- service users who use our contracted services are well-informed so that they can communicate their needs and views and make informed decisions
 - service users are consulted about the services provided and are offered opportunities to be involved in running them.
- 14.3 There is a commitment to empowering service users and supporting their independence.
- 14.4 Similarly, under the Single Assessment Processes (SAP) and Fair Access to Care Services (FACS) arrangements, user (and carer) involvement is implicit in the way individual care pathways or a patient journey is determined and how specific care plan needs are met and/or paid for. Furthermore, the White Paper 'Our health, our care, our say' refers to a landscape of direct payments and individualised budgets, whereby users of services will have a greater say in the services they want to "buy in" or have managed and delivered on their behalf.
- 14.5 Account needs to be taken of local demographic data and the diversity of users in the community, to ensure that discriminatory practice is avoided.
- 14.6 Users, carers, parents and stakeholders should be involved in plans to commission Telecare services.

15. Involving staff and other stakeholders

- 15.1 Staff will play an important role in taking telecare forward. Awareness of the benefits will need to be examined along with how barriers can be overcome to implementing telecare. This includes developing a training plan as well as providing useful information, advice, resource centres (eg smart homes) and Independent Living Centres – such as the proposal at "Greenwood" in Dorchester, where the equipment can be viewed.

16. Funding Sources

- 16.1 As well as the Preventative Technology Grant amounts for 2006/07 and 2007/08, it will be necessary to leverage in additional funding from other sources within the partner organisations.

Possible funding sources for telecare:

- Housing Corporation (access to funding via Registered Social Landlords for some capital infrastructure costs for housing associations eg electrical sockets/switches and telephone points)
- Delayed Discharges Grant recycled between social services and acute hospital trusts
- Revenue funding housing-related support services under Supporting People arrangements
- Bids under the DH Partnerships for Older People Projects (POPP)
- Possible capital investment using 'Invest to save'
- Charitable sources

- Personal finance such as equity release and other forms of income/savings eg Direct Payments
- Individual purchase/hire, rents, service charge or support costs/fees.

17. Eligibility criteria for services - Fair Access to Care Services (FACS) and Single Assessment Process (SAP)

17.1 Commissioning of Telecare will need to take account of local arrangements for fair access to care services and the single assessment process. Particular attention should be given to ensuring that telecare is part of a preventative approach. It may be necessary to review arrangements for fair access to care services and ensure that telecare arrangements are linked with local development of the single assessment process.

17.2 Service users will initially be identified for Telecare during the pilot phase using the following criteria:

- Over the age of 75 years.
- An active referral with Adult Services or the three Primary Care Trusts and meet the Fair Access to Care (FACS) bandings.
- Vulnerable and can only exercise partial control over their environment.
- Cannot be completely sustained by existing relationships and support systems.
- Without the technologies their risk of being vulnerable is increased extensively.
- Technologies will assist in maintaining their independence.
- They must have sufficient mental capacity to understand the technologies offered and must give permission for their installation.
- It is preferable that the family of the service user, particularly the next of kin, also is aware of the Technology being installed and consent to the initiative.

18. Charging for Telecare

18.1 Where, as a result of a community care assessment, telecare equipment is provided by a local authority as an aid for the purposes of assisting with nursing at home or aiding daily living, it should be provided free of charge (see the Community Care (Delayed Discharges etc) Act (Qualifying Services) (England) Regulations 2003 (S.I. 2003/1196). This applies only to aids provided after 9 June 2003). The peripheral sensor such as a falls detector or bed occupancy sensor would fall within this category.

18.2 A charge may be made for the service elements (revenue) of telecare. Charging should be in line with local Fairer Charging and Fair Access to Care Services (FACS) policies. The weekly monitoring fee would be included within this.

18.3 Where it is part of the local strategy to provide telecare packages to people who are not assessed as requiring them as an aid for the purposes of assisting with nursing at home or aiding daily living, for instance as a preventative service, a charge can be made for the

equipment and the service (revenue) elements. In these instances the fairer charging means test can be used.

- 18.4 Where telecare is part of a joint package of health and social care, providers will need to agree their respective responsibilities and charge accordingly.
- 18.5 It is anticipated a charge will be made for the service elements (monitoring) of Telecare. Currently the weekly charge for a community alarm ranges from £2.75 to £3.10 depending on the Provider. An additional charge may be levied for any additional Telecare equipment depending on the number of sensors.

19. Ethical issues

- 19.1 There may be situations where tensions and conflicts will arise over the use of telecare, and there may be no easy solutions to these situations. Ethical conflicts that arise may depend on:
- the purpose for which technology is introduced
 - degree of involvement of the person, especially where their capacity or judgement may be limited
 - degree of involvement of significant others, including family, friends, neighbours and professional care staff
 - effect on the person.
- 19.2 Researchers use the following set of principles to guide their work, and they are probably equally applicable to practice:
- **Autonomy:** enabling people to live full lives in the same way as they did before, which may be more about promoting continuity of self rather than about making decisions. This should include informed consent, which needs to be voluntary, competent and include sufficient information. Carers may need to help/guide in this process.
 - **Beneficence:** involves finding the balance between risk tolerance and risk aversion. There may be a dilemma between beneficence and safety and independence.
 - **Non-maleficence:** will involve a balance between avoiding harm and respecting decisions, dignity, integrity and preferences.
 - **Justice:** treating fairly and respecting rights, including what the Mental Capacity Act calls making “eccentric or unwise decisions” (Mental Capacity Act, 2005).

20. Performance measures

- 20.1 Outcomes for the service user will be assessed by asking them. This may take the form of a questionnaire and other forms of feedback. An annual customer survey would be expected to be developed by the Community Alarm Service.
- 20.2 The efficiency and effectiveness of the service can be measured by a range of other performance measures. These will include the new National Performance Indicators relevant to Telecare, (see Appendix 2).

National Targets specific to Telecare

- By December 2007, Telecare is to be provided in 20% of homes where it is needed.
- By December 2007, Telehealth to be available in all GP surgeries.

- By December 2010, Telecare is to be provided in all homes where it is needed.

A full review will take place in the autumn of 2007 to inform future investment decisions.

21. Conclusion

- 21.1 This is an opportunity to extend care options for frail elderly people to support them to continue living at home. It has the potential to delay admissions to residential care, reduce the number of inappropriate hospital admissions and keep elderly people safe at home. It should enable further investment in community based services.

Steve Pitt

Director of Adult Services

June 2006

Appendices

- 1 Dorset Telecare Strategy Implementation Plan 2006 – 2008
- 2 Performance Indicators

Background Papers

Revenue Estimates 2006/07 – Joint report by the Director of Social Care and Health and the Head of Financial Services to the Adult Services Overview and Policy Development Committee, 19 January 2006.

If you have any queries on this report please contact Harry Capron, Head of Community Care on (01305) 216665, or e-mail h.capron@dorsetcc.gov.uk

Dorset Telecare Strategy

Implementation Plan 2006 – 2008

Objective	Actions	Lead Responsibility	Timescale
<p>1. Address the need for the general public, potential users, their carers and practitioners/front line staff to have a comprehensive awareness of the potential use of preventative technology in supporting vulnerable people to live independent lives.</p>	<p>Secure expert resource to begin training programme.</p> <p>Develop a programme to deliver training and awareness raising for:</p> <ul style="list-style-type: none"> • Practitioners who will be assessing need and developing care packages. We will prioritise which teams and groups of workers should receive first and most detailed training. • Potential users and their carers in order to develop confidence. • Telecare Board will ensure early engagement with a wide range of stakeholders to address the cultural and ethical concerns raised by the surveillance nature of some of the technology, the understanding and acceptance of the need for monitoring. This will form part of the Equality Impact Assessment. 	<p>Telecare Board.</p> <p>Telecare Board.</p>	<p>July 2006</p> <p>July 2006 - October 2006 (First tranche)</p> <p>October 2006 – April 2007 (second tranche)</p>
<p>2. The development of appropriate signposting and support to obtain safe, expert and impartial independent advice about the types/sources of Telecare as necessary.</p>	<ul style="list-style-type: none"> • Develop clear protocols about what equipment/technology is appropriate for Dorset to provide, and what advice will be given for acquiring equipment/technology outside of that. 	<p>Telecare Board working closely with Integrated Community and specialist teams, Adult Services and Primary Care Trusts.</p>	<p>June 2006 onwards</p>

	<ul style="list-style-type: none"> • Target potential users who fall outside the Dorset County Council eligibility criteria, but none the less would like to purchase/install assistive technology. • Target those using Direct Payments who may require access to this information. 		
3. Develop a charging policy using the Adult Social Care eligibility criteria – under the Community Care Act (1990) and Fairer Charging Guidance – including out of area charges.	<p>Identified mechanisms to:</p> <ul style="list-style-type: none"> • Assess for financial contribution from some service users • Resolve situations such as when telecare provision actually replaces a regular visit from a nurse, which would not have been charged for. • Develop protocol to deal with cross border issues such as Dorset residents not resident within Dorset County Council boundaries and vice versa. 	Telecare Board.	June 2006 – October 2006
4. Data Capture to ensure that information in relation to frequency and type of alarm raised is available to assist with individual case reviews, and to support future development.	Ensure systems are in place to capture this information without the need for burdensome and potentially inaccurate manual recording.	Telecare Board. Magna and Purbeck Housing Trust.	October 2006

Performance Indicators

National performance *indicators relevant to Telecare:*

- Social Services Performance Assessment Framework (PAF, RAP)
- A5 Emergency admissions of older people (interface indicator affecting NHS indicators)
- C28 Intensive Home Care
- C32 Older people helped to live at home
- C33 Avoidable harm to older people (e.g. falls)
- D41 Delayed discharges from hospital (interface indicator affecting NHS indicators)
- D42 Carer assessment
- D54 Percentage of equipment delivered in 7 days (Social Services)
- E49 Assessment of older people per head of population
- E50 Assessment of adults and older people leading to the provision of service
- Health Authority Performance Indicators
- SITREPS/DTOC reporting
- CHI indicator for percentage of equipment delivered in 7 days (PCTs)
- Health outcomes
- Emergency readmission following discharge from hospital
- Effective service delivery
- Proportion of people returning home after a stroke
- Proportion of people return home after a fractured neck of femur Patient/carers experience
- Clinical effectiveness and outcomes
- National tariff costs from April 2005
- Supporting People Quality Assessment Framework