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<b>Report To:</b>	<b>Health and Social Care Committee</b>	<b>Date:</b> 30 <sup>th</sup> April 2009
<b>Report By:</b>	<b>Ian Fraser Corporate Director Education and Social Care</b>	<b>Report No:</b> <b>SW/08/09/GM/BK</b>
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<b>Subject:</b>	<b>Telecare Development Programme</b>	

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## 1.0 PURPOSE

- 1.1 To update members on the progress and future plans for the Telecare Development Programme in Inverclyde.

## 2.0 SUMMARY

- 2.1 In 2006 partnerships across Scotland were invited to take part in the National roll out of the Telecare Development Programme.
- 2.2 The overall objective of the National programme is to help more people to live at home for longer with safety and security by promoting the use of telecare in Scotland through the provision of a development fund and associated services.
- 2.3 Allocations to local partnerships for 2008/9 were based on a review of progress with local telecare programmes as evident at March 2008. This review considered:
- The quality of submissions
  - The uptake and use of funds previously made available
  - The provision of information on local outputs, outcomes and efficiencies actually achieved.
- 2.4 The Inverclyde Partnership was considered to be making progress and was awarded £125,000.
- 2.5 A number of outcomes were identified against which each partnership had to identify achievement.
- 2.6 As at 31<sup>st</sup> December 2008, there were 364 service users in receipt of a telecare service. 51 of these people were aged between 16 – 64 years, and 313 were aged 65 years and over.
- 2.7 In March 2008, the Minister for Public Health announced a further £8m funding for the national Telecare Development Programme with £4m being made available in 2008/09 and a further £4m earmarked for 2009/10.
- 2.8 An indicative allocation of £100,000 for each has been set aside for all 32 local telecare partnerships across Scotland for the period 2009/2010.

- 2.9 The key objective of the 2009/2010 funding combined with match funding is to facilitate further mainstreaming of telecare at a local partnership level, within the policy contexts of shifting the balance of care and promotion of telehealth/telecare convergence
- 2.10 The funding is to be made available on a match-funded basis.
- 2.11 An amount of £50,000 has been identified through the political priority process from Inverclyde Council.
- 2.12 A bid has been submitted on behalf of the partnership outlining future work-streams, match funding and the development of a telecare strategy. Copy of the partnership bid attached. Appendix 1
- 2.13 The Inverclyde Partnership has, as part of the bid, confirmed that it will continue to participate in the ongoing evaluation of the national Telecare Development Programme, and will continue to submit the ongoing quarterly evaluation returns.

### **3.0 RECOMMENDATION**

- 3.1 Committee is asked to note the progress, and to support and promote further mainstreaming of telecare at a local partnership level, within the policy context of shifting the balance of care. Committee is also asked to approve the draft telecare strategy.

Barbara Billings  
Head of Community Care & Strategy

#### 4.0 BACKGROUND

4.1 The telecare programme in Inverclyde is now well established following a substantial education and awareness programme delivered to a range of potential service users, carers and assessment and medical staff.

4.2 A robust information gathering system has been developed, both to meet the reporting requirements of the National Programme, and also to inform the development of the local telecare strategy.

4.3 The outcomes achieved for the period April 2008-December 2008 include the following:

- Prevention of delayed discharges - 3
  - The number of hospital bed days saved - 12
- Number of hospital admissions avoided - 15
  - The number of bed days saved - 773
- Alternatives to care home admissions - 18
  - The number of bed days saved - 721
- Maintaining people independently at home - 344
- Number of sleepover nights saved - 259
- Number of home check visits saved - 1076

4.4 A range of care groups have benefited from the service including:

Care Group	Number of people receiving service in the first three quarters of 2008/09
Older People	269
Mental Health	10
Dementia	26
Physical Disability	47
Learning Disability	7
Substance Misuse	5
<b>Total</b>	<b>364</b>

4.5 All partnerships across Scotland have been offered an initial funding allocation of £100,000 for 2009/2010.

4.6 This allocation is dependent on partnerships confirming a match funded contribution for the expansion of their local telecare development programme.

4.7 Partnerships were asked to confirm the extent of match funding they would contribute to the expansion of their local telecare programme.

4.8 If the match funding is less than an equal contribution of £100k to match the indicative allocation, the contribution from the Telecare Development Programme will be reduced accordingly.

4.9 Where the match funding is more, and there is less than the anticipated take up of funding elsewhere in the programme, the Partnership Improvement and Outcomes Division will consider entering into discussions with individual partnerships to increase the indicative allocation. This is dependent on the overall interest in the programme and the extent of the available funding.

4.10 The money is to be made available under the same conditions as previously, in that the Telecare Development Programme funding is capital and is to be used for the development and expansion of telecare.

- 4.11 There is an acknowledgement of pressures on the current financial climate and the Scottish Government do not intend to be prescriptive about a definition of match funding. It can be either revenue or capital funding at a local level and should be part of a service development directly including telecare.
- 4.12 This recognises that capital investment in telecare will have a knock on impact on other revenue funding elements such as response services.
- 4.13 A number of telecare partnerships, including Inverclyde, have used the capital funding on an interim basis to fund temporary posts to develop and promote the service.
- 4.14 This has been accepted by the Inverclyde partnership and reported on in the quarterly monitoring reports returned to the Telecare Development Programme.

## **5.0 PROPOSALS**

- 5.1 A key element of the overall telecare programme for next year is to integrate telecare further within mainstream community care service provision based on the recognition that it can have a significant impact on the ability to address national and strategic priorities.
- 5.2 Local partnerships have been asked to give consideration as to how telecare can be further integrated into mainstream service provision as part of their service developments for next year.
- 5.3 A telecare strategy has been developed by the Inverclyde Partnership. Draft copy attached. This document links to the National Strategy and outlines the key areas of work to be progressed over the next two years.
- 5.4 The strategy links into Community Planning priorities of Health and Wellbeing and Safe and Sustainable communities and will be measured through the National Outcome themes of Identifying those at risk, Support to carers and User satisfaction.
- 5.5 Mainstreaming of telecare will ensure the assessment process becomes an integral part within the Single Shared Assessment process as part of the broader care package and also part of the wider provision of equipment and adaptations.
- 5.6 Telecare is also seen as a key part of intermediate care, providing an element of security and also identifying the risks for people in a transition stage of their care.
- 5.7 The telecare development will link to the hospital closure programme for all care groups – frail older people, older people with mental illness, adults with mental illness and younger people with physical disabilities, ensuring it is seen as an integral part of the whole care package, allowing people to feel secure in the knowledge that support is available when required.
- 5.8 Telecare is a crucial development to support carers to continue their role, and the partnership has been working closely with the carers centre and carers groups to promote the use of telecare and the partnership plan to identify a champion to work with carers to allay any fears or uncertainty and promote the benefits of telecare.
- 5.9 Consideration is being given to short term use of telecare in care homes where people are either at risk of falling or require more in-depth assessment during a period of change in their condition. The response would be provided from within the care home as opposed to the response team, and this would only be used for a limited period.

Appendix 2

- 5.10 A further stage of telecare development is the telecare/telehealth convergence, and this is an area the Inverclyde Partnership is keen to explore. If funding is approved in 2009/10, work will begin to invest in monitoring equipment and evaluation of the use of telehealth to monitor people with long term conditions identified through GP information systems which identify people at risk of hospital admission or readmission.
- 5.11 A key element of the telehealth development will be to improve education for people with long term conditions about the correct use of medication and early detection of deterioration, with rapid access to specialist nurse input. The aim will be for the person themselves to be more in control of their condition and therefore have an improved quality of life.
- 5.12 Work is underway to examine how different call systems, equipment and call handling services across agencies can start to link thus reducing duplicate equipment in people's homes
- 5.13 The National Telecare Development Programme has reviewed call handling services across Scotland, and is considering possibilities of linking these to NHS 24 call services. Work on this is at an early stage.
- 5.14 The call handling service for Inverclyde is commissioned from Bield Housing Association, and the agreement between Inverclyde Council and Bield Housing Association is due for renewal in April 2009. The existing service has accommodated the increased use through development of telecare, and advice is being sought about the possibility of continuing this current arrangement for a further year until after the National work is complete.
- 5.15 Match funding has been identified through a range of different service areas, with the majority of it being "in kind", where existing services either currently provide response services, or where an element of redesign will enable them to contribute to supporting the telecare/ telehealth development across the Inverclyde partnership.
- 5.16 Following approval or alteration to the allocation of funding, the draft strategy will go out for consultation through the Stakeholder Advisory network, with a final version being returned for approval later in the year.

## 6.0 IMPLICATIONS

6.1 Legal: None

Finance:

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
02035	Telecare expenditure	2009/10	£50,000	N/A	

Personnel: None

Equalities:

Equalities, diversity and human rights objectives are included across the services provided by older people.

## 7.0 CONSULTATION

7.1 To be carried out on the Draft Strategy by the Stakeholder Network over the summer

months.

## **8.0 LIST OF BACKGROUND PAPERS**

8.1 Appendix 1 - Inverclyde Partnership bid for funding 2009/2010

8.2 Appendix 2 - Inverclyde Partnership Inverclyde Telecare Strategy 2009-2011

## TELECARE DEVELOPMENT PROGRAMME

### INITIAL FUNDING ALLOCATIONS 2009/10

#### 1. INITIAL FUNDING ALLOCATION 2009/10

Partnerships are offered an initial funding allocation of **£100,000** in 2009/10. The receipt of this allocation is dependent on partnerships confirming a match funded contribution for the expansion of their local telecare development programme.

#### 2. PARTNERSHIP RESPONSE TO OFFER OF FUNDING

Please **delete** whichever of the following statements do not apply;

I can confirm that this partnership;

- Wish to accept the initial funding allocation of £100,000 and agree to provide match funding greater than £100,000 to progress our local telecare development programme. We are also interested in entering into discussions to increase the indicative allocation if additional funding can be made available (Please now complete sections 3,4,5, 6 & 7).

#### THE FOLLOWING SECTIONS 3, 4, 5, 6 TO BE COMPLETED ONLY BY PARTNERSHIPS WISHING TO ACCEPT AN ALLOCATION OF FUNDING IN 2009/10

#### 3. STATEMENT OF INTENT

Please provide a short statement of how you intend to use the allocation and the partnership's match funding to order to achieve the following objective;

- **To facilitate further mainstreaming of telecare at a local partnership level, within the policy contexts of shifting the balance of care and promotion of telehealth/telecare convergence.**
  - Sign off and publish local telecare strategy, linking into Community Planning themes of Health and Wellbeing and Safe and Sustainable communities and measured through the National Outcome themes of Identifying those at risk, Support to carers and User satisfaction.
  - Target carers needs by identifying a champion to promote the benefits of telecare to carers.
  - Invest in monitoring equipment and evaluate the use of telehealth to monitor people with long term conditions identified through SPARRA data.
  - Improve education to people with long term conditions about the correct use of medication and early detection of deterioration, with rapid access to specialist nurse input.
  - Link telecare development to the hospital closure programme for all care groups – frail older people, older people with mental illness, adults with mental illness and younger people with physical disabilities, ensuring it is seen as an integral part of the whole care package, allowing people to feel secure in the knowledge that support is available when required.
  - Increase to response service for telecare users.
  - Discuss possible use of telecare for short input to care homes at points where residents/patients are at risk.
  - Further develop joint working with Housing Associations currently providing Sheltered Housing.
  - Explore economies to be achieved through upgrading of sheltered housing call systems to ensure compatibility and flexibility with wider telecare installations if required for individual tenants.
  - Renewal of the call handling service contract to ensure it can accommodate future developments.

**4. BREAKDOWN OF FUNDING CONTRIBUTIONS**

Please summarise below the anticipated budgets for 2009/10.

Summary use of TDP Funds	Anticipated amount (£)	Summary use of Partnership Match Funding	Anticipated amount (£)
Purchase of telecare equipment	£80,000	Reduction in bed days linked to ward closure	£45000
Purchase of telehealth equipment	£7,000	Delayed discharge – care home and care at home	£35000
Evaluation of telehealth	£3,000	Care homes – reduction in bed days	£10000
Increase response availability by community nursing staff	£16,000	Homecare – reduction in home check visits	£10000
Additional response staff	£49,000	Telehealth – community nursing response	£16000
Promotion of telecare outwith agencies' premises and with carers	£5,000	Local Authority political priority funding	£50000
<b>TOTAL</b>	<b>£160,000</b>		<b>£160,000</b>

**5. CONFIRMATION OF ONGOING PARTICIPATION IN NATIONAL EVALUATION**

I confirm that this Local Partnership will continue to participate in the ongoing evaluation of the national Telecare Development Programme, and will continue to submit the ongoing quarterly evaluation returns.

**YES****6. ANTICIPATED IMPACT OF ADDITIONAL FUNDING ON OUTCOMES & EFFICIENCIES**

It remains important to continue to evidence the impact of the programme at a national level. To ensure the additional funding can be identified in a manner consistent with the previous 3 years programme, partnerships are asked to complete the following table. The contents will be included by JIT within the Business Case for the programme and progress monitored via the existing quarterly return which will be continued for 2009/10. As match funding has been required for the first time in the programme, partnerships are asked to make an estimate of the extent to which the TDP funding has contributed to any local outcomes, and include the proportion of this below (e.g. if 50% of funding from TDP has contributed to an outcome for 6 people = an assumption of 3 could be made). If in doubt, reference should be made to the Telecare Monitoring Form Guidance Notes.

OUTCOMES & EFFICIENCIES	2009/10
<b>Outcome 1:</b> How many prevented delayed discharges do you estimate can be assisted by TDP funded telecare?	12
<b>Efficiency 1:</b> How many hospital bed days do you estimate this may save?	160
<b>Outcome 2:</b> How many unplanned hospital admissions for community based clients do you estimate can be avoided due to TDP funded telecare?	30
<b>Efficiency 6:</b> How many hospital bed days do you estimate this may save?	210
<b>Outcome 3:</b> How many otherwise required care home admissions do you estimate can be avoided due to TDP funded telecare?	30
<b>Efficiency 2:</b> How many additional care home bed days do you estimate that otherwise it would have been appropriate to purchase?	850



<b>Outcomes 4:</b> How many people do you estimate as able to maintain themselves independently due at least in part to TDP funded telecare?	200
<b>Efficiency 3:</b> Number of nights of sleepover care saved	500
<b>Efficiency 4:</b> Number of home check visits saved	500
<b>Efficiency 5:</b> Anticipated value of procurement savings made	£5,000

<b>7. NUMBER OF SERVICE USERS RECEIVING TELECARE SERVICES</b>
<p>To enable us to continue to assess progress on the Telecare Development Programme, please advise of the number of people in receipt of telecare in your partnership area as at 31<sup>st</sup> December 2008. <i>Note: Where there is more than one person in a household and more than one require the service, the total number of service users should be counted.</i></p> <p>As at 31<sup>st</sup> December 2008, I can confirm there were 364 service users in receipt of a telecare service.  16 – 64 years – 51  Over 65 years - 313</p>

SIGNED (on behalf of the Partnership) Gillian McCready.....

PRINT NAME...GILLIAN MCCREADY.....

JOB TITLE .....Service Manager, Older People and Physical Disability Services.....

CONTACT DETAILS (TEL/E-MAIL)...01475 714079 [gillian.mccready@inverclyde.gov.uk](mailto:gillian.mccready@inverclyde.gov.uk)

DATE.....27<sup>th</sup> February 2009.....

Please return completed form to **Moir Mackenzie**, Telecare Programme Manager, Joint Improvement Team, Area 3ER, St Andrews House, Regent Road, Edinburgh EH1 3DG **by 27<sup>th</sup> February 2009**. (E-mail: [moira.mackenzie@scotland.gsi.gov.uk](mailto:moira.mackenzie@scotland.gsi.gov.uk))

**Inverclyde Partnership**

**Inverclyde Telecare Strategy**

**2009-2011**

**Final Draft**

**March 2009**

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## **1.0 Introduction**

### **1.1 Purpose of the Strategy**

This strategy sets out a framework for the continued development of telecare services in Inverclyde. Telecare is a key element within the Inverclyde Partnership's wider goals to support people's choices to live independently within their own homes. This Telecare Strategy builds on the strong base established through the extensive community alarm service in operation in Inverclyde and the earlier phase of the Inverclyde Partnership's Telecare Development Programme established in 2007.

Telecare is a key element within the Scottish Government's drive to shift the 'Balance of Care'. This shift includes: a focus on preventative care and support; supporting long term conditions; a shift in the location of services away from institutional setting to the community and shifting the control and choices about care to service users.

The belief that most people, including those with complex care needs, can, and would prefer to be cared for in their own homes underpins community care policy. The strategy reflects the Inverclyde Partnership's aim to provide efficient and effective services through an integrated approach to implementing telecare services within the wider care and support models provided to people with community care needs living in the community.

Partners taking forward this strategy in Inverclyde include, Inverclyde Council, Greater Glasgow and Clyde Health Board, Inverclyde CHP and Housing Providers.

### **1.2 Definitions**

#### **1.2.1 What is Telecare?**

The term telecare is used to describe a broad range of assistive technology devices which are used to support vulnerable people to live independently. Telecare includes: devices associated with risk management which trigger a response from a third party often associated with the need for an urgent response and devices which control the environment for example temperatures, water levels or lighting. Telecare can also be used to prompt actions from service users for example to take medication. Telecare can be used for the capture of information related to behaviour patterns as part of assessment and monitoring processes. Community alarms can be described as the most established form of telecare in use across Inverclyde.

#### **1.2.2 What is Telehealth?**

Telehealth monitoring is the remote exchange of physiological information between a patient at home and medical staff based either in the community or at hospital to assist in diagnosis and monitoring. It may include for example: a home unit to measure and monitor temperature, blood pressure and other

vital signs for clinical review at a remote location, using phone lines or wireless technology'

### **1.2.3 Telecare and Telehealth**

Telecare and Telehealth are terms used to describe different types of support. However, as community social care and health services continue to move towards greater integration Telecare can be seen as encompassing care supported by information technology whether that care is social or medical care and support.

## **2.0 National Context**

### **2.1 Telecare Development Programme**

The Scottish Executive launched the National Telecare Development programme in August 2006. This programme set out a direction for Telecare to become an integral part of community care services across Scotland.

This program was supported by a series of capital funding grant allocations. An initial £8m (2006-2008) ring-fenced fund was made available to partnerships. In March 2008 a further £8m has been made available for 2008-2010 (managed across two years £4m 08/09 and £4m 09/10). With telecare funding for the 09/10 expect to attract match funding.

### **2.2 Inverclyde Telecare Development Project Funding**

Details of funding to date associated with the Inverclyde Telecare Development Program (Aug 2008) have included:

- £124K (2007/08)
- £50K (2008) Specific Carer's focus
- £125K (2008-9)
- funding still to be allocated for 09/10 (requiring match funding)
- £150K Demonstrator for Older People's Housing, Support, Health and Care funding

### **2.2 National Telecare Strategy**

The Scottish Government launched its National Telecare Strategy in June 2008, "Seizing the Opportunity: Telecare Strategy 2008-2010". The strategy sets out a role for telecare in contributing to the Scottish Government's expectation with respect to:

- The achievement of personalised health and social care outcomes for individuals:
- Delivering wider national benefits in areas such as shifting the balance of care and the management of long-term health conditions.
- Mainstreaming telecare within local service planning. (JIT 2008)

## 2.2.1 Telecare and National Outcomes

Telecare plays an important role within the Scottish Government's strategy to achieve an integrated approach to meeting National and Local **Outcomes** including ensuring that:

- The people of Scotland live longer, healthier lives;
- Inequalities in Scotland are tackled;
- High quality public services are responsive to local people's needs, continually improving, and efficient.

Telecare supports the achievement of Community Care and Health national targets associated with these outcomes including a focus on the need to:

- Increase the percentage of community care service users feeling safe.
- Reduce the proportion of people aged 65 and over admitted as emergency inpatients two or more times in one year.
- Increase in the percentage of people aged 65 and over with high levels of care needs who are cared for at home:
  - Increase the percentage of carers who feel able to continue their role
  - Shift the balance of care from institutional to 'home based' care.
  - Improve people's perceptions of the quality of public services delivered:
  - Improve the quality of healthcare experience.

The National Telecare Strategy identifies the achievement of the following specific **outcomes** as the focus for Telecare development as outlined within their National Telecare Strategy:

- More awareness of telecare and its benefits
- Increased use of telecare within mainstream service provision

## 2.2.2 National Core Development Areas

The National Telecare Strategy identifies specific **core** areas for development to ensure that the potential for Telecare across Scotland is realised. These include:

- Ensuring that service users, carers and service providers are aware of the role that telecare can play in improving the quality of their lives:
- Ensuring that all aspects of telecare services are appropriately resourced and delivered to a measurable high standard.
- Breaking down cultural barriers to effective joint working among care service providers.

The National Telecare strategic core development priorities as outlined above will shape the direction of the Inverclyde Telecare Strategy

### **3.0 Demonstrators of Older People's Housing, Support, Health and Care**

The Inverclyde Partnership has been awarded funding (£150k) to take forward work supported by the Joint Improvement Team as a Demonstrator Authority (one of three in Scotland) for the Development of "Older People's Housing Support and Care". The overall aim of the demonstrator projects is to:

*"identify the housing aspects of a managed shift in the balance of care for older people at a locality level, capturing and disseminating the experiences of partners, and developing practical tools to assist other local partnerships".(JIT 2008)*

The project direction highlights the need for a focus on whole system change, with support, health and social care services re-aligned as necessary to achieve the outcome of an increase in independent living for older people in the locality. The JIT outline a key role for telecare within these processes.

## **4.0 Aims, Objectives and Outcomes**

### **4.1 Aims**

The Inverclyde Telecare Strategy aims to integrate telecare services as a mainstream component of community care services to include social care, health and housing services, for the purposes of supporting people to live at home for longer with safety and security.

### **4.2 Objectives**

In line with National Telecare objectives this Telecare Strategy provides a focus on the development of services which will support the following objectives to:

- Reduce the number of avoidable admissions to care homes,
- Reduce admissions and re-admissions to hospital
- Reduce delays in hospital discharge
- Reduce the pressure on informal carers
- Reduce the need for other more expensive interventions
- Improve the quality of life for a range of people who benefit from telecare services, mainly older people but also including other community care client groups: people with physical disabilities, people with learning disabilities people with mental health difficulties or problems associated with addiction and people with long term medical condition.

### 4.3 Outcomes

The key outcomes are identified through the National Community Care Outcomes, and these reflect the Inverclyde telecare developments. They include:

- Increase in user satisfaction
- Faster access to services
- Support for carers
- Identifying those at risk
- Moving services closer to users/patients

### 4.4 Local Focus on Achieving National Core Areas for Development

The Inverclyde Telecare Strategy identifies key areas of activity with reference to the **core** areas for development identified within the National Telecare Strategy for Scotland:

- Ensuring that service users, carers and providers are aware of the role that telecare can play in improving the quality of their lives:
- Increased use of telecare within mainstream service provision
- Ensuring that all aspects of telecare services are appropriately resourced and delivered to a measurable high standard.
- Breaking down cultural barriers to effective joint working among care service providers.

## 5.0 Inverclyde Telecare Development Programme - Progress

### 5.1 Community Alarms

The Inverclyde Telecare Development Project has built on the well established Community Alarm service available in Inverclyde. Expertise around the use of assistive technology was harnessed in the shift towards providing a wider range of telecare solutions for supporting people to live independently in the community in Inverclyde. At the start of the Telecare development Programme approximately 1500 Inverclyde residents had Community Alarm services supporting them to live independently in the community. This has provided a service infrastructure from which broader Telecare service development has been supported.

### 5.2 Telecare Development Programme – progress to date

The initial phase of the Telecare Development Programme focused on:



- Employment of a dedicated Telecare Development Officer;
- Establishing Telecare demonstration sites;
- Programme of Telecare Induction training;
- Mainstreaming Telecare -The roll out of telecare equipment outwith mainstream community alarm provision;
- Securing a stock of telecare equipment to ensure effective response to demand for telecare services.

### *5.2.1 Telecare Development Officer*

A dedicated Telecare Development Officer post was established to drive the Telecare agenda forward within the partnership. This post provided a single route of contact for telecare development and linked closely with partner agencies including social work, health and housing. The telecare development officer has been responsible for the establishment of demonstration sites, the development and ongoing delivery of the Telecare induction programme, establishing a monitoring framework and reporting on the projects progress in line with Scottish Government performance measurement guidelines and day to day operational issues surrounding the Telecare service.

A key aspect of the development officer's work has been to take forward the Telecare education programme in Inverclyde. This programme recognises that a flexible approach is required to meet the education needs of staff across disciplines and agencies and service users and carers. At the centre of the programme is the acceptance that "one size doesn't fit all". Telecare is a new way of working and like all services needs to take account of the individual needs of service users and how the varied range of telecare services can best meet these needs. Staff and service users need to build up a knowledge and confidence base in how telecare can support independent living. The project recognises that this is huge ongoing task.

### *5.2.2 Demonstration Sites*

Telecare demonstration sites have been set up across four locations in Inverclyde:

- Centre for Independent Living (Community Social Work Site)
- Hillend (Social Work Service Community Day Centre and Respite Service)
- Larkfield Unit (NHS site within OT room at day hospital.)

Across the demonstration sited a wide range of telecare equipment is able to be viewed in operation including:

- Door contact;
- flood, smoke, heat, CO2 detector;
- Bed/chair occupancy sensor;
- Fall detector;
- Epilepsy Monitor;
- Bogus call button.

A decision was made to establish a further demonstration facility based at a NHS Acute site within a day hospital setting for EMI service users. This early addition to demonstration facilities was made to facilitate easier access to demonstration sites for staff and service users. This facility will provide an enhanced service for people with dementia and their family and carers. It will provide greater support to assessment processes for the suitability of telecare as a mechanism for supporting the independence of people with dementia. In addition this service will provide support to hospital closure plans.

### *5.2.3 Programme of Telecare Induction Training*

The demonstration sites provide a domestic type setting to provide :

- Staff, and
- Service users and carers

with the opportunity to see the range of telecare equipment linked to the live response service. The demonstration sites have targetted the widest range of assessment staff across disciplines and agencies to establish a baseline of knowledge and understanding about the role of telecare in supporting people to live independently in the community as part of a broader community care package.

The demonstration sites have facilitated a broader understanding of the role of Telecare among assessment staff who as assessors for access to services provide a critical part in establishing the role of telecare within wider support packages.

The demonstration sites have also been used (albeit to a more limited extent) to inform service users and carers about the way that telecare services can support independent living. Service users leaving hospital and those within one of the local authority respite services have been able to access the demonstration facility as part of their preparation for returning home. Other service users in the community and their carers have also been able to access such services, This has predominately taken place within the Centre for Independent living. This has supported the decisions made by service users and carers around which telecare equipment is most suited to meeting their individual needs.

Todate (August 2008) 260 staff members have attended the demonstrator induction training across the 4 sites. This has included a broad range of staff groups from a range of agencies including:

- Agencies: Social Work, NHS hospital and community based staff, housing providers and voluntary sector staff:
- Staff groups have included: Social Work assessment staff, Day Care Staff, Homecare Staff, supported living staff, Community based Occupational Therapists and Physiotherapists, hospital based

Occupational Therapists and Physiotherapists, District Nursing Staff, Hospital Based Nursing Staff, Consultants (Geriatric Care and Physco-Geriatric), Housing Association Staff Community Based McMillan Nursing Staff, Ward Managers and Contract Monitoring & Complaints Staff.

#### *5.2.4 Mainstreaming Telecare - The roll out of telecare equipment outwith mainstream community Alarm provision - Telecare Equipment Available*

A key part of the early development phases of Telecare implementation within Inverclyde has been to mainstream Telecare. Telecare has now been fully integrated within the local authority assistive technology service which includes community alarms and other assistive technology as noted below. This has provided a mechanism for making best use of existing:

- referral and assessment processes
- allocation processes
- call centre service arrangements;
- response service;
- installation and maintenance services.

The Telecare development programme has continued to roll out the use of Telecare equipment outwith mainstream community alarm provision. Currently the following services are available subject to assessment:

- Door contact;
- flood, smoke, heat, CO2 detector;
- Bed/chair occupancy sensor;
- Fall detector;
- Epilepsy Monitor;
- Bogus call button.
- Key Safes.

Discussions are currently under way with local pharmacy services to establish the role that Telecare linked pill dispensers can play in supporting people to live at home. There are considerable barriers associated with the introduction of such a service including the design and ease of use of equipment and work is currently under way to consider the cost effectiveness and efficiency of using this form of support.

A National pilot is exploring the implementation issues around the use of pill dispensers, further action around the use of this equipment will be delayed until the national findings are available.

#### *5.2.5 Securing a stock of telecare equipment to ensure effective response to demand for telecare services.*

First and second phase telecare development funding has also been used to establish a stock of equipment to meet the demand for telecare services. It

has been recognised by the project that often services are needed quickly and access to a stock of equipment has helped the service to respond more quickly to peoples needs. All equipment has been purchases within the NHS Purchasing and Supply Agency (PASA) to procure Telecare effectively and efficiently.

### **5.3 Response Services – Call Handling and Response Service**

Telecare response services are an essential element of the success of telecare services. Response services consist of two key components which include:

- the Telecare call handling service: and
- the Telecare mobile care response services.

Telecare service users and their carers, where appropriate, can specify the nature of the response service which best suits their needs, in some cases this may be that a key holder is contacted to respond to the alarm raised or it may be the mobile response service which responds to the alert. The service works to meet the preferences of service users and carers within a framework of ensuring the best response to individual situations.

#### *5.3.1 Call Handling Services*

The call handling service within Inverclyde is commissioned from Bield Housing Association. On going monitoring of calls to the call handling service takes place to provide information about the management of individual telecare packages, particularly where there are complex needs, and for the overall demand for call handling services.

The call handling service contract is currently being reviewed and will include implications on changes in demand for call responses associated with the telecare development programme.

#### *5.3.2 Telecare Mobile Care Response Service*

Telecare response services are linked to 24 hour mobile response team

The effectiveness of the response service is critical to the efficient and effective operation of our telecare service. The growth in Telecare service usage has led to greater demand for response services. A recent review of response services indicated a need for extra capacity to for both response services and installation services associated with the rise in demand from the telecare programme.

In order to meet waiting times for response to calls from mobile attendants and times between assessment and installation two further telecare response team staff have been recruited. Both posts are part time and will provide extra capacity 24/7. The posts have been designed to give flexibility around the range of tasks associated with the operation of the telecare service including:

installation and maintenance of equipment, routine visits and homecare services.

### 5.3.3 *Telehealth*

Work is currently underway to explore the role of telehealth within the range of services that support the prevention of hospital admission. SPARRA (Scottish Patients at Risk of Re-admission or Admission) data is being used to identify possible areas of focus for this work. The initial phase of this work is considering remote monitoring, with information linked to community nursing through a broadband connection.

### 5.3.4 *Future Funding*

Scottish Government Telecare development funding for 09/10 requires to be match funded. See attached appendix 5.

## **6.0 Telecare Developments Future Focus**

### **Future Development Focus:**

#### **6.1**

**6.1 Ensuring that service users, carers and service providers are aware of the role that telecare can play in improving the quality of their lives.**

6.1.1 Continue to ensure that assessment staff across disciplines and agencies are provided with access to up to date information about the role that telecare can play in supporting independence as part of mainstream care and support at home packages. Also in line with national intentions, work towards incorporating telecare within the single shared assessment process.

6.1.2 Ensure that new staff are, as part of induction processes, familiar with what is available with respect to Telecare services and the assessment processes allocation processes to be followed. To include staff from partner agencies.

6.1.3 Increase the use of the demonstration sites by service users and carers to widen the understanding of the role that Telecare can play in supporting individual needs with respect to supporting independent living and further develop confidence in the ability of the service to provide a safe environment for people in their own home.

6.1.4 Review public information available about Telecare including web based access through Inverclyde Council website.

- 6.1.5 Secure in partnership with carers, routes for supporting carers in their roles with the use of Telecare technology.
- 6.1.6 A number of carers from Inverclyde have been identified to be involved in a National focus group as part of a programme to assess the benefits and identify developments of telecare to best support carers.
- 6.1.7 Continue to include a broad range of community care client groups within the care groups able to benefit from the support to independent living offered by telecare.
- 6.1.8 Explore the role of telecare in supporting carers through provision of respite. Continue to extend awareness of telecare among carers including wider access to demonstration facilities and targeting a range of stakeholder forums.
- 6.1.9 Increase the range of products available.

## **6.2**

### **6.2 Ensuring that all aspects of telecare services are appropriately resourced and delivered to a measurable high standard.**

- 6.2.1 Call centre response – the call centre contract was reviewed in September 2008 to ensure there was adequate capacity following the introduction of telecare responses. This contract will require to be reviewed in April 2009.
- 6.2.2 Installation and maintenance – training will be on-going for existing and new staff to enable them to install and remove equipment and key safes.
- 6.2.3 Establish monitoring process for call centre response to identify key areas for change.
- 6.2.4 Consult with sample of service users to establish impact of telecare services, linking this to the first National Outcome for Community Care.
- 6.2.5 Establish match funding arrangements for 09/10. Paper attached Appendix 5.
- 6.2.6 Continue to contribute to National returns and learn from other areas.
- 6.2.7 Review the role of key safes and how they can facilitate quicker response times within the telecare service. Particularly in the outlying areas across the authority and in Sheltered Housing units.

- 6.2.8 All Sheltered Housing in Inverclyde is provided through Housing Associations. Discussions are underway with housing associations to ensure best use of both Sheltered Housing warden time and links to community response teams. The majority of Sheltered Housing tenants will continue to only require normal warden support, but where an assessment has identified additional needs, telecare response cover will also be required.
- 6.2.9 Explore the links with sheltered housing wardens and Telecare response services as part of the wider Demonstrators of Older People's Housing, Support, Health and Care work programme.
- 6.2.10 Examine possible economies to be achieved through working jointly with housing associations to upgrade sheltered housing call systems that will enable a single unit to be used for people in sheltered housing who have been assessed as requiring telecare services.
- 6.2.11 Consider the short term use of Telecare equipment within care homes linked to the prevention of hospital admission.

### 6.3

#### **6.3 Breaking down cultural barriers to effective joint working among care service providers.**

- 6.3.1 Increase the extent of referrals for Telecare services from acute and primary health care services including from hospital AHP staff consultants, GPs, community nursing and AHP staff.
- 6.3.2 Explore ways of ensuring that housing providers make best use of assistive technology when meeting the community care needs of their tenants.
- 6.3.3 Support the rationalisation of telecare services provided across housing providers particularly within sheltered housing.
- 6.3.4 Facilitate a greater role for Telecare in supporting carers to continue to support people to live in the community and identify a "champion" to promote the benefits of telecare for carers.
- 6.3.5 Invest in monitors as part of the telehealth development programme in Inverclyde.
- 6.3.6 Evaluate the role for telehealth in an urban setting with a particular focus on supporting people with long term conditions in the community and reducing hospital admissions.

6.3.7 Ensure continued development of Telecare/telehealth services across partner agencies.

### **References**

JIT 2008 , Seizing the Opportunity Telecare Strategy 2008 - 2010, Scottish Government Joint Improvement Team.

Department of Health (2005) ([http://www.e-health-insider.com/img/Document\\_Library0282/Strategic\\_Business\\_Case\\_Models\\_for\\_Telecare.pdf](http://www.e-health-insider.com/img/Document_Library0282/Strategic_Business_Case_Models_for_Telecare.pdf)) Strategic Business Case Models for Telecare Department of Health.

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## Appendix 1

### Demographics

The demographic profile of Inverclyde is shown in table 1 below.

Table 1

Area	2006	2016	%Change
<b>SCOTLAND</b>	<b>5,116,900</b>	<b>5,270,249</b>	<b>+3%</b>
Inverclyde	81,540	77,071	-5.5%

Over the next 10 years the population projections for Inverclyde indicate a 5.5% fall in the population by 2016.

Projected percentage change in population (2006-based), by broad age group and council areas, 2006-2031

Table 2

	All ages		Children (0-15)		Working Ages	
	2016	2031	2016	2031	2016	2031
Inverclyde	-5	-15.5	-11	-27.6	-6	-22.3

#### Inverclyde Population Projections (000) GRO 2006 Base

	2006	2011	2016	2021	2026	2031
<b>All Ages</b>	<b>81.5</b>	<b>79.2</b>	<b>77.1</b>	<b>74.8</b>	<b>72.1</b>	<b>68.9</b>
0-15	14.7	13.7	13.1	12.7	11.8	10.7
16-29	14.0	13.9	12.8	11.3	10.4	10.0
30-49	23.1	20.5	18.2	17.1	16.7	16.0
50-64	15.6	16.4	16.9	16.7	14.5	12.0
65-74	7.6	7.8	8.7	8.9	9.3	10.1
75+	6.5	6.8	7.4	8.1	9.3	10.1

## Appendix 2: Current Telecare Service Use

Service as at 31st December 2008

Number of Service Users in receipt of Telecare Equipment

Age Groups:

16-64 Years Old  
Over 65 Years Old

Gender:

Male  
Female

Service User Categories:

<i>Older People</i>	<i>Mental Health</i>	<i>Dementia</i>	<i>Physical Disability</i>
269	10	26	47

Range of Equipment in Use:

- *Gas Detector*
- *Door Exit Monitor*
- *Fall Detector*
- *Epilepsy Bed Monitor*
- *Bed Ext Monitor*
- *Smoke Detector*
- *Heat Detector*
- *Co Detector*
- *Flood Detector*

## Appendix 3: Outcomes and Efficiencies

<b>OUTCOMES &amp; EFFICIENCIES</b>	<b>2008/9</b>	<b>2009/10 Projections</b>
Outcome 1: Reduction in the number of delayed discharges from hospital	3	NA
Outcome 2: Reduction in the number of unplanned hospital admissions for community based clients	20	30

Outcome 3: Reduction in the number of care home admissions for community based clients	20	30
Outcomes 4: Increase in the number of persons able to maintain themselves at home through receipt of a telecare service (with support).	150	200
Efficiency 1: Number of hospital bed days saved from people ready for discharge	160	160
Efficiency 2: Number of care home bed days saved	750	850
Efficiency 3: Number of nights of sleepover care saved	250	500
Efficiency 4: Number of home check visits saved	400	500
Efficiency 5: Anticipated value of procurement savings made	£7,500	£5,000
Efficiency 6: Number of hospital bed days saved from reducing unplanned hospital admissions <b><i>*(based on an mean of 7 days for emergency admissions of people aged 75+)</i></b>	140*	210*

## Appendix 4

### Inverclyde Telecare Strategy Implementation Plan 2009-11

#### Core Development Area

#### 1.Ensuring that service users and carers are aware of the role that telecare can play in improving the quality of their lives:

	Targets	Link to Outcomes	Activity	Lead person	Dates
1.1	Continued increase in numbers of service users.	Faster access to services.	Continue to roll out training and ensure it is incorporated in induction programmes for new staff. Measured through quarterly returns.	Alison Winter and local service managers	On going
1.2	To meet the targets set around minimum waiting times developed as part of the Sutherland report review.	Faster access to services.	Further develop the single shared assessment process to include assessment and access of telecare.	Alison Winter Iseabail Howat	On going
1.3	Increase awareness and increase number of service users.	Moving services closer to users/patients. Faster access to services. Identifying those at risk.	Continue to promote the use of demonstration sites including the newly established one in the Argyll Unit, Measured through quarterly returns	Alison Winter Local managers across health and social care.	On going
1.4	Produce public information	Support for carers. Faster access to services.	Distribution of leaflets across NHS facilities and incorporate it into the carers packs. Distribution of leaflets through Housing	Alison Winter. Wilma Smeaton Debbie Maloney.	April/May 09

**Core Development Area****1.Ensuring that service users and carers are aware of the role that telecare can play in improving the quality of their lives:**

	<b>Targets</b>	<b>Link to Outcomes</b>	<b>Activity</b>	<b>Lead person</b>	<b>Dates</b>
			Associations. Development of web based information accessed through the Inverclyde Council web site.		
<b>1.5</b>	Increase the range of community care client groups benefiting from the support to independent living.	Identifying those at risk. Support to carers	Continue to monitor this through the quarterly returns and target training and awareness raising to all care groups.	Alison Winter Local Managers	On going
<b>1.6</b>	Increase the role of telecare to support carers and provide an element of respite.	Support for carers Identifying those at risk.	Continue to meet with a range of carers groups to raise awareness. Work with respite group and respite bureau to further promote the use of telecare.	Alison Winter Julie Greig	On going
<b>1.7</b>	Increase the range of products being provided	Increase in user satisfaction	Link to the Telecare user forums to gain information on the most up to date equipment. Continue to utilise the Telecare monies to supply equipment as required.	Alison Winter Debbie Maloney	On going

## Appendix 4

### Inverclyde Telecare Strategy Implementation Plan 2009-11

#### Core Development Area

#### 2.Ensuring that all aspects of telecare services are appropriately resources and delivered to a measurable high standard

	Targets	Link to Outcomes	Activity	Lead person	Dates
2.1	Review of call centre response service		To accommodate the on going changes to the response service, a National Review of call handling has taken place and further work is being undertaken with possible links to NHS24. The current provider will continue until the re-tender stage at March 2010.	Gill Burns Hilary Diffin	March 2010
2.2	Transfer of installation of equipment to response team	Faster access to services Moving services closer to users/patients	The majority of equipment is now being completed by response staff. Installation of key safes will transfer to the team in May 2009.	Alison Winter Centre for Independent Living	On going  May 2009
2.3	Identify key areas for change	Increase in user satisfaction	Call centre responses are continually monitored to identify changes in patterns. The review process for service users will also identify changes in	Alison Winter Care Managers	On going

<b>Core Development Area</b>					
<b>2.Ensuring that all aspects of telecare services are appropriately resources and delivered to a measurable high standard</b>					
	<b>Targets</b>	<b>Link to Outcomes</b>	<b>Activity</b>	<b>Lead person</b>	<b>Dates</b>
			requirements. This information will be fed back onto the telecare group for information.		
<b>2.4</b>	Establish impact of telecare services	Increase in user satisfaction Support for carers	As part of the review process and linking to the development and roll out of "Talking Points", information will be gathered about user satisfaction.	Yvonne Goldie Iseabail Howat Alison Winter Care Managers	May 2009 onwards
<b>2.5</b>	Meet the National requirements in terms of reporting – both activity and financial information		Continue to gather and complete information and to take part in information sharing across the partnerships in Scotland.	Alison Winter Debbie Maloney	Activity – quarterly Finance - annually
<b>2.6</b>	Increase the links with Sheltered Housing developments	Faster access to services	Work with Housing providers to ensure best links between sheltered housing wardens and response teams.	Ongoing part of the Demonstrator of Older People's Housing, Support, Health and Care	
<b>2.7</b>	Consider the short term use of telecare equipment within care homes to prevent hospital admission.	Identifying those at risk Moving services closer to users/patients	As part of the consultation process on the Equipment and Adaptations Guidance, draft protocols have been developed	Jacquie MacIntyre Rena Findlay	May 2009.

<b>Core Development Area</b>					
<b>2.Ensuring that all aspects of telecare services are appropriately resources and delivered to a measurable high standard</b>					
	<b>Targets</b>	<b>Link to Outcomes</b>	<b>Activity</b>	<b>Lead person</b>	<b>Dates</b>
			regarding loaning of equipment on a short term basis to care homes. Telecare will be included in these protocols.		

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## Appendix 4

### Inverclyde Telecare Strategy Implementation Plan 2009-11

#### Core Development Area

#### 3. Breaking down cultural barriers to effective joint working among care service providers.

	Targets	Link to Outcomes	Activity	Lead person	Dates
3.1	Increase referrals for telecare from acute NHS services and primary care services	Faster access to services Moving services closer to users/patients	Raise awareness through the hospital reprovion programme and the use of the demonstrator sites in the Larkfield unit.	Dougie Anderson Alison Winter AHP staff	On going
3.2	Increase use of telecare through housing providers	Faster access to services Moving services closer to users/patients	Provide information/assessment for all new sheltered housing applicants. Provide training on telecare for all housing managers	Debbie Maloney. Ongoing part of the Demonstrator of Older People's Housing, Support, Health and Care	April 2009
3.3	Increase use of telecare to support carers	Support for carers	Identify a "champion" to promote the benefits of telecare for carers	Carers Centre Julie Greig	May 2009
3.4	Introduce and evaluate the use of telehealth and its capacity to prevent/reduce hospital admissions	Identifying those at risk Faster access to services	Identify 10 people with long term conditions through the use of SPARRA data who could benefit from monitoring of their condition through telehealth. Evaluate the process on an ongoing basis. Purchase telehealth	Thelma Bench Dr James Ward Clinical Effectiveness team.	May 2009 to March 2010.

<b>Core Development Area</b>					
<b>3. Breaking down cultural barriers to effective joint working among care service providers.</b>					
	<b>Targets</b>	<b>Link to Outcomes</b>	<b>Activity</b>	<b>Lead person</b>	<b>Dates</b>
			equipment and provide training to service users as required.		
<b>3.5</b>	Continue to develop telehealth/telecare across a range of agencies to meet the Single Outcome Agreement targets for community safety.	Identifying those at risk Moving services closer to users/patients	Work with police, fire brigade and community wardens to widen out the use of telecare to improve community safety and support people to live at home.	Debbie Maloney. Ongoing part of the Demonstrator of Older People's Housing, Support, Health and Care	April 2009 – September 2009.

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