Telecare Strategy

for County Durham

2006-2008

Foreword

The Telecare Strategy is an important development in helping us to respond to the challenges of the 21st century, which include significant demographic change and increasing public expectations for convenience, choice and customer service.

It is clear that most older and vulnerable people wish to stay in their own homes, remain healthy and safe and have as much control of their own lives as possible. The implementation of Telecare services can help us to meet those aspirations, by helping to give vulnerable people the confidence to live their lives in a way they want – independently, but knowing that help is at hand if they need it.

We are very aware of the challenges this will present, as Telecare is still a relatively new concept. However, Durham has gained a reputation as one of the pacesetters for successfully using new technology in social care settings in England. By working across partner agencies in health, housing and social care, we have been able to develop and validate services which have been proven to help improve outcomes for vulnerable people.

The Government has also demonstrated its commitment to this programme, by releasing a 2 year grant to help all local authorities. This injection of resources will help local agencies to transform the way that technology is used within health and social care services.

Our aim is to develop a robust, fair and equitable service across the County.

I am therefore very happy to issue the Telecare Strategy in conjunction with our partner agencies, and I'm confident it will help us to continue to design innovative and successful services, which are increasingly based on the needs of individual people.

John Thornberry
Head of Adult Services

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1. People at Home and in Touch Research Report, Durham County Council (1999)

2. Telecare Service Model Pilot Evaluation Report, Durham County Council (2004)

Executive Summary

This strategy has been developed by a multi-agency telecare policy group made up of key representatives from health, housing and social care agencies, to be used as a framework document for stakeholders to develop new and equitable telecare services in County Durham. It builds on the work that has been done over the past 6 years as part of the People at Home and in Touch project with partner organisations, piloting technologies and a telecare service model.

Our vision for the strategy is:

'To help to promote independence, choice and quality of life for our service users and to support a higher number of people in their own homes or in a supported housing setting by developing a framework with which to deliver an integrated, mainstream and equitable service across County Durham.'

The Government has recognised the potential of telecare and in July 2004 announced the release of the Preventative Technology Grant which aims to increase the number of people who can benefit from telecare services. The £80m grant has been allocated over two years from April 2006 as their commitment to modernising and transforming care services provided by local authorities and the NHS.

The Preventative Technology Grant will be managed locally by Partnership Boards to ensure that it is used to develop the most appropriate and effective services to meet local demand. Durham County Council will remain responsible for the use of the grant and therefore request that Partnership Boards sign up to this strategy and its implementation plan and provide regular reports for Durham County Council to monitor and review progress.

The scope of this strategy is limited to telecare at this stage, but the policy group will continue to meet to address any issues arising, review the strategy and look at how we continue to develop more holistic services encompassing telehealth, telemedicine, electronic assistive technology (EAT) and the use of information and communication technology (ICT).

The major percentage of the Preventative Technology Grant is being used to mainstream telecare with Older People's Services and People with a Physical Disability. However, 20% of the grant has been allocated to pilot and develop work with People with a Learning Disability and Children with a Disability, continuing Durham's approach to being visionary and proactive in this area.

The use of telecare has already been established in our Extra Care schemes in the County and has proved to be very effective, both in terms of quality of life for tenants and in saving health and social care agencies money.

Section One: Introduction

1.1 Purpose of Strategy

This strategy has been developed by a multi-agency group, made up of key representatives from health, housing and social care agencies, to be used as a framework document for stakeholders to develop telecare services in County Durham.

1.2 Background

Durham County Council, through its People at Home and in Touch project and in partnership with district councils and other stakeholder partners, has for the past six years been proactively looking into how new and emerging technologies can help older and vulnerable people stay in their own homes. After having completed and evaluated several pilots it was recognised that the time had come to integrate the use of technologies into mainstream services. In order to do this, a 'Service Model for the Delivery of Telecare' was developed and piloted in one of the localities. Evaluation of the pilot showed that it had been very successful and should be used as a model for other localities to adopt and adapt to their own specific local needs and ways of working.

To drive forward the use of telecare throughout the Country, the Government announced the release of a 'Preventative Technology Grant' which will provide Local Authorities with £80m over two years from April 2006, to provide alarm technology to 160,000 vulnerable elderly.

The purpose of the Preventative Technology Grant is *'to initiate a change in the design and delivery of health, social care and housing services and prevention strategies to enhance and maintain the well being and independence of individuals by using electronic technologies to support them to live safely and securely at home.'*

The non ring-fenced grant has been allocated to councils with social services responsibilities who will be accountable for achieving agreed outcomes. The County Council has agreed to make available £698K over two years for the purpose for which it was intended. Within County Durham, the grant is seen as a unique opportunity to 'kickstart' the mainstreaming of telecare.

1.3 What is Telecare?

The People at Home and in Touch Research report[1] suggested that the community alarm service infrastructure provided the ideal framework on which to build additional services utilising new technologies. By building on this existing infrastructure, the project has been looking at how various telecare sensors and intelligent monitoring systems can flag up problems or crisis situations and automatically raise an alert at the local community alarm control

centre, where staff will then initiate a response. The generic term for this sort of monitoring of vulnerable people is 'telecare' and it is something that relies heavily on inter-agency partnership working, which has been demonstrated within the pilots.

Definition: ***Telecare*** *is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living.*

There are other technologies such as assistive technology (AT), electronic assistive technology (EAT) and Information and Communication Technology (ICT) that could also be encompassed in this sphere. Technologies can help overcome functional or physical barriers (AT, EAT) or help overcome social isolation (ICT) and aid independent living. This strategy will establish which technologies will come under telecare provision.

1.4 How Can Telecare Help?

Telecare can:

- Facilitate earlier hospital discharge and help reduce admissions to residential care and re-admissions to hospital.
- Increase independence and choice for service users.
- Increase capacity for maintaining people at home and access to preventative services.
- Give carers effective support, respite and peace of mind.
- Help to manage risk in the home and reduce accidents and falls.
- Help address pressures caused through an ageing population and enable more effective use of scarce resources.
- Enable agencies to provide improved and focused care delivery.
- Enable work in other partnership priorities to be facilitated (e.g. integrated falls and stroke services).
- Help with self care.
- Detect deterioration in/ enable more early intervention with long term conditions.

Many older people express the wish to live as independently as possible and stay in their own homes. However, as they become frailer they can be at risk from falls, hypothermia and the consequences of forgetfulness, such as fires, floods and wandering. It is often as a direct concern about these issues that older people are admitted into residential care, as they are considered unsafe to live alone.

Many admissions are avoidable but once installed in an institutional setting, few return to their own homes. If a tailored ‘package’ of intensive home care is put in, such as with Intermediate Care, crisis situations can be overcome and the person rehabilitated in their own home. The use of telecare can prove to be most beneficial in the ‘weaning off’ and confidence building stage, when older people may be at their most vulnerable.

Telecare sensors can give statutory agencies the ability to manage older people who are felt to be at risk by alerting community alarm control centres if there is a crisis situation and to monitor and record the amount of incidences an older person experiences thus acting as an 'early warning' system. Many falls go unrecorded because the person is not badly enough hurt or considers the fall not serious enough to notify anyone or ask for help. By monitoring falls, agencies will be able to spot any rate of decline and intervene before the situation becomes an emergency. By increasing home care, giving advice on health care, assessing and, where appropriate, modifying environmental and personal risk factors, a crisis situation may be managed in the person's own home. This scenario may also be applied in a hospital discharge situation for rehabilitation purposes.

1.5 Who Can Telecare Help?

Telecare can support people with differing needs together with their carers. For example:

People	Role of Telecare
People in Extra Care/ Sheltered housing	Increases home safety Manages risk of independent living Allows people to remain in own home
People with increasing frailty	Allows people to remain at home for longer Increases home safety and security Manages risk of independent living
People with Physical Disabilities	Increases home safety and security Manages risk of independent living
People with Learning Disabilities	Increases home safety and security Manages risk of independent living
People with Mental Health conditions	Increases home safety and security Allows people to remain at home for extended periods Manages risk of independent living
People with Sensory Impairment	Increases home safety and security Manages risk of independent living
Children with a Physical Disability	Increases home safety and helps to manage risk
Patients with Chronic Disease or LTC	Helps manage self care at home while allowing patients to stay in contact with carers
Informal Carers	Provides reassurance and peace of mind reducing stress and anxiety

1.6 Learning from Pilots

Through the pilots that have been carried out over the last six years agencies have gained a lot of experience in overcoming teething problems by assessing how the technologies work practically, gathering client, carer and

staff views on the use of telecare, and by developing working practices and procedures in order to deliver a seamless service using partnership working. The early pilots were aimed at validating the technologies themselves, most of which at that time were still prototype devices, and testing their efficacy in a social care setting. Partners worked closely with the developers and were able to give constructive feedback and thus influence final product design.

Evaluation of the pilots provided evidence that the use of telecare can help in many scenarios. It facilitated early hospital discharge and helped allay the 'Revolving Door Syndrome'. It prevented inappropriate admission into residential care and supported people with dementia in their own homes for extended periods. It detected falls and so lessened the long term consequences. It alerted services to emergency situations which were then responded to. It improved clients' quality of life by giving them more choice in their own care arrangements. One of the most evident benefits was found to be the respite and peace of mind it gave to informal carers.

It also showed that the use of telecare can result in cost savings to health, housing and social care partners.

Telecare Service Model Pilot

Evaluation of the Telecare Service Model pilot considered the critical success factors to be:

a) Awareness amongst professional staff from health, housing and social care agencies,
b) Establishment of a pooled budget across agencies,
c) Sound partnership working practices, and
d) Robust response protocols

As part of the People at Home and in Touch pilots, service user views were gathered to determine the success of the proposed service in providing good outcomes for service users and their families. How they accepted telecare and the benefits perceived were two of the evaluation criteria that were used. The following quotes are a reflection of the general consensus which has come back from service users. Telecare was also shown to lessen the burden on informal carers and provide much needed respite.

"If it helps I'm happy to try anything"

"It's wonderful to have the opportunity to try new technology"

"I'm over the moon with it"

"I feel much safer and more confident"

"It gives me added security and peace of mind"

"I don't feel frightened anymore"

Dementia Pilots

People at Home and in Touch pilots have proved that people with dementia can be supported in their own homes for extended periods through the use of telecare, preventing admission to institutional care. There are various devices

that can be used to manage different aspects of risk associated with clients with mental health problems. An 'Assistive Technology in Mental Health Services for Older People' pilot is currently taking place in Sedgefield utilising these. For more information or a copy of the evaluation report contact Jill Jefferson, Community Services Manager MHSOP (south), 01388 645335 or e-mail: jill.jefferson@cddps.nhs.uk

Physically Disabled and Sensory Impaired
Telecare and other technologies have already been shown through People at Home and in Touch pilots to provide clients with physical disabilities and sensory impairment increased autonomy, independence and more choice in their own care arrangements.

1.7 What Does Telecare Include – Scope?

The proposed Telecare service in County Durham will include a list of agreed devices (see Appendix I) which can be used as peripherals to a dispersed community alarm and linked to the community alarm service control centre in order to initiate a response to an emergency situation or crisis. It can also include some other types of technologies such as the 'low tech' Keysafes – but **only** if part of a telecare package and not just to provide access to home carers or district nurses. Keysafes can be bought privately from any of our Home Independence Shops. Automatic door openers will not be funded by the Preventative Technology Grant but must be applied for through Aids and Adaptations. Other low tech assistive technologies such as bath aids, chair raisers, etc., should be accessed through Home Loans (HELS).

This strategy does not address telehealth or telemedicine at this stage as the telecare policy group considered it to be prudent to accomplish telecare in the first instance and not to try to 'run before we can walk'! However telehealth and telemedicine will be a natural progression once telecare has been fully integrated into mainstream services.

1.8 What Do We Plan To Do and Why?

In line with the aims of Supporting People's Value Improvement Project (VIP) project*, the aim is to provide an equitable telecare and response service across the county for any older or vulnerable person assessed as having a need that telecare can address. To date the community alarm service has been somewhat disparate across the County with varying charges for similar services or different elements of the service available in different parts of the county.

Stakeholder partners from Health and Housing in County Durham are now working together to develop equitable telecare services based on the service and policy framework that this document will provide. We must work towards providing an easily accessible service with monitoring and response for anyone as being assessed as needing telecare, no matter where they live in the County, using the same charging structures.

* The VIP (Value Improvement Project) aims to remodel sheltered housing warden services and community alarm housing support services across County Durham. The project will improve services and achieve greater equity of service provision across the County, whilst improving value for money and identifying efficiency savings.

Section Two: Policy Context

2.1 Vision for Strategy

Our vision for this telecare strategy is to help to promote independence, choice and quality of life for our service users and to support a higher number of people in their own homes or in a supported housing setting by developing a framework with which to deliver an integrated, mainstream and equitable service across Co Durham.

2.2 Strategic Objectives

- To develop a sustainable, appropriate and responsive telecare service which can be commissioned to meet assessed health and social care needs.
- To develop a telecare service which will contribute to the wider health, housing and social care agenda and address stakeholder priorities (See 2.8).
- To develop an equitable telecare service which will demonstrate best value and be delivered by informed and skilled professionals.
- To integrate telecare with and complement other support and preventative services in the county.
- To enable people to be supported safely in their own homes wherever possible for longer, irrespective of tenure.
- To develop a business case for mainstreaming telecare services in order to identify cost benefits to inform the cost share of proposed pooled budgets.
- To provide support to other vulnerable client groups and promote independence.
- To delay admission to residential care.
- To avoid hospital admission and assist hospital discharge.
- To improve countywide learning and produce a countywide evaluation which will inform future strategy.

2.3 Strategic Outcomes

- Increase choice and independence for service users.
- Reduce the need for residential/ nursing care.
- Reduce emergency and acute hospital admissions.
- Reduce accidents and falls in the home.

- Support hospital discharge and intermediate care.
- Contribute to care and support for people with long term health conditions.
- Contribute to the development of a range of preventative services.
- Provide carers with peace of mind and enable them to have more personal freedom.
- To give people more choice in their care, housing and support arrangements.
- Provide service users with best value through more effective partnership and an integrated approach to service delivery.
- Unlock resources and redirect them elsewhere in the system.
- Help those who wish to die at home do so with dignity.
- Better utilisation of housing stock.

2.4 Strategy Methodology

2.4.1 How was it developed

The strategy was developed by the Telecare Policy Group made up of representatives from various stakeholder partner agencies across the county. The group met monthly to discuss issues raised and various working groups were set up to resolve more complex issues such as commissioning arrangements and charging policies.

2.4.2 Group members

A list of the Policy Group members can be found in Appendix II.

2.4.3 Terms of Reference

Objectives

The key tasks of the group are:

- To produce a multi-agency strategy for telecare in the county in line with strategic partnership priorities around social care, health and housing services in the county.
- To review the strategy to ensure it remains appropriate and relevant to Telecare Service Provision across agencies.
- To undertake value for money and cost benefit exercises in relation to the provision of Telecare Services.
- To evaluate the success of the Telecare Services developed through the Preventative Technology Grant.

- To consider any ethical issues which are raised through the provision of Telecare services and provide a view on how they should be addressed.
- To consider research into telecare/telehealth technologies and make recommendations in relation to their application.
- To provide an inter-agency forum to discuss progress and share information in relation to the development of Telecare Services in each locality.

2.4.4 Consultation

Consultation has been undertaken with:

- Senior Management Groups within partner agencies.
- Modernisation Board (Countywide stakeholder group).
- Locality Partnership Boards.

2.5 Key Drivers

2.5.1 National Context

The Government is committed to promoting independence for older and vulnerable people and supporting them in their own homes wherever possible. The Government has made it clear through a number of key documents that telecare has a fundamental and innovative role to play in addressing this agenda.

2.5.2 National Strategies and Initiatives

The following strategies refer to telecare and its contribution to wider objectives.

White Paper: Our Health, our care, our say: a new direction for community services (Jan 2006) sets a new strategic direction for health and social care. It directs organisations towards providing better prevention services, earlier intervention, and more support for people with long-term needs and strongly promotes a 'whole system' approach to care that enables people to live more independently in their own homes. The White Paper highlights the contribution telecare and other assistive technologies can make in helping people retain their independence and improve their quality of life.

The Green paper, Independence, Wellbeing and Choice: Our vision for the future social care for adults in England (March 2005) had previously stated "Telecare has huge potential to support individuals at home, and to complement traditional care. It can give carers more personal freedom and more time to concentrate on the human aspects of care and support and will make a contribution to meeting potential shortfalls in the workforce".

NHS Improvement Plan: Telecare could assist with meeting the following objectives:

- High quality and personalised care.
- Supporting people with long term conditions to live healthy lives.
- Investment, new capacity and diversity of provision.

- More staff working differently.
- Getting information to work for the patient.

Audit Commission – Older people: Independence and Well-being: the challenge for public services states that new assistive technology (telecare) can play a vital role in supporting the ways in which millions of older or disabled people can maintain their independence. It also has the potential to modernise the way in which many aspects of health and social care are currently delivered to the benefit of users, carers, service providers and the taxpayer.

Securing Good Care for Older People: Taking a long term view (Wanless Report for The King's Fund, March 2006) states that telecare has the potential to postpone and divert older people from moving into residential care and possibly hospital, and in doing so will distribute costs and benefits around the system.

Opportunity Age: Opportunity and security throughout life
Telecare could assist with meeting the following:

- Active ageing.
- Services that promote well-being and independence.

White Paper: Valuing People: A new strategy for learning disability for the 21st century
Telecare could assist with meeting the following:

- Choice and control centre.
- Supporting carers.
- Housing, fulfilling lives and employment.
- Quality services.
- Partnership working.

Carers (Equal Opportunities) Act 2004:
Telecare could assist with meeting the following:

- Carer assessments.
- Joint working between health and social services.

Supporting People:
Telecare could assist with meeting the following:

- Independent living.
- Better quality of life for vulnerable people.
- Housing related support.

Improving the Life Chances of Disabled People (Jan 2005): The role telecare can play in relation to this report:
Telecare can:

- Enable the disabled person to have greater choice over support options.
- Empower people as well as provide greater dignity, control and choice.
- Enable better targeted visiting for care providers.

- Help disabled people achieve independent living through providing the person with reminders or support as and when it is required.
- Provide information and support to carers/ care providers and individuals to enable them to manage the risk associated with independent living.
- Provide meaningful life options for people with the highest level of need.

Telecare is pertinent to all the following health, housing and social care programmes and initiatives.

National Service Frameworks (NSF) for Older People: Telecare could assist in meeting the standards in a number of the national service frameworks:

NSF for Older People:
Telecare could assist in meeting the following standards:
- Person Centred Care.
- Intermediate Care.
- Strokes.
- Falls.
- Mental Health in Older People.
- The promotion of health and active life in old age.

Next Steps – a New Ambition for Old Age:
Telecare could assist in meeting the following standards:
- Falls and bone health.
- Urgent care.
- Independence, well-being and choice.

Telecare may assist in meeting standards in the following frameworks to some extent but these will be further met with the introduction of telehealth and telemedicine:
- NSF for Long term neurological conditions.
- NSF for Coronary Heart Disease.
- NSF for Diabetes.

Expert Patient and Self Care Programmes
Telecare could assist with meeting the following:
- Self-management.
- Long term condition management.
- Self care devices and assistive technologies.

Delayed discharges legislation/ reimbursements
Telecare could assist with meeting the following:
- Provide a viable option as part of a delayed discharge pathway of protocol for supporting a prompt discharge.
- Support increased confidence in first days after discharges with fewer re-admission problems.

- Form an effective component of intermediate care packages with a review after six weeks.

Fair Access to Care Services (FACS)
Telecare could assist with meeting the following:
- Providing options for managing risk.
- Avoiding hospital and care home admissions.

Payment by Results
Telecare could assist with meeting the following:
- Early detection of falls could avoid hospital admissions.
- Remote monitoring can reduce hospital visits.

Direct Payments
Telecare could assist with meeting the following:
- Direct payments for equipment.
- Response service options.

Out of Hours Services
Telecare could assist with meeting the following:
- Co-ordinated service responses to emergencies, alerts, triggered sensors, vital signs monitoring.

Local Area Agreements (LAAs)
Telecare could assist with meeting the following:
- Be an integral part of joint planning and delivery across the whole system.

Public Service Agreements (PSAs)
Telecare could assist with meeting the following:
- Supporting higher numbers of people at home.

2.6 National Targets and Priorities

2.6.1 Government Targets

National Standards, Local Action – Health and Social Care Standards and Planning Framework 2005/6 – 2007/8.

The key national targets for health and social care arising from this document are:

Priority II – Supporting People with Long Term conditions: More people with long-term illnesses will be helped to live at home

- Improve health outcomes for people with LTC by offering a personalised care plan for vulnerable people most at risk.
- Reduce the number of emergency bed days by 5% by 2008 through improved care in primary care and community settings for people with LTC.

Priority IV – Patient and User Experience: To improve the quality of life and independence of older people by supporting them to live in their own homes where possible by:

- ♦ Increasing the proportion of older people being supported to live in their own home by 1% annually in 2007 and 2008.
- ♦ Increasing the proportion of those supported intensively to live at home to 34% of the total of those being supported at home or in residential care by 2008.

2.6.2 Targets Specific to Telecare

- ♦ By December 2007, telecare is to be provided in 20% of homes where it is needed.
- ♦ By December 2010, telecare is to be provided in all homes where it is needed.
- ♦ By December 2007 telehealth to be available in all GP surgeries.

2.6.3 PAF Indicators Relevant to Telecare

A6 Emergency psychiatric re-admissions within 28 days of hospital discharge.
C26 Admissions of supported residents over 65 to residential/ nursing care.
C27 Admissions of supported residents 18 -64 to residential/ nursing care.
C28 Intensive Home Care.
C29 Adults with Physical Disabilities 18 -64 helped to live at home.
C30 Adults with Learning Disabilities 18 -64 helped to live at home.
C31 Adults with Mental Health 18 -64 problems helped to live at home.
C32 Older People helped to live at home.
D41 Delayed transfers of care.
D54 Percentage of items of equipment and adaptations delivered within 7 working days.
D55 Acceptable waiting times for assessments.
E50 Assessments of adults and older people leading to provision of service.

2.7 Local Context

Stakeholder partners in the County are committed to taking telecare forward and this is reflected in local plans and strategies.

Durham County Council's Commissioning Strategy for Older People's Services lists telecare services as one of its recommended priorities for development.

Bids for funding for telecare have now been initiated within most PCTs' Local Delivery Plans, with Easington having been successful in the last two years.

The Housing, Care and Support Strategy for Co Durham, the Supporting People Strategy and the Value Improvement Project all advocate the development of telecare services.

Recommendations made in the current Investing in Modern Services for Older People (IMSOP) Phase II report include:

- Make full use of housing related services such as community alarm, assistive technology and housing support services alongside health and social care services.
- More use of assistive technology linked to out of hours services.
- Develop a modern range of services which enable as many older people with health and care needs as possible to stay at home or in a supported housing setting rather than going into a care home or hospital.
- Develop a whole system approach which brings housing, health and social care services together as one system to provide an integrated range of community based services for older people.

The **Housing, Care and Support Strategy for Older People** in County Durham (2002) by Peter Fletcher Associates stated:
'Durham has an excellent opportunity at the moment to develop a first class infrastructure for modern assistive technology and community alarms. The vehicle for this is partly new commissioning arrangements together with contracts and specifications that will come out of the Durham and Districts Supporting People VIP Project and joint and strategic commissioning by other commissioners with the Supporting People Commissioning Body. Funds that will be available from the Department of Health (policy collaborative fund for assistive technology) in 2006 plus funds from Supporting People (currently £4.2m is spent on community alarm and warden services by Supporting People across the County). Put together with the DH funds plus some resources which Social Services and other partners could commit, these funds would create the basis for a revenue and investment fund that would enable modern services to be provided to more people at low cost.'

2.8 Local Priorities

2.8.1 Durham County Council

- To increase choice and diversity in services for Older People.
- To integrate services across all Adult and Community Services service user groups.
- To develop the Council's role in improving health and reducing health inequalities.
- To provide more accessible, responsive / flexible services.
- To enable more older people to live independently.
- To provide a more joined up, whole systems approach to health and social care delivery allowing people to have more choice and say in their own care arrangements.
- To provide new and innovative ways of delivering services.
- To help people to feel safer in their own homes and increase their independence.
- To reduce admission to care homes.

2.8.2 PCTs

- Reducing emergency admissions and repeat admissions to hospital.

- Facilitating early discharge.
- Falls prevention.
- Retaining independence of individuals in their own homes.
- Early supported discharge.

2.8.3 District Councils

- Promoting Independent Living.
- Provide quality service for our people.
- Promoting Safer Neighbourhoods.
- Building a healthy community.

2.9 Local Targets

Local targets for the use of the Preventative Technology Grant are for:

- 50 people in each locality to receive a telecare service by March 2007.
- An additional 100 people in each locality to receive a telecare service in 2007/08.

2.10 Strategic Commissioning

It is generally acknowledged that the benefits of telecare are reaped by all agencies which is why the use of joint budgets is advocated. In deploying telecare the first principle must be seen as a three way partnership between the County Council (Adult and Community Services), District Councils and the Primary Care Trust. During the Preventative Technology Grant period, statistical evidence and stakeholder cost benefits will need to be calculated to inform cost sharing arrangements for future pooling of budgets and sustainability of the service.

Specifications for the required services will be set up in the form of Service Level Agreements with telecare providers. Commissioning arrangements will need to encompass assessment of need, monitoring, response, review, functionality and operation of equipment, installation, programming, deinstallation and recycling of equipment. They will also need appropriate methods of monitoring and measuring performance. These are detailed in Section Five.

2.11 New Developments

New developments which will have implications and opportunities for new telecare services include Payment by Results and Practice Based Commissioning. Practice Based Commissioning provides GPs and Primary Care professionals with the tools to innovate and influence local service development for the benefit of their patients. The introduction of the national tariff under Payment by Results for acute services provides an incentive for PCTs and practice based commissioners to shift care into the community and invest in preventative services such as telecare.

2.12 Clinical Governance

In integrated health and social care services there is a requirement for robust systems and procedures for clinical governance to safeguard individual users and carers. Future services must address the key principles of governance including:

- Service user and public involvement
- Significant event audit including complaints procedures
- Staff and staffing issues
- Use of information
- Risk management
- Audit trail
- Clinical effectiveness
- Education, training and professional development

Further information on each of these principles can be found on the CSIP Telecare Factsheet: Governance at www.icesdoh.org/telecare

2.13 Ethics

Telecare raises ethical questions about surveillance and possible loss of privacy and autonomy and concerns around 'Big Brother' issues are often expressed about monitoring people in their own homes. However, it has been found through the pilots that have been carried out that these concerns can be swiftly resolved by providing information and explanation to clients and their carers on how the technologies work and reassuring them that there are no cameras 'watching' them.

The implementation of a telecare package is subject to the same processes as any other care package. Telecare will only be used with the person's consent, or carer's or next of kin where informed consent is not possible. Some telecare equipment gathers information about the client's lifestyle and activities in the home. Clients, or their carers, must be made aware of the implications of the information that may be generated from telecare systems and should have access to that information and any conclusions drawn from the data collected.

The ASTRID guide provides useful guidance on ethical issues in the implementation of telecare and assistive technology. While its main focus is on the use of technology in dementia care, its principles are applicable to other client groups. See www.astridguide.org

2.14 Stakeholder Analysis

Stakeholder Analysis	
Durham County Council	Who will seek to maintain people in their own homes whenever possible and use new technologies in social care settings to improve quality of life for individuals and their carers whilst at the same time providing value for money.
District Councils	Who will seek to maximise their existing investment in community alarm services and telecare enablement.
Health: Primary, Secondary and Emergency Trusts	Who will seek to maintain people in their own homes and reduce pressures on existing community services and acute services through the provision of remote monitoring of patients.
Department of Health	Who will be monitoring our use of the Preventative Technology Grant and how we integrate telecare into mainstream services
Housing Associations	Who will seek to develop sustainable housing stock equipped with current technological support systems
Technology Suppliers	Who will seek to identify potential markets in relation to the use of telecare by health and social care agencies
Members of the Public	Who will place demands on agencies in relation to the provision of innovative support mechanisms to enable people to stay in their own homes.

Section Three: Local Need and Demand

Managing new demands requires health and social care commissioners to make important decisions on how they can best invest resources in technology to shape new patterns of services that both meet the changing care and support needs and lifestyle choices of people using services and that assist staff to manage the way services are provided to individuals.

The number of people requiring community based health and social care support and the levels and complexity of those needs is expected to increase considerably over the next decade as our health service delivers better outcomes. Telecare is vital to unlocking this future.

(Source: Building Telecare in England, 2005)

3.1 Demographics

The demographic prediction for the future population of County Durham is that between 2003 and 2021, the number of people of retirement age (65+) will increase from 83,400 to 114,300 (37%). The very elderly age group (85+) is set to increase at an even greater rate from 8,200 to 15,100 (83.9%). Since most of the people in this age group will require some measure of healthcare intervention from health and social care agencies, this predicted rise has obvious implications for health, housing and social care partnerships in the county.

Key changes are happening within the age structure of the County. In 2003 there were 55 potential dependents for every 100 persons of working age. By 2021 this will have increased to 64. These changes may have a significant bearing on the future working of the labour market. The continued decline in the number of persons of working age coupled with the increase in the very elderly means that we will need to invest in preventative services and technological solutions to make the optimum use of scarce resources. (*Source: The Future Population of County Durham, Durham County Council, 2005)*

A recent report 'The Demographic Characteristics of The Oldest Old in the United Kingdom' commissioned by the Office for National Statistics states that 'Demographic trends show how reaching very old ages is becoming more and more common in the UK. The trend has led to growing concern among both policy makers and service providers for the future care needs of very old people. An important matter that older people face is whether they remain in the community or move to institutional care, and this may depend on what housing and care arrangements are available to them. In terms of care, policy makers and health and care professionals are aware of the implications of ageing and the issues around who is going to provide informal support to the increasing number of very old people. In 2001, more than 220,000 people

aged 85 and over in the UK lived in institutional care, representing 20.1% of this group. This number had declined in the previous ten years (1991 to 2001); the proportion of oldest old had declined from 15% to 12% for men and 26% to 23% for women. The decline could be partially due to the implementation of policies reaffirming the objective of helping older people to remain in their own homes for as long as possible.'

Consultation for Durham County Council's Commissioning Strategy for Older People's services 2004/07 with users and carers, confirms that the promotion of independence and being able to remain at home is a high priority, in keeping with the government's and local authority's strategic direction. Residential care is the least favoured choice for people.

Although it is difficult in this strategy to predict how many people in the future will require our services, based on these demographic trends, if the increasing numbers of older and 'oldest old' people are to be supported at home then we will be more reliant on alternative preventative services to maintain independence . This will include utilising technologies.

3.2 Falls

Statistics around falls:

- Around 30% of over 65 year olds living in the community will fall each year (increasing to 42% in the over 75 age group), while over 60% of people in care homes fall each year.
- 1.22 million people were the victim of a fall in their home in 2002. Of the reported falls 244,000 were experienced by people over 75 and 1 in 3 resulted in a fracture.
- 20% of falls require medical attention.
- Falls are the major cause of disability and the leading cause of mortality due to injury in people aged over 75 in the U.K..

In County Durham, from 1st January 2005 – 30th June 2006, the North East Ambulance service responded to 5,748 falls (not including Darlington). Out of these 4,811 needed hospital treatment or admission.

Telecare has an important role to play in falls management strategies.

3.3 People currently receiving services from Adult and Community Services

The following tables have been included to show how many people are currently receiving services in County Durham within a social care context.

No's of people currently being helped to live at home	**23,086**

Services broken down into main categories

Service	No's
Hospital discharge referrals (Apr. 05 - 06)	**5,139**
People receiving intermediate care (Apr. 05 - 06)	**3,224**
People receiving home care:	
- from Adult and Community Services incl. Extra Care	**1,247**
- from Independent Sector	**4,823**
People in Extra Care	**265**
People in Residential Care	**2,209**
People in Nursing Care	**855**

3.5 People receiving a Community Alarm Service from a Local Authority

No. of people in Co. Durham in receipt of a community alarm service from a local authority	**14,054**

3.6 People currently receiving a telecare service (incl. those in Extra Care)

No. of people in Co. Durham in receipt of telecare from a local authority (in partnership with Durham County Council and Health)	**140**

'An estimated 90% of older people in the U.K. want to live in their own home. Approximately 500,000 older people, however, live in care homes. Research funded by the Department of Health suggests that as many as 35% of those people could be supported to live at home or in extra care housing schemes through the use of telecare'. *(Source: Building Telecare in England, 2005).*

We currently support 2,234 people in residential homes at a gross cost of £364.50 per week for normal residential care and £380.00 for EMI residential care.(Costs identified at 06/07 contractual rates.) The average length of stay for permanent placements in County Durham is 23 months. As an illustration, if Durham County Council applies the same principle to our situation in County Durham, i.e. 35% of inappropriately placed people in residential care, then 782 could be living in the community.

Research carried out by the University of Stirling on West Lothian's Opening Doors project, also highlights the strong economic benefits of telecare technology and the home safety service. Telecare solutions have reduced pressure on the health authority, allowing them to deploy resources efficiently and cost-effectively. The gross annual cost for providing one care home place in Scotland stands at £21,840, compared with £7,121 for the Opening Doors support in the community package, which includes the telecare technology, 24 hour response and ten hours of care. The length of stay in residential homes in West Lothian dropped from approximately 3 years in 1999 to 18 months by the end of 2002.

Section Four: Current Service Infrastructure

4.1 Links to Other Services

This section outlines the infrastructure of services that telecare is hinged on and the implications that telecare holds for them.

4.2 Telecare Service Providers in the County

The People at Home and in Touch Research report (1999) suggested that the community alarm service was the ideal infrastructure on which to build future telecare services. There are currently five main community alarm providers in County Durham which can deliver telecare services. A list of these can be found in Appendix III. It should be noted that at the time of writing the community alarm service in the county is out to tender. The five existing providers have a contract until March 2007, but which providers there will be after this date will depend on the result of the tendering process.

4.3 Falls Services

Telecare has a fundamental role to play in helping to overcome physical barriers, increasing a person's confidence and detecting falls quickly and in doing so reducing the long term effects of the 'long lie'.

Fall detectors and bed sensors have both successfully and automatically detected falls and prevented more serious consequences by facilitating a quick response. The use of temperature extreme sensors can detect if a person's house is too cold and their mobility impaired as a result. Keysafes can save a person rushing to answer a door and falling in the process.

4.4 Intermediate Care

If a tailored 'package' of intensive home care is put in, such as with Intermediate Care, crisis situations can be overcome and the person rehabilitated in their own home. The use of telecare can prove to be most beneficial in the 'weaning off' and confidence building stage, when older people may be at their most vulnerable. Intermediate Care is a time limited service.

4.5 Emergency Services

Emergency services including the Fire Service, the North East Ambulance Service (NEAS) and the Durham Constabulary are those that have historically been most associated with the community alarm service. They will play an important role in telecare services when they may be needed to respond to potential fires, floods, falls and emergency health problems or to safety or security alerts. From October 2006, NEAS are to pilot 'Pathways', a new

assessment and dispatch system providing a range of end points for 999 calls other than sending an ambulance.

4.6 Hospital Discharge/ Rehabilitation

Telecare can provide statutory agencies with the ability to manage 'at risk' older people by alerting community alarm control centres if there is a crisis situation and to monitor and record the amount of incidences an older person experiences. Many falls for instance go unrecorded because the person is not badly hurt or they consider the fall not serious enough to notify anyone or ask for help. By monitoring falls, agencies will be able to spot any rate of decline and intervene before the situation becomes an emergency. By increasing home care, giving advice on health care, assessing and, where appropriate, modifying environmental and personal risk factors, a crisis situation may be managed in the person's own home. This scenario may also be applied in a hospital discharge situation and for rehabilitation purposes. Obviously when a person is discharged from hospital they are at a very vulnerable time and often lack confidence. The service model pilot that took place in Easington showed that the use of telecare reduced the 'Revolving Door Patient' syndrome in which people discharged from hospital can panic due to this lack of confidence and ring the emergency services and be admitted again within a short period of time. The pilot showed that telecare gave them reassurance that if there were a problem the mobile wardens would respond.

4.7 Home Care

Home care workers are those, along with mobile wardens, who perhaps have the most contact with older people on a day to day basis. If a client has an intensive package of home care then KeySafes can allow home carers into the home without the need for numerous keys having to be cut or without the risk of the client falling as they try to get to the door to open it.* They are also in a prime situation of identifying the need for telecare if they recognise their clients are becoming more frail or at risk. In some cases telecare may be used to reduce home care hours, especially pop-ins purely to check on clients, but it is not seen as a substitute for personal contact, merely a way of targeting care hours more effectively.

* KeySafes can also facilitate emergency access for mobile wardens responding to a call out when a key holder cannot be located. Historically doors or windows may have had to be forced to gain entry leaving the property and possibly the person more vulnerable.

4.8 Carers

There are clearly advantages for carers from the use of telecare. Worrying about the safety of a loved one and constant vigilance can put a considerable strain on carers. The use of telecare provides them with peace of mind and reassurance that if there is a problem then an alert will be raised. This can enable them to have a lot more freedom than they previously had for fear of leaving family who were at risk. We are now finding that with better health services that the life expectancy of people with learning disabilities is

increasing. Telecare can play an important role in providing support and increased reassurance for carers who may now be old and vulnerable themselves.

4.9 Residential Care/ Nursing Care/ Community Hospitals

Telecare can play a role in these institutional settings by alerting staff if patients/ residents have left their bed, fallen or gone out of the building. It is especially beneficial at night when there are few staff to oversee many patients. It was found that a large proportion of falls happened when people got out of bed during the night to use the commode. A residential home in Co Durham is currently using bed sensors which automatically turn on a light and which are linked to pagers worn by care staff who can attend to residents immediately they are alerted that they are out of bed. (N.B. Costs incurred for telecare within these settings will be the responsibility of the establishment as the Preventative Technology Grant is limited and must be used to target supporting people in their own homes).

4.10 HIA/ Handyvan

The Home Improvement Agencies or Handyvan Services will play a key role in the implementation of telecare services, as agencies partly responsible for installations and home safety checks.

4.11 Home Independence Shops

If a client is not eligible for telecare under Fair Access to Care Services (FACS) critical or substantial bands (see Appendix IV), but is still interested in or would benefit from telecare, then they can visit one of our five Home Independence Shops where they can see the devices demonstrated and be directed to their local community alarm service as a private customer.

4.12 Direct Payments

People can purchase their own equipment (if it is compatible with the community alarm service) or buy into the service on a private basis using Direct Payments if eligible under FACS. This increases choice and service user control.

4.13 Crime and Disorder/ Bogus Callers

Certain telecare devices can be linked to a control room and open up an audio channel which enable operators to hear conversations taking place at people's front doors or in the case of domestic violence in people's homes. There is also potential to use these devices with children at risk.

4.14 Other types of housing

4.14.1 Extra Care

All of the seven Extra Care schemes in the county are telecare enabled and six out of the seven are using telecare for tenants who have been assessed as needing telecare. Telecare in Extra Care does not need to use the local community alarm service for monitoring or response and therefore we are currently using a rental service called smartChoice, run by Hanover Housing. This involves renting the telecare devices and using staff on site for the monitoring and response.

Please note; This is a commissioned service which should be funded through the Preventative Technology Grant and not the external care budget.

For a copy of the pilot evaluation reports Telecare in Extra Care, Oct. 2004, and Dec. 2005, please contact Pam Mills at pam.mills@durham.gov.uk, or tel. 01325 377863.

4.14.2 Sheltered Housing

Telecare is being used for tenants in Tremeduna House, Trimdon as part of the first stage of mainstreaming telecare in Sedgefield with the Tremeduna Integrated Team. This has been funded by a pooled budget set up between Adult and Community Services, Sedgefield PCT and Sedgefield Borough Council.

4.14.3 Supported Living

At the time of writing telecare has not been used in County Durham in a supported housing setting. However it is proposed to pilot this during 2006/07 with People with Learning Disabilities.

Section Five: Key Components of the Future Telecare Service Model

5.1 Proposed Service Process

A telecare service pathway outlining the roles and responsibilities in each service component can be found in Appendix V. This can act as a reference tool for localities developing their services.

5.2 Awareness

Awareness of the benefits of telecare and the devices available is crucial to the implementation of a telecare service and was identified as one of the four crucial success factors to developing a telecare service in the Easington Service Model Pilot.[2] Group training can be provided for separate groups or one day Awareness/ Training days be arranged. Consideration on what will give best coverage is paramount as it needs to reach all health, social care and housing professionals who carry out assessments. Awareness sessions will need to be re-current to keep health, social care and housing staff up to speed on new and emerging technologies.

An awareness programme will also need to be carried out with the general public once services are in place.

5.3 Training Provision

Every Partnership Board will be responsible for their own locality's training needs. However a certain amount of training will be able to be incorporated into current training regimes on a countywide basis. This will be covered in the training strategy as part of the implementation plan. (See page 36)

5.4 Eligibility criteria

These criteria should be used by all localities to ensure equality of service across the county. People who may receive the service shall be those who meet all of the following criteria:

1. The person must be connected to the Community Alarm Service or be willing for this service to be installed.
2. Be an active referral with Adult and Community Services and assessed as being eligible in the top two categories of Fair Access to Care Services (FACS), which are critical and substantial.

3. The person lives alone and is physically and socially at risk or lives with, and is a main carer for, a disabled and/or vulnerable relative/spouse/friend who agrees to accept the telecare support.

4. Without provision of technologies the informal or formal care package will breakdown, necessitating admission to hospital or care home.

5. The person and/or their carer must have the cognitive ability to understand the function and purpose of each device and comply with established operational procedures.

5.5 Referral procedure

Referrals can be made by:

- Individual service users or their families.
- Social workers*.
- Social worker assistants*.
- OTs*.
- OTAs*.
- District nurses (if part of an integrated team)*.
- Intermediate care/ rapid response teams*.
- Mobile wardens.
- Falls co-ordinators.
- Long term conditions teams.
- Rehabilitation teams.
- Specialist nurses.
- Allied Health professionals.
- Voluntary organisations.
- GPs.

Referrals for telecare assessment should be made to:

- Social Care Direct – Tel: 0845 850 850 10

Referrals from assessors (identified * above) can be made direct to their local community alarm service provider. (See 5.6)

A Referral Pathway for Telecare flowchart can be found in Appendix VI.

5.6 Assessments – SAP Overview and Telecare Specialist

Assessment for telecare will form part of a holistic assessment of need and be undertaken by a social worker or a member of an integrated health and social care team (the assessor). When carrying out an overview assessment (SAP Co Durham), there is a prompt on page 23 (see Appendix VII) asking whether the client would benefit from a community alarm and any assistive technology (telecare). If this is the case and providing the client is eligible under FACS, then a referral can then be sent to the community alarm service. (See Appendix VIII). If the client is in agreement, a copy of the care plan can be shared with the telecare co-ordinator or enhanced mobile warden in order for them to fully understand the person's needs. They will then go out and carry out a Telecare Specialist Assessment (See Appendix IX) to see what telecare

devices they advise. This may be a joint assessment with the referring person. Their recommendation is then sent back to the commissioning manager or integrated team leader for authorisation. Advice on the procurement of telecare devices can be provided by local community alarm providers. (Contact numbers in Appendix III). **Please note:** The assessor is also asked to complete a 'Telecare Evaluation Return – **new referral**' form in order to collate evidence for evaluation and performance monitoring purposes.(See Appendix X). A further telecare evaluation form is requested to be completed at Telecare Service Review, see 5.19.

5.7 Installation

Community alarm services will be responsible for carrying out or contracting other agencies to install telecare devices. Who carries out the installation will depend on the individual device. Listed below are the telecare devices currently available, who is responsible for installing them and the expected timescale for installation to take place once recommendation has been authorised.

Please note: It will be prudent for localities to build into their service development a 'fast tracking' option for installation for those cases, such as hospital discharge, where an installation is required within 24 hours.

Telecare device	Who installs	Timescale
• Fall detector	Mobile warden	2 days *
• Flood detector	Mobile warden	2 days *
• Bed/ chair occupancy sensor	Mobile warden	2 days *
• Pressure mat	Mobile warden	2 days *
• Epilepsy sensor	Mobile warden	2 days *
• Enuresis sensor	Mobile warden	2 days *
• Home alert carer pager	Mobile warden	2 days *
• User alert pager solution	Mobile warden	2 days *
• Pillow alert solution	Mobile warden	2 days *
• X-10 controllers	Mobile warden	2 days *
• Medication dispenser	Mobile warden	2 days *
		* working days
• PIR (movement)	Handyvan/ HIA	7 days
• Door Exit/ wandering	Handyvan/ HIA	7 days
• Smoke detector	Handyvan/ HIA	7 days
• Carbon monoxide detector	Handyvan/ HIA	7 days
• Natural gas detector	Handyvan/ HIA	7 days
• Temperature Extreme sensor	Handyvan/ HIA	7 days
• Sounder beacon	Handyvan/ HIA	7 days
• Visual call beacon	Handyvan/ HIA	7 days
• KeySafe	Handyvan/ HIA	7 days
• Bogus caller/ panic button	Contractor	7 days
• Door Exit/ wandering	Contractor	7 days
• Gas shut off valve	Contractor	7 days

5.8 Maintenance

Maintenance of the telecare sensors is the responsibility of the community alarm service, who will develop systems, policies and procedures to ensure that maintenance of equipment is carried out in line with requirements stipulated as part of the Service Level Agreement.

5.9 Monitoring

Monitoring of telecare is the responsibility of the community alarm service. Their systems hold information on all their clients, what type of telecare device they have and what response the operator should initiate. They can also provide valuable information for telecare data recording to assist with performance management as to how many alarm calls have been received, whether they were active calls or false alarms, and what action was taken.

Mobile wardens also make regular calls on clients and therefore are often the most appropriate people to notice decline or differences in a client's circumstances. This will be an important role in continual review of telecare devices with clients as they can get a much better day to day picture of whether telecare is being effective or not.

5.10 Response Services

Again the community alarm service is responsible for initiating and in most cases responding to an alarm call. Certain responses can involve the emergency services, a doctor, a family member or neighbour or a plumber or other tradesman if there is a problem with say a gas shut off valve. What is most important is that the community alarm services have strict protocols and procedures written up for every eventuality so that all operators know exactly what to do when an alarm call is received. This will form the basis of the Service Level Agreement with service providers.

5.11 Telecare Provision Monitoring

The provision of telecare must be recorded in order to inform future direction of the service and to gather evidence for performance management. Once a telecare referral has been authorised and the telecare has been installed, the provision must be entered on SSID by a team clerk or administrative staff within the integrated teams. Guidance for this will be cascaded down through team briefs and incorporated into training regimes for new staff. The procedure for this is also covered in the Telecare Service Process in Appendix V. For performance management requirements information on telecare provision can be extracted from SSID and made available.

5.12 Data Collection

The collection of data by all partner agencies is crucial for evaluating the service and should be incorporated into daily working practices. A table listing what data should be collected, who is responsible for recording it and how it is recorded can be found in Appendix XI. With regard to data protection, collected data will only be used for the purpose for which it is collected.

5.13 Review

The worker from the social care or integrated team with responsibility for the case will review the telecare service and this should take place in line with the 6 week review and the annual review. Cases should be left as an open case to trigger the 12 month review.

5.14 Recycling

Wherever possible telecare devices should be recycled and made available for re-use. As part of the Service Level Agreement this must include arrangements for any necessary cleaning or decontamination process.

5.15 New Roles

As the take up of telecare grows it may become apparent that there is a need for new roles. It has already been recognised through the Service Model pilot that there is a need for a telecare co-ordinator or enhanced mobile warden who will oversee or co-ordinate the telecare service process. Interest has also been expressed in some parts of the county in developing a 'hybrid role' of mobile warden with some basic nursing skills. This may be something that should be considered for the basis of future pilots.

5.16 Joint budgets

Much debate has taken place about which agencies obtain the most benefit from the use of telecare. Whether it is delaying hospital discharge, preventing admission to hospital or preventing admission to residential care, most people agree that the benefit is reaped by all agencies and telecare should therefore be funded by joint or shared budgets. The service in Easington has been funded in this way and proved to be one of the four success factors of the pilot.

Every locality should endeavour to set up a joint budget using their allocated share of the Preventative Technology Grant as the basis. Partnership Boards will need to agree on appropriate contributions to their joint budget after the life of the grant.

5.17 Sustainability

Many grant funded services fold after the life of the grant. The Telecare Policy group is resolute in its endeavour to make telecare a sustainable service in the county. Agencies are urged to incorporate provision for telecare in their financial planning rounds to ensure telecare continues to exist as a mainstream service.

5.18 Ownership

Telecare equipment funded through the Preventative Technology Grant should remain the property of Durham County Council (or authorising stakeholder group) and should be recycled wherever possible.

5.19 Telecare Service Review

The service provider will undertake a formal evaluation of the service on an annual basis where the service will be reviewed in terms of effectiveness and best value. Ongoing review will take place informally by mobile wardens and control centre operators who often have more day to day contact with clients and are more likely to notice if the telecare isn't being effective or any change in circumstances that the client their self may not think worth reporting. If this is the case then they should report this back to Adult and Community Services or integrated health and social care team.
Please note that a 'Telecare Evaluation Return – review' form should be completed at any review for monitoring performance and recording evidence. (See Appendix XII).

5.20 Strategic Governance Arrangements

Councils with Social Services Responsibilities are ultimately accountable for the use of the Preventative Technology Grant (PTG). The following governance and decision making arrangements will apply for the life span of the grant.

Board	Level of responsibility
Durham County Council Adult and Community Services Management Team	Retain overall accountability for use of the PTG and achievement of DoH targets
Older People and Adults with Physical Disabilities	
Durham County Council Adult Services Management Team (Older People, Physical Disability, Mental Health Services for Older People)	Agree PTG allocations to each Locality Partnership Board. Agree Service Level Agreements with appropriate agencies on the Locality Partnership Board regarding the use of the PTG. This will include governance arrangements for utilising The PTG in each locality.
Approvals Panel – Divisional Commissioning Managers (Older People, Physical Disability, Mental Health Services for Older People), plus People at Home and in Touch Officer and Contracts Manager	Scrutinise applications in line with national and local criteria and make recommendations to Adult Services Management Team in relation to allocation of funding to the agencies on each Locality Partnership Board.
Agencies on Locality Partnership Boards	Develop proposals for utilising PTG funding at a locality level. Agree Service Level Agreement with the County Council in relation to the use of their approved PTG allocation.
Local Integrated Team Managers and Commissioning Managers	Authorise and agree telecare installation as part of package of care.

5.23 Risk Analysis

Area of Risk	Impact	Likelihood	Risk Score
Service users/Patients:			
1. Expectations raised unrealistically resulting in service user demand being greater than available resource	1	1	1
2. Service users reject telecare services i.e. Non take up	3	2	3
3. Service users reject telecare services due to cost of service	3	1	2
4. Risk of infection to service users where equipment is re-issued	2	1	1
5. Risk of damage to the homes of service users during installation	2	1	1
Carers			
Lack of confidence in telecare equipment leads to rejection of service	2	2	2
Responding to false alarms results in reduction in quality of response	3	2	2
Organisational:			
1. Increased demands are not matched by investment in response services	2	2	2
2. Lack of equity of service across county/ agencies	1	3	2
3. FACS – service users not meeting criteria may not receive preventative services	2	2	2
Staff:			
1. Lack of understanding of telecare options and how they can be used to support vulnerable people	3	2	3
2. Lack of understanding results in inappropriate identification of service users receiving telecare	2	1	2
3. Telecare not perceived as priority – staff do not 'buy into' the use of telecare	3	2	3
4. Telecare is perceived as an alternative to personal care services, increasing risk to service user	3	1	2
Funding:			
1. Lack of investment results in failure to sustain telecare service once Preventative Technology Grant runs out	3	3	3
2. New services not demonstrating invest to save potential	3	2	3

<u>Telecare technologies:</u> 1. Technology failure/unreliability making service user more vulnerable 2. Telecare monitoring may be perceived as unethical – 'Big Brother' and rejected by service user/patient	3 3	1 2	2 3

1 = low risk
2 = moderate risk
3 = high risk

Impact – effect on the service if the risk occurred
Likelihood – the probability of the risk occurring
Risk score = weighted total of impact + likelihood

Section Six: Charging Policy

6.1 Charging Policy

The charging policy has yet to be finalised but this will be communicated to all stakeholder agencies as soon as it is ready.

6.1.1 Who pays

6.1.2 How much

6.1.3 Direct Payments

Direct payments may be used if clients want to fund their own telecare service.

6.1.4 Private Purchase

For those clients who do not meet the eligibility criteria for telecare, but who still think they would benefit from it, they can see the telecare equipment demonstrated at the Home Independence Shops in the county and be signposted to their local community alarm service which they can receive on a private basis.

Section Seven:. Taking the Strategy Forward

7.1 Implementation Plan

Detail of actions to take this strategy forward covering the following actions are outlined in the table on the next page (page 34).

Action 1: Allocation of the Preventative Technology Grant
Action 2: Local Development of telecare services
Action 3: Communicate Strategy
Action 4: Awareness and Training
Action 5: Financial Management
Action 6: Telecare Provision recording and performance monitoring
Action 7: Evaluation and Review

Each of the localities has set up a Telecare Implementation Group which will direct and coordinate the development of the telecare service in their locality. A contact for each of the groups can be found in Appendix XIII.

7.2 Staff and Organisational Development

Staff and organisational development will be a crucial part of making telecare work in a multi agency environment. Partnership Boards will be responsible for training in their own localities but some training will be able to be carried out on a countywide basis or integrated into current training programmes or courses. Training of community alarm service staff will be a provider function responsibility. A table detailing staff and organisational development can be found on page 36.

7.2.1 People at Home and in Touch Project Officer

The People at Home and in Touch Project Officer will play a supporting role in the mainstreaming of telecare. The post holder will:

- Work with locality implementation groups to advise on implementation issues
- Organise strategy launch event
- Organise awareness events
- Collate information, 6 monthly reports and collected data from localities to inform evaluation and learning
- Member of telecare policy group
- Co-ordinate best practice/ learning group
- Communicate strategy/ progress to key planning groups
- Report back to governing bodies in line with governance arrangements
- Arrange publicity

- Continue to research, pilot and evaluate technologies for discussion with appropriate management teams, services and telecare policy group

7.3 Monitoring and Review

Monitoring and review of the service will help with the future direction of strategic commissioning for telecare services and it expected that there will be a steep learning curve in the first two years, especially with regards to demand and effectiveness of service. Aspects of monitoring and review are covered in the Implementation Plan on following page and in the data recording table in Appendix XI.

7.4 New Developments and Pilots

Although agencies in County Durham have little experience as yet of piloting telecare with People with Learning Disabilities, nationally there has been some pilot work that has proved successful with this client group. With the opportunity of funding through the Preventative Technology Grant, Durham is looking to pilot and evaluate the benefits of using telecare with People with Learning Disabilities and children with a disability.

7.5 Strategy Review

The strategy will be reviewed by the Telecare Policy Group after the first year and updated as necessary to address any new developments.

PREVENTATIVE TECHNOLOGY GRANT IMPLEMENTATION PLAN

Action Area	Outputs	Timescale	Responsibility	Resources
Action I: Allocation of the Preventative Technology Grant	♦ Criteria for allocation of grant agreed ♦ Partnership Boards to develop proposals for accessing and using the Preventative Technology Grant incl. 10% matched funding ♦ Financial systems set up to allocate and control grant	Achieved By end June 2006 By August 2006	Telecare Policy Group/ EMT Partnership Boards A&CS Finance	
Action II: Local development of telecare services	♦ Working groups set up in each locality to lead and co-ordinate telecare service ♦ SLAs developed with all service providers to a specified standard ♦ Key documents developed and agreed, e.g. referral forms, telecare assessment forms, etc.. ♦ Protocols and procedures set up for monitoring and response services ♦ Charging Policy agreed ♦ All localities sign up to common eligibility criteria, assessment and referral pathway	By July 2006 By Sept 06 Achieved By Aug 06 (Achieved in some localities) By September 2006 By August 2006	Partnership Boards Partnership Boards / SC&H Contract section Telecare Policy Group Telecare Service Providers Telecare Policy Group Telecare Implementation Groups	Preventative Technology Grant

Action Area	Outputs	Timescale	Responsibility	Resources
Action III: Communicate strategy	♦ Consultation process ♦ Stakeholder Workshop/ Launch ♦ The Link ♦ Stakeholder publications ♦ Presentations to key planning groups in county	By August 06 Oct 06 By Oct 06 06 Sept 06	PAHAIT Project Officer PAHAIT Project Officer PAHAIT Project Officer Telecare Policy Group PAHAIT Project Officer	IT Grant (Countywide)
Action IV: Awareness and training	♦ Timetabled training programme ♦ Awareness/ training sessions to team meetings ♦ Supplier presentations ♦ Integrate telecare training into current training regimes ♦ HELS training programme ♦ HIS	Ongoing Occasional Ongoing	Telecare Policy Group PAHAIT Project Officer Suppliers Staff development SSID team	Preventative Technology Grant (Localities) IT Grant (Countywide)
Action V: Financial Management	♦ Formal reporting mechanism agreed	6 Monthly	A&CS Finance	
Action VI: Telecare provision and review data to be recorded and fed back for performance monitoring	♦ Procedures for recording telecare provision to be cascaded to team clerks and admin staff and incorporated into training regimes ♦ Provision to be fed into Management Information Performance measures	Ongoing Ongoing	PAHAIT Project Officer SSID team Management Information Team	
Action VII: Evaluation and Review	♦ Service evaluation reports ♦ Service review based on evaluation and performance monitoring ♦ Regular meetings for sharing best practice ♦ Continuous revision of protocols and procedures	6 monthly Annually Quarterly Annually	Telecare Implementation Groups A&CS PAHAIT Project Officer Telecare Implementation Groups	

STAFF AND ORGANISATIONAL DEVELOPMENT/ TRAINING

Person/ Team	Role/ Responsibility	Format	Timescale/ Frequency	Delivered by
♦ Integrated teams ♦ PIT Teams ♦ Intermediate Care Teams ♦ Review Teams	♦ Recognise need for telecare as part of overview or specialist assessment ♦ Refer for telecare service ♦ Joint assessment with community alarm service staff ♦ Recording on care plan ♦ Telecare Review	Current training courses for new staff: ♦ Introduction to Care Management ♦ Care Planning ♦ SSID training Training for existing staff: ♦ New Telecare awareness course	6 monthly 6 monthly	♦ Staff Development ♦ SSID team ♦ PAHAIT Project Officer/ Professional Social Work Leads
♦ Team clerks ♦ Admin staff from Integrated teams	♦ Recording telecare provision	♦ LAO Team meetings ♦ SSID training	6 monthly	♦ PAHAIT Project Officer/ Louise Lyons ♦ SSID team
♦ Commissioning managers				
♦ All	♦ General awareness	♦ Team meetings	ongoing	♦ PAHAIT Project Officer ♦ Telecare co-ordinators ♦ Telecare reps
♦ Mobile Wardens ♦ Telecare co-ordinators	♦ Specialist telecare assessment/ joint assessment with assessor ♦ Installing, programming and maintaining telecare equipment ♦ Data input	♦ Induction for new staff ♦ Team meetings	quarterly	Provider function responsibility

Person/ Team	Role/ Responsibility	Format	Timescale/ Frequency	Delivered by
♦ CAS control centre operators	♦ Telecare response procedures ♦ Data input			Provider function responsibility
♦ Handyvan drivers ♦ HIA professionals	♦ Installation ♦ Maintenance of equipment			Provider function responsibility
♦ Mobile Wardens/ Wardens ♦ Emergency Services ♦ DCAT co-ordinators ♦ Family/ informal carer	♦ Response protocols ♦ General awareness	♦ Awareness Days ♦ General Publicity ♦ Information to the Public	ongoing	♦ Partnership Boards ♦ PAHAIT Project Officer
♦ Telecare co-ordinator ♦ Enhanced Mobile Wardens	♦ Telecare Review ♦ Monitoring effectiveness			Provider function responsibility
♦ Community alarm service staff	♦ Equipment Audit Trail (only if connected to community alarm service)			Provider function responsibility

APPENDIX I

List of Telecare Devices

Please check with your local provider on availability of these items.

Fall Detector: This automatically detects a serious fall and raises an alert. It also has an integral button which can be pressed manually to act in the same way as a pendant alarm.

Bed/ Chair Occupancy sensor: This monitors bed occupancy and generates an alarm for a number of different circumstances. The sensor can also be linked to bedside lights. A chair occupancy sensor is also available.

X-10 Controllers: Bed sensors can be used with X-10 controllers to turn on lights in order to minimise risk of falling at night. (Does not need a response).

Flood Detector: This provides an early warning of flood situations, such as taps being left on.

Smoke Detector: Provides increased assurance by raising an alarm call at the control centre while also activating a local audible alarm.
** **Caveat:** Should only be funded through PTG if identified as an assessed need.

Carbon Monoxide Detector (Wireless): This warns of dangerous CO levels.
** **Caveat:** please check that this does not contravene gas regulations.

Temperature Extremes Sensor: This monitors for low and high temperature extremes and also the rate of rise of temperature. This is to minimise the risks associated with changes in temperature including the build up of heat in a kitchen, as when a pan has been left on the cooker or a ring left on, and the risk of sustained periods of cold or hot weather.

Wandering Device/ Door Exit Sensor: This specifically monitors for wandering and has the added capability of detecting whether a main exit door has been left open for unusual lengths of time. It can also be linked to external lighting to provide greater protection.

KeySafe: Provides easy access to a client’s home by use of a security coded safe to hold client’s keys. Code is kept by Community Alarm Control centre.
** **Caveat:** Only to be funded through PTG if part of a telecare package not purely for allowing access for home carers or district nurses. KeySafes should **not** be classed as a sensor in charging policy or monitoring charges.

Pressure Mat This monitors movement in a specific area, e.g. someone getting out of bed.

PIR (Movement Detector): The PIR is a wireless movement detector that can detect both activity and inactivity.

Epilepsy Sensor: This state of the art sensor is placed underneath the bed sheet and monitors the user's vital signs including heart rate and breathing patterns to detect a range of epileptic seizures. On detection of such a situation, an alarm call

will be raised to the monitoring centre or carer to ensure the appropriate action can be taken.

Bogus Caller Button/Panic Button: This is fitted near the door or around the home to raise an alert when necessary.

Enuresis sensor: A thin, waterproof and durable mat, which is positioned between the mattress and top sheet of a bed, therefore not affecting user comfort. Detects instances of enuresis the moment they occur.
Natural Gas Detector: This provides an early warning of dangerous levels of gas.

Gas Shut Off Valve: When combined with the natural gas detector, this solution automatically cuts off the gas supply to an appliance when a leak is detected.

Home Alert Carer Pager: This enables carers to be notified of alarm calls when they are at home or in the garden rather than routing them to the community alarm control centre.

User Alert Pager Solution: Provides hearing impaired users with immediate notification of alarm call activation.

Sounder Beacon: This is available in blue or red and provides audio and visual confirmation of an alarm call for additional reassurance or to tell them of an incoming telephone call or if someone is at the door.

Visual Call Beacon: The visual call beacon is mains powered and provides visual indication only in order to alert users to a certain type of alarm activation (e.g. smoke detector) or to an incoming telephone call.

Pillow Alert Solution: The pillow alert solution provides a smoke alarm alert to a sleeping user by the use of a vibrating pad, which is positioned underneath the pillow. It also features a strobe unit for additional warning when out of bed.

Medication Dispenser: The medication dispenser can be used to automatically dispense medication over a 28 day period, providing audible and visual alerts to the user each time medication should be taken. If the user fails to access the medication, an alert is raised to the monitoring centre or carer so that action can be taken to ensure that the medication programme is maintained. A reminder function is also available on the **Lifeline 4000+** that can be used to assist medication compliance. This is especially useful when a person has to take medication more than four times a day.

Lifestyle Monitoring: Various lifestyle monitoring systems are currently being piloted around the country. These can have various functions but in essence learn a person's pattern of behaviour and detect downward trends, thus helping with long term assessment. For more information on these please contact Pam Mills 01325 377863 or e-mail pam.mills@durham.gov.uk

Additional equipment may be added to this list as it becomes commercially available.

APPENDIX II

Telecare Policy Group Members

Name	Title
Adult and Community Services	
Pam Mills	PAHAIT Project Officer
Geraldine Waugh	Divisional Commissioning Manager
David Shipman	Commissioning Manager for SP
Philip Malyan	VIP Project Manager
Jenny Warren	SP Project Officer
Tracy Joisce	Acting Countywide Commissioning Manager – LD/MH/SM
Caroline Molloy	Professional Lead Occupational Therapist
Glynis Barron	Service Manager – Disabled Children
District Councils	
Dennis Scar	Head of Community Services (Sedgefield)
Linda Ogilvie	Warden Services Manager (Easington)
Carol Kay	Careline Services Manager (Chester-le-Street)
Barbara Gow	Strategic Care Manager Special Needs(Durham City)
Joy Dwyer	Strategic Care Manager - City Care (Durham City)
Primary Care Trusts	
Della Kerr	Integrated Team Leader (Rep for Dales PCT)
Sue Lawson	Falls Co-ordinator and Professional Advisor to Community Equipment Services
Paul Taylor	Service Development Officer (Derwentside PCT)
Julie Waterworth	Integrated Team Manager
Les Grey	Service Improvement and Development Manager (Easington PCT)

APPENDIX III

Community Alarm Services in Co Durham

Manager	Telephone No.	Address
Chester-le-Street - Careline		
Carol Kay	0191 388 7588	Police Station Newcastle Road Chester-le-Street Durham DH3 3TY
Derwentside – Careline		
Marie Carr	01207 218641	Morrison Busty Depot Annfield Plain Stanley Durham DH9 7RX
Durham City - Citycare		
Joy Dwyer	0191 301 8474	Housing Services 17, Claypath Durham City DH1 1RH
Easington - Warden Services		
Linda Ogilvie	0191 527 4553	Seaside Lane Easington Peterlee Co Durham SR8 3TN
Sedgefield - Carelink		
Arthur Bellwood	01388 728802	Central Depot Chilton Industrial Estate Ferryhill Co. Durham DL17 0SD

APPENDIX IV

FAIR ACCESS TO CARE SERVICES ELIGIBILITY FRAMEWORK

Critical - when • Life is, or will be, threatened. • Significant health problems have developed or will develop. • There is, or will be, little or no choice and control over vital aspects of the immediate environment. • Serious abuse or neglect has occurred or will occur. • There is, or will be, an inability to carry out vital personal care or domestic routines. • Vital involvement in work, education or learning cannot or will not be sustained. • Vital social support systems and relationships cannot or will not be sustained. • Vital family and other social roles and responsibilities cannot or will not be undertaken.
Substantial - when • There is, or will be, only partial choice and control over the immediate environment. • Abuse or neglect has occurred or will occur. • There is, or will be, an inability to carry out the majority of personal care or domestic routines. • Involvement in many aspects of work, education or learning cannot or will not be sustained. • The majority of social support systems and relationships cannot or will not be sustained. • The majority of family and other social roles and responsibilities cannot or will not be undertaken.
Moderate - when • There is, or will be, an inability to carry out several personal care or domestic routines. • Involvement in several aspects of work, education or learning cannot or will not be sustained. • Several social support systems and relationships cannot or will not be sustained. • Several family and other social roles and responsibilities cannot or will not be undertaken.
Low - when • There is, or will be, an inability to carry out one/two personal care or domestic routines. • Involvement in one/two aspects of work, education or learning cannot or will not be sustained.

<u>APPENDIX V</u> - <u>Proposed Telecare Service Process</u>

<u>Abbreviations</u>: OT – Occupational Therapist GP – General Practitioner SAP – Single Assessment Process CAS - Community Alarm Service

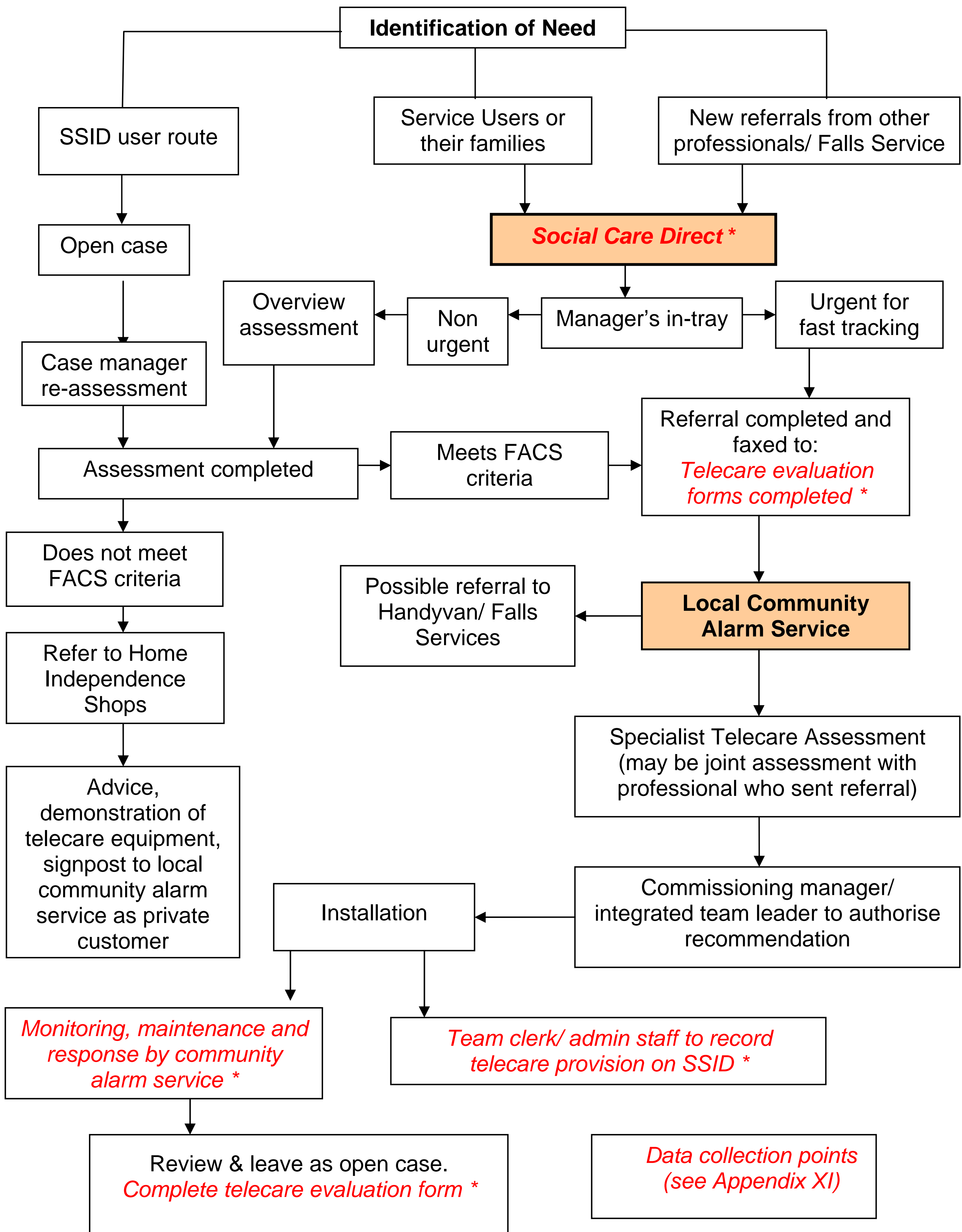
Localities are urged to create positions in italics if not yet in existence. √ Already set up

Key Role	Person(s)/ Agency Responsible	Data Recording/ collection	Key Documentation/Process
Identification of need/ Request for assessment	♦ Client/ family/ informal carer ♦ Home Carer/ Social Worker/ OT District Nurse/ Mobile Warden/ GP/ Hospital Discharge Team ♦ Other services e.g. falls service		♦ Social Care Direct – SAP √ ♦ Home Independence Shops ♦ Direct to local CAS (private) ♦ Hospital Discharge form √
Assessment (general)	♦ Social worker ♦ OT ♦ District nurse in integrated teams ♦ Integrated/ intermediate care teams	Reason for referral (identified benefit for client). ♦ Details from referral form to be recorded on control centre systems (e.g. AnswerlinkNT / PNC4) by CAS staff ♦ Also, team clerks, admin officers to enter on SSID as enquiry type/ telecare	♦ SAP Overview assessment form√ ♦ Referral form √ ♦ SSID Enquiry type/ telecare: to be set up ♦ Telecare evaluation return
Telecare specialist assessment	♦ *Telecare co-ordinator* ♦ *Mobile Warden (Enhanced)*		♦ Telecare specialist assessment form √ ♦ Care Plan √
Authorisation	♦ Commissioning manager ♦ Integrated Team Manager	What telecare devices have been installed: As equipment provision on SSID to be taken from	♦ Referral form √ ♦ Telecare codes to be entered on SSID under √

Role or Component	Person(s)/ Agency Responsible	Data Recording/ collection	Documentation/ Process
	♦ Integrated Team admin staff (for recording) ♦ Team clerks (for recording)	referral form once authorised by commissioning/ Integrated Team manager. Clerk to enter codes on SSID How long from assessment to installation: Clerk to put on SSID (same way as for HELS)	Equipment/Telecare/ then code for individual devices √ ♦ Entry on SSID for performance measure
Installation (depending on which device or which locality)	♦ Mobile Warden ♦ Handyvan service ♦ HIA ♦ Tunstall engineer ♦ Goldshield (Easington) ♦ Other contractors	♦ To be entered on control centre systems by Community Alarm staff	Once authorised by commissioning manager / Integrated Team manager.
Monitoring (community alarm service)	♦ District council community alarm services ♦ Other private social alarm providers	♦ No's of active responses For recording performance & possible savings ♦ No's of false alarms For recording performance	♦ Control centre systems calls history logs and analysis
Response services	♦ Mobile Wardens/ Wardens ♦ Emergency Services ♦ DCAT co-ordinator ♦ Family/ informal carer	♦ No's of active responses For recording performance & possible savings ♦ SSID for measuring performance	♦ Response procedures & protocols set up on control centre systems ♦ Calls history logs ♦ Feed back to Management information Team for feeding into PIs

Role or Component	Person(s)/ Agency Responsible	Data Recording/ collection	Documentation/ Process
Maintenance of equipment	♦ Community Alarm Services ♦ Handyvan services ♦ HIAs ♦ Technology companies		♦ Routine checks on batteries, effectiveness of equipment as part of service (most devices send low battery alerts) ♦ Dates for checks to be put on control centre systems
Telecare Review	♦ *Telecare co-ordinator* ♦ *Enhanced Mobile Wardens*	♦ 6 week review ♦ Ongoing through monitoring data	Any changes to circumstances must be communicated to Social Care or integrated health and social care team for entry on SSID
Equipment Audit Trail	♦ Community alarm service	♦ Control centre systems ♦ SSID	

APPENDIX VI - REFERRAL PATHWAY FOR TELECARE



APPENDIX VII

Single Assessment Prompt

This prompt for telecare (assistive technology) can be found on page 23 of the overview assessment form.

Assistive technology

Could a community alarm for 24 hour response and visiting warden service help in any way? If Yes, give details	Yes ☐	No ☐	Not Applicable ☐
Details:			
Could any assistive technology help – i.e. fall detectors and bed sensors? If Yes, give details	Yes ☐	No ☐	
Details:			

APPENDIX VIII

Referral for Telecare

Please complete all sections of this form and fax to: .... on ....

Non – urgent	**Urgent**

Please note verbal references are not accepted.
If fax facility not accessible, please post to the following address:

1 Details of referring agency:

Name	
Job Title	
Team	
Address	
Telephone number	
E-mail address	
Fax number	

2 Please state the technology required if known:

3 Client details:

Name	
Address	
Date of Birth	
Telephone number	

4 Is the client connected to the Warden Service?

Y/N **(delete as appropriate)**

5 Family or next of kin details:

Name	
Telephone number	
Relationship to client	

Are the above aware of the referral and in agreement?
Y/N (delete as appropriate)

Does the client (or their family) consent to sharing their care plan with the specialist telecare assessor?
Y/N (delete as appropriate)

6 Current Situation: Please give details of any recent hospital or residential care admissions:

Hospital or residential care unit:	
Why was client admitted:	
Length of stay:	
Has person been admitted into hospital in last 3 months	

<table>
<tr><td rowspan="2">Name and fax no. of authorising manager</td><td>Name</td><td>Fax No.</td></tr>
<tr><td></td><td></td></tr>
<tr><td>Authorisation for referral to progress</td><td colspan="2">Signature
....

Position
....</td></tr>
</table>

Confirmation of installation (To be completed by Warden Services staff)

To:	
Name of referrer	
Address	
Clients details:	
Name	
Address	

Date and type of equipment installed:

Telecare device	**Date installed**

Is procedure for telecare attached? Y/to follow (delete as appropriate)

Case to be reassessed (six weeks from installation date) on:	

Please note it is the referrer's responsibility to advise all care agencies involved in the case of the installation of the equipment.

APPENDIX IX -Telecare Specialist Assessment Form

Telecare Specialist Assessment Form

Client/ patient details:

Name ………………………………………………………………..

Address ………………………………………………………………...

………………………………………………………………………………...

....

Date of Birth …………… P.I.D. …………………………

Tel. No. ..……………………………………………………….

What existing services does the person already receive? (See Care Plan)		
Home Care		
Day Care		
Any other Health service. Please specify		
Other (Please give details)		
Is the person currently in hospital, intermediate care or residential care? Please specify.		
If yes, what is their expected discharge date?		
Which other professionals are involved with this case?		
	Name	**Tel. No.**
District Nurse		
Community Psychiatric Nurse		
Occupational Therapist		
Social Worker		
Physiotherapist		
Other (please specify)		

Installation of Equipment	
Are there any preferred times and/or days when installation could take place?	
Will a carer or family member be able to attend the installation? If yes, please give their name and phone number. Name: Tel No:	

Programmable devices information	
Bed occupancy sensor	
What time does the person go to bed?	
How often does the person get up in the night?	
How long does the person spend out of bed?	
What time does the person get up in the morning?	
Chair occupancy sensor	
Which chair should the sensor be connected to?	
What time is it occupied?	
How long should it be before an alarm call….	
…when the chair is occupied?	
…when the chair is unoccupied?	
Wandering client detector	
Which doors need to be monitored?	
Which hours of the day?	
How long after opening should alarm activate?	
Has response protocol been set up and agreed with family?	

Response Protocols:	**Date:**

Has a referral for a home safety check/ multi-factorial risk assessment been made?	**Y/N (delete as appropriate)**
Has a referral to the Falls Service been initiated?	**Y/N (delete as appropriate)**

Client's consent (or advocate's) signature: **Print Name:**	**Date**

Please state which devices are recommended:		
Please indicate which devices and in which part of the home they need to be installed from the following list:		
	✔	Where does it need to be installed?
Fall detector		
Bed Occupancy sensor *		
Chair Occupancy sensor *		
X-10 controller		
Flood detector		
Smoke detector		
Carbon monoxide detector		
Temperature extremes detector		
Wandering device/ door exit sensor *		
KeySafe		
Pressure Mat		
Movement detector (PIR)		
Epilepsy sensor		
Bogus caller/ panic button		
Enuresis device		
Natural gas detector		
Gas shut off valve		
Home alert carer pager		
User alert pager solution		
Sounder beacon		
Visual Call Indicator		
Pillow Alert Solution		
Medication dispenser		
Lifestyle Monitoring		
* Please fill in the section on Programmable Devices Information		

Please fax to commissioning manager/ integrated team leader for authorisation as detailed on referral form.

APPENDIX X – Telecare Evaluation Return – New referral

Client's Name		**Name of worker**	
Client's address		**Professional title**	
Client's D.O.B.		**Team**	

Equipment requested		**Equipment installed**	
Date of referral		**Date of installation**	

Pre-assessment circumstances Please ✓ as appropriate		
Hospital discharge	Yes	No
Crisis in the community		
Reassessment of need		
New client		
Please give detail:		

Referral from: Please ✓ as appropriate					
Self		Hospital Discharge Team		Falls Service	
GP		Carer		CPN	
District Nurse		OT		LTC Team	
Other (please specify)					

Aim of installing equipment Please ✓ as appropriate			
Prevent admission to care		Prevent admission to hospital	
Increase choice/independence		Reduce accidents at home	
Support carer		Support hospital discharge	
Support long term condition		Assist to remain at home	
Please provide as much detail as possible:			

Continued overleaf

Estimate of alternative service to reduce risk if telecare not available			
Increase home care hours	Approx per week _______ hours		
Hospital admission	Possible	No	Immediate
Residential/nursing care admission	Possible	No	Immediate
Day Care	_________ per week		
Increased carer responsibility			

Any client comments on proposed service:

Any informal carer comments on proposed service:

Any additional comments:

Please forward form to Telecare Lead Person in your locality.

APPENDIX XI - Data Collection

Category	Agency / Team responsible	How recorded	PAF Indicator/ Measure	Comments
How many people receiving telecare?	Community Alarm Service Adult and Community Services (Team clerks)	Control centre systems (e.g. AnswerlinkNT / PNC4)	DIS	Our use of the Preventative Technology Grant will be measured by the Delivery and Improvement Statement
What devices do they have?	Community Alarm Service Adult and Community Services (Team clerks)	♦ Control centre systems ♦ As equipment provision on SSID		
How long has it been installed?	Community Alarm Service	♦ Control centre systems ♦ SSID		Details taken from referral form
Reason for referral	Community Alarm Service	♦ Control centre systems ♦ As equipment provision on SSID ♦ Telecare evaluation form – new referral	C28, C29 C30, C31 C32, D41, E50	Details taken from referral form
How long from telecare assessment to installation?	Community Alarm Service Adult and Community Services	♦ Provider (part of SLA)	D54	Has to be taken from when referral received by CAS
Identified benefits to client	Community Alarm Service Adult and Community Services	♦ Control centre systems	C28, C29 C30, C31 C32, D41,	Details taken from referral form
		♦ Telecare Evaluation Form – new referral	E50	All telecare evaluation forms should be sent to telecare lead person in locality

Category	Agency / Team responsible	How recorded	PAF Indicator/ Measure	Comments
No's of active responses	Community Alarm Service	Control centre systems Telecare Evaluation Form – review		For recording performance & possible savings. To be sent to lead person
Identified benefits to A&CS/ Health/ Housing	Community Alarm Service Adult and Community Services	Telecare Evaluation Forms		For recording performance & possible savings. To be sent to lead person
What difference has it made to care	Adult and Community Services	Collation of evaluation forms		For recording performance & possible savings. To be sent to lead person
Links to PAF indicators	Adult and Community Services	SSID	C28, C29 C30, C31 C32, D41, E50	
User views	All agencies	Surveys/ Focus groups		Done by localities and fed back to Partnership Boards
Staff views	All agencies	Surveys		Done by localities and fed back to Partnership Boards

APPENDIX XII – Telecare Evaluation Return – Review

Client's Name		Name of worker	
Client's address		Professional title	
Client's D.O.B.		Team	
Equipment in situ			
Date of review			

Duration of current telecare package	6 weeks 12 months Other

Outcomes of telecare provision. Please ✓ as appropriate			
Prevent admission to care		Prevent admission to hospital	
Increase choice/independence		Reduce accidents at home	
Support carer		Support hospital discharge	
Support long term condition		Assist to remain at home	
Any other supporting evidence/ comments re effectiveness or otherwise of telecare provision. Please give as much detail as possible:			

Estimate of alternative service to reduce risk had telecare not been available		
Increase home care hours	Approx per week _______ hours	
Hospital admission	Yes/No	
Residential/nursing care admission	Yes/ When?	No
Day Care	_________ per week	
Increased carer responsibility		

Number of calls to Warden Services	
Number of response visits by Warden Services	
Number of response visits by Carer/alternative contact	
Any other information on response	

Any client comments on telecare service:

Any informal carer comments on telecare service:

Any additional comments:

Please forward form to Telecare Lead Person in your locality.

APPENDIX XIII

Telecare Implementation Groups

Group	Contact person
Derwentside	**Paul Taylor** Tel: 07789 920799 E-mail: paultaylor222@hotmail.com
Durham & Chester-le-Street	**Sue Lawson** Tel: 0191 374 4181 E-mail: Sue.Lawson@durhamclspct.nhs.uk
Easington	**Mike Smith** Tel: 0191 518 6018 E-mail: mike.smith@durham.gov.uk
Sedgefield	**Julie Waterworth** Tel: 01388 424206 E-mail: julie.waterworth@durham.gov.uk
The Dales	**Della Kerr** Tel: 01833 694513 E-mail: della.kerr@durham.gov.uk

General enquiries on telecare strategy please contact:
Pam Mills, People at Home and in Touch Project Officer
Adult and Community Services

Tel/ Fax: (01325) 377863
E-mail: pam.mills@durham.gov.uk