

Adult and Community Services



Preventative Technology Grant Interim Evaluation Report

October 2007

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Executive Summary

Background

Durham County Council has been piloting the use of Information and Communication Technology to help older and vulnerable people stay in their own homes for the past 7 years, building on over 15 years of Community Alarm and Warden Service infrastructure at District level.

Over the last three years, Adult and Community Services in conjunction with its stakeholder partners, County Durham Primary Care Trust and the District Councils, have been working towards implementing and mainstreaming telecare and providing an equitable telecare service across the County.

The release of the £80m Preventative Technology Grant provided the much needed funding to kickstart this innovative work. A multi agency Telecare Policy Group was set up to look at allocation of the grant within the County and to develop the Telecare Strategy 2006 - 2008. After developing Service Level Agreements with the five Telecare (Community Alarm) providers, the service went live in December 2006.

The Telecare Strategy provided a framework and common documentation, largely based on the Service Model for the Delivery of Telecare that had been previously piloted in Easington, for localities to further develop the service without having to totally 're-invent the wheel'.

The Preventative Technology Grant was not a ring-fenced grant and therefore there was no guarantee that it could be secured for the use that it was intended. A strong business case was presented to the Treasurer and it was agreed that £698K would be made available. As a 4 star authority any unused grant from 06/07 was allowed to be carried over to the following year 07/08.

The main focus of the Telecare Strategy was on Telecare in the first instance but acknowledged that once this had been successfully implemented then integrating Telehealth services would be a natural progression.

Findings

- ◆ A long lead in period was experienced but it is acknowledged that time spent setting up the infrastructure and building up experience and confidence is now paying dividends.
- ◆ The referral pathway has proved to be complex for non social care staff due to issues around Fair Access to Care Services. (FACS).

- ◆ Initial briefing and training sessions were delivered, however staff have requested ongoing training in the form of briefings at team meetings, e-mail updates and a training manual.
- ◆ As recommended in the Easington Service Model evaluation report, Providers now recognise that a dedicated telecare co-ordinator is needed if the service is to be efficiently implemented.
- ◆ Problems have been experienced in programming bed sensors for people who are very frail and other telecare solutions have had to be explored. This needs to be addressed through more robust training for staff undertaking Telecare assessments.
- ◆ Data from evaluation forms has shown that both the most frequently recorded 'purposes' and 'outcomes' of using Telecare have been to:
 - Help people to remain at home, followed by
 - Preventing admission to residential care,
 - Reducing accidents in the home, and
 - Supporting long term conditions.
- ◆ Although ambitious targets were established in the Telecare Strategy (750 by March 2008), take up to date has been slower than expected. Consequently, more time is needed to accrue robust cost benefit data.
- ◆ As part of a consultation exercise on charging for telecare, of 100 people financially assessed for charges only 21 would have been eligible to contribute.
- ◆ Telecare is not seen as a panacea, but something that can complement other preventative services and act as an important element of a person's care package.
- ◆ The benefit of joint assessments and reviews between referring agents and telecare coordinators is becoming increasingly self evident in providing the most appropriate and successful Telecare solutions.
- ◆ The need to develop a robust commissioning model has been identified in order to implement telecare as a sustainable service.
- ◆ The feedback from Service Users and Carers has been very positive and shows that the Telecare service holds significant quality of life benefits for them.

Recommendations

It is recommended that:

1. The Telecare service should be continued in 2008/09 to obtain sufficient evidence in order to accurately inform the planning process.
2. The remainder of the Preventative Technology Grant should be allowed to be carried over for 2008/09.
3. Current Service Level Agreements should be extended for another 12 months until April 2009.
4. A business case for Telecare should be developed to inform future financial planning and scope of the service.
5. A formalised and standardised training programme is developed.
6. Investment is made into Telecare specific posts to fully develop and make robust the necessary infrastructure in terms of training, training resources, Telecare assessments, Telecare protocols, literature, awareness and ongoing development of the service.
7. A decision should be made as to whether the Telecare/ Telehealth service warrants a dedicated strategy post April 2008 or whether it should be linked into other key strategies. This should be discussed by the Telecare Policy Group.
8. Funding models are explored in order to attract other possible funding partners/ streams such as the Acute Trust, Housing Providers, Supporting People, etc..
9. Further work should be carried out on the wider application of Information and Communication Technologies in supporting older and vulnerable people in their own homes and how we can deliver services more effectively.
10. Providers carry out development work on the true cost of the service to inform the business case and future commissioning models.

1. Introduction

Background

Durham County Council has been at the forefront of Telecare services nationally, through the People at Home and in Touch project, which has been instrumental in promoting the use of technologies in health and social care settings in County Durham. In conjunction with partners, the project has researched, tested and evaluated relevant technologies and service models with the aim of maintaining people in their own homes for longer. This has included the successful evaluation of a mainstreaming pilot within the Easington locality, which reinforced the benefits that can be provided through mainstreamed telecare services.

Preventative Technology Grant

The Government recognised the potential of telecare and in July 2004 announced the release of the Preventative Technology Grant (PTG). The £80m grant was allocated over two years from April 2006 to modernise and transform care services provided by local authorities and the NHS.

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

Local Authority Circular (2006)5

The non ring-fenced grant was allocated to councils with social services responsibilities who are accountable for achieving agreed outcomes. It was to be used to fund the provision of telecare devices and to develop the associated infrastructure in order to increase the numbers of vulnerable people helped to live at home. In response to this announcement, Durham County Council and its partner agencies set up a Telecare Policy Group (see Appendix I) to look at how best to allocate the grant and to develop a countywide multi-agency Telecare Strategy.

Following the development of a robust business case, Durham County Council released £698,000 to be spent on the development of Telecare services apportioned as follows over the two years.

Table 1: Allocation of Preventative Technology Grant

Service User Group	%	Amount
Older People and Adults with a Physical Disability	80%	£558,400
Learning Disabilities, Adult Mental Health and Substance Misuse	10%	£69,800
Children's Services	10%	£69,800

The focus of this report is on Older People. The evaluation of the Learning Disability and Children with a Disability Pilots will take place at the end of the year.

The Preventative Technology Grant was subsequently allocated to each locality on an equal share basis to be managed locally by Partnership Boards which could ensure that it would be used to develop the most appropriate and effective services to meet local priorities. The Supporting People Partnership agreed that Telecare provision could be built on the current Community Alarm provision where the cost of alarms and response services is paid for through the SP grant wherever there is service capacity.

At the time of setting up these structures there were five locality Partnership Boards in the County, each with representation from Durham County Council, a Primary Care Trust and District Councils. In October 2006, the five Primary Care Trusts were amalgamated to make one County Durham Primary Care Trust.

One of the criteria for the use of the grant was that the PCTs and District Council in each locality had to match 10% of the funding in order to access the grant and show commitment to the sustainability of the service after the life of the grant.

The grant is seen as a unique opportunity to kickstart the mainstreaming of telecare in the County.

Telecare Strategy

Our vision for the strategy:

'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 Strategy was produced to provide a framework for the mainstreaming of telecare services in the County. It is intended to guide local partnerships in their utilisation of the Grant and to ensure that the services developed are sustainable beyond the lifespan of the Grant.

The Telecare Strategy was circulated in August 2006 and agreed by all agencies. Service Level Agreements were drawn up with agreed responsibilities between the three key agencies for provision of Telecare Services up to April 2008. The following agencies are all signed up to the Telecare Strategy:

- **Durham County Council**
- **County Durham Primary Care Trust**
- **Chester-le-Street District Council**
- **Derwentside District Council**
- **Durham City Council**
- **Easington District Council**
- **Sedgefield Borough Council**
- **Teesdale District Council**
- **Wear Valley District Council**

2. Strategic Objectives/ Outcomes Targets

Terms of Reference

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.
- 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.

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.

Key Drivers

National Strategies and Initiatives:

- ◆ White Paper: Our Health, our care, our say: a new direction for community services (Jan 2006).
- ◆ NHS Improvement Plan.
- ◆ Audit Commission – Older people: Independence and Well-being: the challenge for public services.
- ◆ Securing Good Care for Older People: Taking a long term view (Wanless Report for The King's Fund, March 2006).
- ◆ Developing incentives for commissioning for health and well-being.
- ◆ Opportunity Age: Opportunity and security throughout life.
- ◆ White Paper: Valuing People: A new strategy for learning disability for the 21st century.
- ◆ Carers (Equal Opportunities) Act 2004.
- ◆ Supporting People.
- ◆ Improving the Life Chances of Disabled People (Jan 2005).
- ◆ National Service Frameworks (NSF) for Older People.
- ◆ NSF for Older People.
- ◆ Next Steps – a New Ambition for Old Age.
- ◆ Expert Patient and Self Care Programmes.
- ◆ Delayed discharges legislation/ reimbursements.
- ◆ Fair Access to Care Services (FACS).
- ◆ Payment by Results.
- ◆ Direct Payments.
- ◆ Out of Hours Services.
- ◆ Local Area Agreements (LAAs).
- ◆ Public Service Agreements (PSAs).

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.

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.

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.
- ◆ Total 750 for the County by March 2008.

3. Development of the Service

Description of Service: processes, pathways and systems

Processes

These are the key components and processes that have been developed, modified and put in place to form the Telecare Service.

- ◆ Identification of need/ request for assessment.
- ◆ Referral.
- ◆ Eligibility Criteria.
- ◆ Contact assessment (if through Social Care Direct).
- ◆ Overview assessment.
- ◆ Telecare specialist assessment.
- ◆ Authorisation.
- ◆ Installation/deinstallation.
- ◆ Monitoring of calls.
- ◆ Response services.
- ◆ Maintenance of equipment.
- ◆ Telecare Review.
- ◆ Maintenance/ Recycling of telecare equipment.
- ◆ Performance monitoring.
- ◆ Evaluation.

Pathways

In order to ensure that staff were clear on these somewhat complicated processes, a referral pathway was developed (see page 7) in conjunction with locality Telecare Implementation Groups. Some localities have felt the need to provide more clarification by further breaking down the pathway for each team and situation.

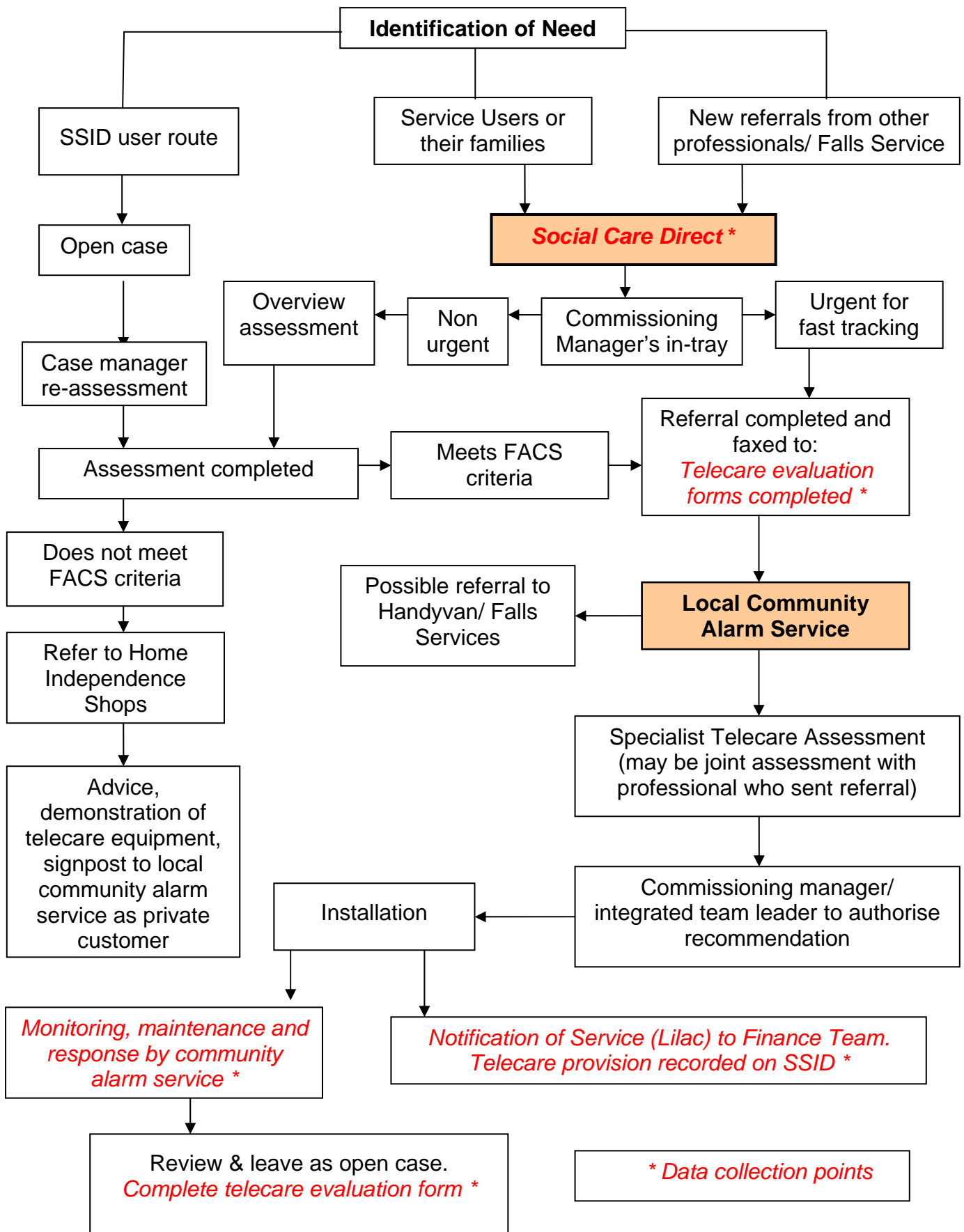
Systems

Each of the five Telecare providers in the county have either PNC4 or AnswerlinkNT control centre systems for monitoring calls from community alarms and telecare equipment. These systems hold client information, response protocols for each telecare device and log call histories.

It was agreed that all provisions of Telecare would be logged on the County Council's Social Services Information Database (SSID). Consequently, service notification forms were modified and data recording clarified to support this.

SSID is used by Adult and Community Services staff to record referrals, assessments, care plans and reviews.

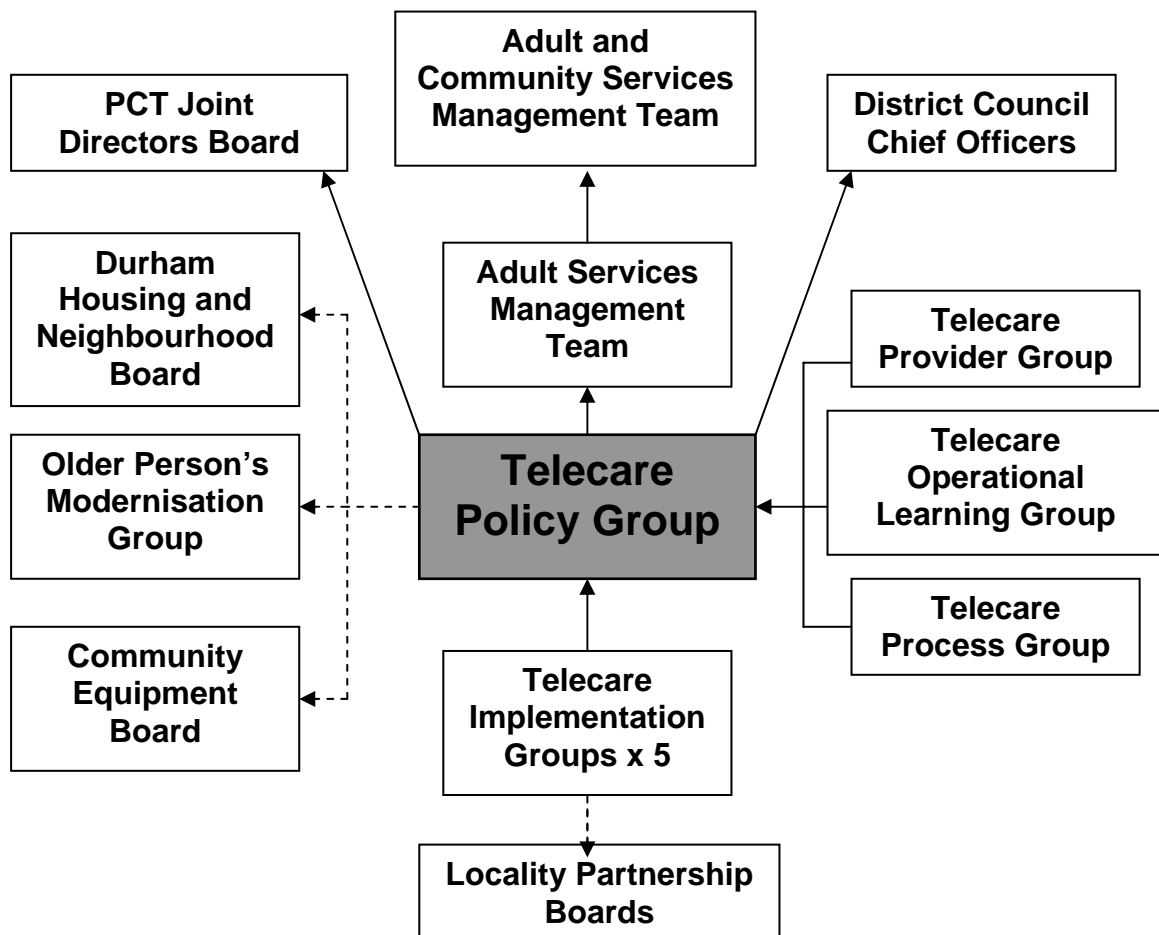
REFERRAL PATHWAY FOR TELECARE



Service Level Agreements

The Service Level Agreements were agreed by Durham County Council and County Durham and Darlington Primary Care Trust (as Commissioners of the Service) with the five Telecare providers in the County, namely Chester-le-Street Council, Derwentside District Council, Durham City Council, Easington District Council and Sedgefield Borough (for Sedgefield and The Dales). The SLAs outlined service specifications along with the responsibilities for the various elements of the service of the three main agencies involved in the delivery of telecare, namely Adult and Community Services, County Durham Primary Care Trust and the District Councils as providers of the service. Service elements included assessment of need, monitoring, response, review, functionality and operation of equipment, installation, programming, deinstallation and recycling of equipment. For details of SLA responsibilities please see Appendix VII.

Governance Structure



The **Telecare Policy Group** is the main steering group for the implementation of the Telecare Strategy and use of the Preventative Technology Grant. (See Appendix I). This group reports back to three overarching countywide groups, namely the **Older Person's Modernisation Group**, the **Durham Housing and Neighbourhood Board** and the **Community Equipment Board**, but the three main decision making bodies are **Adult and Community Services**

Management Team, the PCT Joint Directors Board and District Council Chief Officers.

Each locality has its own **Telecare Implementation Group** headed by the telecare lead for that area (See Appendix II) which report back to their respective locality **Partnership Board**.

A **Telecare Operational Learning Group** meets bi-monthly and this is an open forum to which any operational staff from any agency are welcome. This group shares good practice and discusses any operational issues.

A **Telecare Provider Group** has also been set up to look at specific issues around provider responsibilities and service development and improvement.

A **Telecare Process Group** meets as required to resolve any working processes or hiccups in the pathways that are causing problems.

4. Project Evaluation Methodology

Methodology

Evaluation and Performance Management Framework

An Evaluation and Performance Management Framework for the use of the Preventative Technology Grant was developed in order to provide a framework against which to measure achievement of objectives and outcomes. This outlined each objective which was then broken down into individual tasks. (See Appendix III). Performance indicators were set for each task along with the required data with which to measure them, the source of the data, how and the frequency this was obtained.

Data Collection Tools

Staff were asked to complete evaluation forms at the referral stage and again at the review stage in order to obtain some measure of benefits, differences or possible savings the telecare service has made. These also recorded the pre assessment circumstances, reasons for referral, the aim of installing telecare equipment, the estimate of alternative services if telecare wasn't available and any comments from the client or their carers. The review evaluation forms, which are completed at 6 weeks, 6 months and 12 months, record the outcomes of the telecare service.

Telecare provision is recorded on the Notification of Service forms (commonly known as 'lilacs') and sent to the Finance Teams who put the provisions on to the Social Services Information Database (SSID). This information can be produced for Performance Measurement purposes.

Additional information can be provided by the Community Alarm Providers in relation to installation, monitoring and response. Community alarm staff/ telecare coordinators also carry out joint assessments and reviews.

Staff Views

Questionnaires were sent out to everyone who had attended either a Telecare Briefing session or a Training Day.

Views of staff are also discussed and recorded in minutes from Telecare Implementation Groups and Telecare Operational Learning Groups.

Telephone interviews with Social Workers were carried out by one of the Professional Social Work Leads to further gain staff views on referral take up.

Provider Views

Questionnaires were sent out to Providers to be completed by staff who had been involved in carrying out telecare assessments and installations.

Views of providers and their staff are also discussed and recorded in minutes from Telecare Implementation Groups, Telecare Operational Learning Groups and the Telecare Provider Group.

Carer Views

Telephone interviews were carried out with carers using a questionnaire as an informal structure for questions.

Carers' views are also recorded on the new referral and review evaluation forms.

Service User Views

A telecare user survey has been undertaken with the majority of people who are currently in receipt of a telecare service in the County. Unfortunately it has not been possible to complete this in time to be fully included in this report, however, it has been possible to collate feedback from those responses received and this has been include in this evaluation. The full results will be circulated to stakeholder partners.

Service user views are also recorded on the new referral and review evaluation forms.

Provider staff receive a lot of first hand anecdotal evidence from service users and their carers which is fed back through various meetings and regular communication with the telecare coordinator for the County.

Table 2: Response Rates for surveys/ questionnaires

Group	No. of questionnaires/ interviews sent/used	No. of questionnaires / interviews returned	%age
Staff – evaluation forms	365	71	24%
Staff – briefing sessions	140	27	19%
Staff – training days	60	35	58%
Staff interviews	15	15	100%
Providers	8	8	100%
Carers	27	23	85%
Service users	154	48 (to date)	31%

5. Analysis of Objectives

This section provides an overview of the Strategic Objectives established for the implementation of the Telecare Strategy and Preventative Technology Grant. It identifies the key tasks required to achieve each objective and summarises performance against each. A table outlining the Performance Indicators for each task, and the frequency and means of how the data was collected can be found in Appendix III.

Table 3: Analysis of objectives

Strategic Objective 1: To develop a sustainable, appropriate and responsive Telecare service which can be commissioned to meet assessed health and social care needs.				
Key Task	Achieved	In progress	Not achieved	How achieved
Task 1: Establish and maintain Telecare Policy Group to plan for continuity of Telecare service beyond the life of the grant.				The Telecare Policy group was established in 2005 and has met monthly/bi-monthly since. It is attended by representatives from partner agencies. A list of group members can be found in Appendix I.
Task 2: Communicating Strategy to partners.				The Telecare Strategy was agreed by all partner agencies and circulated to chief executives of all stakeholder partners. The strategy has been presented to all relevant steering/management groups, including Older Persons Modernisation Group and Community Equipment Board. It is also on the Durham County Council website and County Durham PCT website.
Task 3: Telecare Implementation Groups established in each locality.				A Telecare Implementation Group has been established in each locality to drive the implementation of Telecare locally. The groups meet monthly.
Task 4: Telecare Operational Learning Group set up to share good practice.				A Telecare Operational Learning Group has been set up and meets every 6 weeks. It is an open forum to share good practice and discuss issues arising from mainstreaming.

Key Task	Achieved	In progress	Not achieved	How achieved
Task 5: Develop charging policy.				A draft charging policy was developed and consulted upon with people who are receiving a telecare service. Each client was given a letter explaining that a charge was being proposed and outlining what the charge would be. (See Appendix V). Clients were invited to comment on the proposal, however only 2 responses were received. In addition, it was identified 21 out of 100 Service users were assessed as having to pay a charge for Telecare services. (See Appendix VI for Charging Report). The final decision to charge has been deferred until the end of the grant period (April 08). Further evidence gathering and consultation will be carried to inform the decision.
Task 6: Business case for telecare produced and adopted by stakeholder partners.				A working group has been set up to develop a business case for telecare to complement the final evaluation report and inform financial planning across agencies for the funding of the Telecare service post PTG.
Task 7: Funding for Telecare included in LDP's, financial plans and mainstream budgets.				To be agreed by agencies (subject to development of robust business case).
Task 8: Providers to develop service infrastructure to meet increased demand over the next few years.				Service Level Agreements for Telecare have been developed and signed by all agencies, including the providers. The Service Level Agreements clearly identify responsibilities and the levels of service that are required. The agreements build on the Supporting People contracts and were all signed and finalised by April 07. This includes the technical and human infrastructure required to deliver Telecare Services. (For SLA responsibilities see Appendix VIII). This includes setting up response protocols to respond to telecare alerts.

Key Task	Achieved	In progress	Not achieved	How achieved
Task 9: Stimulate referrals for telecare.				This has not been achieved uniformly across the county and has been slow in some localities. However, the development of awareness briefings and publicity has begun to take effect and referrals are beginning to increase. This has been further enhanced in some localities by the employment of a dedicated Telecare co-ordinator. Locality action plans are also being implemented and the number of referrals is steadily increasing. (See Appendix IV).
Task 10: Develop the operational processes and documentation necessary to embed the service into mainstream.				Significant progress has been made in that clear pathways for Telecare have been developed from referral to provision/review of service. Assessing for Telecare has also been embedded into the Overview assessment of the Single Assessment process. Additionally, new processes have been developed with the Countywide Adult Social Care Review Team, to ensure that the provision of Telecare to service users is subject to regular review. Changes have also been made to internal County Council documentation (Notification of Service) to improve the data gathering and recording process in relation to Telecare provisions.
Task 11: Produce interim evaluation report to inform the business case.				Achieved.
Task 12: Review Strategy.				To be undertaken in 2008.

Strategic Objective 2: To develop an equitable telecare service which will demonstrate best value and be delivered by informed and skilled professionals.				
Key Task	Achieved	In progress	Not achieved	How achieved
Task 1: Allocation of Preventative Technology Grant.				Mechanisms for allocating the PTG were agreed with Durham County Council and partners, with all 5 locality partnerships developing Telecare implementation plans, which were assessed against criteria (including the provision of 10% match funding by each locality) by an adjudication panel. Each locality partnership has received an equal share of the PTG funding. A process for reimbursement was set up for providers to be paid for telecare services provided. (See Appendix XII).
Task 2: Action plans developed and implemented in each locality.				The action plans were being implemented to achieve the targets established in the Telecare Strategy. However, it was clear in mid 2007 that targets for Telecare provision were not being met. Consequently each locality Telecare Implementation Group submitted revised action plans to clarify how they would address the shortfalls and increase Telecare provision. This included the setting of specific targets and actions to achieve strategy targets. (See Appendix IV).
Task 3: Routine monitoring of uptake and effectiveness of service.				This is an area where further work is required, as there is little routine monitoring of the uptake of Telecare. Performance Indicators have now been included in Adult Social Care performance days, however, recording processes on SSID are still not robust. The Telecare Policy Group does not receive regular reports re: progress. Most figures are produced by Community Alarm Services. This is an area for development.
Task 4: Effective targeting of potential users.				There are some specific examples targeting of Telecare services to specific groups e.g. use of Telecare within Falls Service, however, this does not happen generally and is an area for further development. For example, it should be possible to raise the profile of Telecare with Hospital Discharge teams to ensure that Telecare is considered for people discharged from hospital.

Key Task	Achieved	In progress	Not achieved	How achieved
Task 5: Manage performance and evaluate to see what is working well and where.				Some data has been collected to inform the implementation of Telecare services. However, the process is not robust and is performance management/monitoring arrangements do need to be strengthened.
Task 6: Monitor PTG spend.				The spend of the PTG is being monitored by the Finance Team and by the Information and Communication Services Manager
Task 7: Consultation exercise with service users carried out.				Two consultation exercises have been carried out with service users, one for charging (See Obj. 1 Task 5 page 13) and one for the service itself. The second consultation exercise required a questionnaire to be sent to each service user who is receiving Telecare. Questionnaires were sent out on 8 th October 2007 and at the time of writing are still being returned. (See Appendix XIII for survey results so far).
Task 8: Training and Awareness sessions carried out with all appropriate staff.				A programme of briefing sessions was carried out with all social care and health professionals and other stakeholder partners. (See Appendix VIII). A series of follow up training sessions is currently being delivered in each of the localities. A questionnaire has been undertaken in relation to the quality of information provided and usefulness of the training. Please see section 8 for main findings. (See also Appendix X for full questionnaire results).
Task 9: Develop a formalised and standardised training programme.				This is an area for development.

Strategic Objective 3: To integrate telecare with and complement other support and preventative services in the county.

Key Task	Achieved	In progress	Not achieved	How achieved
Task 1: Make links/ develop pathways to other preventative services in the county, i.e. Falls services/ Handyvan schemes.				The Telecare pathway has been developed to ensure that appropriate links are made to other preventative services. For example specific prompts are included in the documentation to trigger appropriate involvement of the Falls Service or Handyvan Home Safety Service.
Task 2: Develop documentation and protocols to enable Telecare to be considered as part of an intermediate package/ intensive home care package.				New Single Assessment Process documentation (as of April 07) now has prompts for telecare on each page of the Overview Assessment with the aim of encouraging staff to consider telecare as part of a person's care plan, alongside other preventative services. This is the core documentation used by intermediate care, integrated and social work teams when undertaking assessment of need and to inform care planning.

Strategic Objective 4: To enable people to be supported safely in their own homes wherever possible for longer, irrespective of tenure.

Key Task	Achieved	In progress	Not achieved	How achieved
Task 1: Develop a pathway that will enable owner occupiers to receive telecare as well as those in council or sheltered housing.				The Telecare pathway does not discriminate between tenure of housing in relation to who is eligible for Telecare Services; however some of the infrastructure services on which Telecare is dependent may have financial implications for different types of tenure, e.g. Housing benefit. There is an issue concerning some Housing Associations operating in the County where they will not agree for telecare to be installed along side their own alarm services. This is an issue for the Durham Housing and Neighbourhood Board to address.

Strategic Objective 5: To develop a business case for mainstreaming telecare services in order to identify cost benefits to inform the cost share of proposed pooled budgets.

Key Task	Achieved	In progress	Not achieved	How achieved
Task 1: Cost out different scenarios.				Please see Section 6 - Cost benefit analysis. A business case working group has been set up and is currently working on producing a robust business case for Telecare.
Task 2: Cost out actual scenarios.				As above.
Task 3: Cost benefit exercises carried out.				As above.

Strategic Objective 6: To provide support to other vulnerable client groups and promote independence.

Key Task	Achieved	In progress	Not achieved	How achieved
Task 1: Carry out pilot with People with Learning Disability and evaluate.				A pilot has been established with Service Users who have a Learning Disability. There are now 40 People with Learning Disabilities using telecare in the County. The pilot is progressing well and an evaluation report will be produced in early 2008.
Task 2: Carry out pilot with Children with a Disability and evaluate.				A pilot with Children with a Disability is currently in the planning stage. This will be evaluated in 2008.
Task 3: Develop service models for telecare for these client groups.				This issue will be addressed within the evaluation reports referred to above.

Strategic Objective 7: To delay admission to residential care.				
Key Task	Achieved	In progress	Not achieved	How achieved
Task 1: Identify target groups most likely to be at risk of going into residential care.				There are some specific examples targeting of Telecare services to specific groups e.g. use of Telecare within Falls Service. Clients with dementia have also been targeted and the use of Telecare with this client group has proved very successful for preventing admission into residential care.
Task 2: Ensure that staff are aware of telecare alternatives and are able to identify telecare as one element of a package of preventative services.				All appropriate health and social care staff have been provided with opportunities to attend briefing/awareness and training events. Take up of these has been high. Most health and social care staff will be aware of the Telecare alternative to help support people in their own homes. Briefings for other professionals will be ongoing.
Task 3: Clarify costs of telecare compared to residential care.				See Cost Benefit Analysis – Section 6.
Task 4: Make the public aware of the benefits of telecare as a means of promoting independence and helping to maintain people in their own homes.				A marketing campaign with the public is currently taking place, with the aim of increasing public understanding and knowledge of the Telecare service and how it can help them. This will include leaflets, press articles, use of County Council media, Telecare DVD, etc.. Locally, Telecare Implementation Groups are also working to increase public awareness of the Service.
Task 5: Identify those Telecare users where there is the highest risk of residential admission				The Telecare referral evaluation form identifies the service users who are identified as being at risk of admission to residential care.

Strategic Objective 8: To avoid hospital admission and assist hospital discharge.

Key Task	Achieved	In progress	Not achieved	How achieved
Task 1: Identify target groups most likely to be at risk of going into hospital.				There are some specific examples targeting of Telecare services to specific groups e.g. use of Telecare within Falls Service, however, this does not happen generally and is an area for further development. For example, it should be possible to raise the profile of Telecare with Hospital Discharge teams to ensure that Telecare is considered for people discharged from hospital.
Task 2: Target information at this group of service users and their carers to explain the benefits of telecare.				Telecare leaflets have been produced and will be distributed in hospital settings and GP surgeries, etc..
Task 3: Put in place fast track processes for installing telecare within 48 hours.				Most telecare referrals, with the exception of those devices which need specialist installation by contractors, can be installed within 24 hours if an urgent referral has been received.
Task 4: Clarify costs of Hospital Admission.				See Cost Benefit – Section 6.
Task 5: Raise awareness with hospital based staff				Undertake awareness and training events with Hospital Discharge teams to ensure that they understand the role that Telecare can play in maintaining people in their own homes. This is a development area.

Strategic Objective 9: To improve countywide learning and produce a countywide evaluation which will inform future strategy.				
Key Task	Achieved	In progress	Not achieved	How achieved
Task 1: Telecare newsletter produced and distributed to A&SC staff and also partner agencies.				A Telecare Newsletter is produced monthly and distributed electronically to all Adult and Community Services staff and also to partner agencies. Each edition highlights a telecare device and links case studies to that device. It also features a key professional involved in telecare in the county and an update on targets for each locality.
Task 2: Publicity/ marketing plan implemented.				At the time of writing, this work is currently in progress. (See Marketing Strategy Action Plan Appendix XIV). <ul style="list-style-type: none"> ◆ Leaflets have been designed. ◆ Articles have been produced for the public in various publications aimed at Older People and those with a Learning Disability. ◆ A campaign to the Public is currently being finalised. ◆ An electronic message will be put on the board outside County Hall for one week. ◆ Interviews will be arranged with lead officers. ◆ Presentations are being made to local groups. ◆ The People at Home and in Touch Video is to be updated and made into a DVD. ◆ 4 product information stands are to be produced and positioned at strategic outlets around the County.
Task 3: Benchmark with other Local Authorities.				The PAHAIT Project Officer meets with other shire authorities to discuss common issues arising and also sits on a National 'Advanced Telecare User Group' which meets quarterly and is a useful source for benchmarking and joint learning.
Task 4: Establish a learning network.				Operational Learning/Provider Groups established to which all appropriate teams and staff are invited to send representatives. Attendance is relatively high.
Task 5: Write final Evaluation Report				To be completed at the end of the grant period.

6. Cost Benefit Analysis

This section of the evaluation evidences the use of the PTG in the first ten months of the Telecare service. It focuses on the use and spend of the PTG on telecare services for Older People and those with Physical Disability. It will not include any details of grant spent on the pilots for People with Learning Disabilities and Children with a Disability, or the use of telecare in Extra Care schemes.

Telecare Users and Use of the Preventative Technology Grant (PTG)

Table 4: Numbers of current Telecare users

Locality	Target (Telecare Strategy) as at 31 st March 2008	Current (to 30 th Sept 07)	Including Throughput (to 30 th Sept 07)
Derwentside	150	54	70
Chester-le-Street	75	29	30
Durham	75	22	26
Easington	150	47	85
Sedgefield	150	70	133
The Dales	150	22	27
Total	750	244	371

Source: Community Alarm Services

Analysis

Although numbers in the above table are significantly below those identified in targets set within the Telecare strategy, recent action plans for each Locality suggest that this number is achievable, although it will require a significant uptake in Telecare Services. At the moment, the numbers reflect the immediacy with which localities were able to begin using the Preventative Technology Grant to fund Telecare. In areas such as Sedgefield, where a relatively mature Telecare Service was already available, the take up was immediate, and explains the higher numbers of users compared to other localities. There was insufficient time within this study to understand the locality variations in throughput as a percentage of current users.

Current PTG spend per Locality

Table 5: Current PTG spend per locality i.e. Invoices paid at 30th September 2007

Locality	Equipment	Infrastructure	Total	Additional Staff costs	Total including staff
Derwentside	£9,336.00	£3,476.00	£12,812.00	n/a	£12,812.00
Durham	£3,456.48	£193.50	£3,649.98	n/a	£3,649.98
Chester-le-Street	£3,171.14	£301.00	£3,472.14	n/a	£3,472.14
Easington	£2,915.90	£4,234.40	£7,150.30	£17,904.00	£25,054.30
Sedgefield	£7,309.07	£4,346.25	£11,655.32	n/a	£11,655.32
The Dales	£1,745.00	£810.96	£2,555.96	£16,412.00	£18,967.96
Total	£25,017.69	£13,362.11	£41,295.70	£34,316.00	£75,611.70

Source: PTG invoices.

Analysis

As may be expected given the variations in take up across each locality, there is also a significant variation in spend incurred by each locality. Several localities are still to claim costs relating to spend undertaken between July and September – consequently, the above table does not provide comparable information. It is difficult at this time to draw any clear patterns or trends from the above table. Additionally, Easington locality were able to utilise additional joint funding sources (in addition to PTG), which are not included in the above table.

In addition, both Easington and The Dales have recruited (via the PTG) a part time Telecare Co-ordinator, with Durham & Chester-le-Street and Sedgefield currently seeking approval from their respective local partners to use the PTG to fund similar posts. These costs have not yet been agreed, and are therefore not included in the above. Only Derwentside are not engaged in proposals to recruit additional staff to co-ordinate Telecare services.

Projected year end spend on Telecare per Locality

The following table is a simplistic estimate of the year end position at 31st March 2008. It is based on each locality achieving the target number of Telecare users by 31st March 2008, and extrapolates this figure against the average cost of a Telecare package for a service user, plus any additional staffing costs incurred by each locality. It assumes that the Service has been run at an average of 50% capacity for the year, i.e. no users at start of year and 750 users at end of year, with a consistent increase throughout the year.

Table 6: Projected year end spend on Telecare per locality (assumes average of 50% capacity) – Scenario 2

Locality	Target from Telecare Strategy (i)	Average cost per user per annum (ii)	Cost per annum for target group in full year (50% capacity) (iii)	Average cost of Telecare Coordinator P/T scale 5 (iv)	Projected spend at end of year (iii + iv) (v)
Derwentside	150	£374.17	£28,062	£0	£28,062
Durham	75	£331.25	£12,422	£6,500.00	£18,922
Chester-le-Street	75	£455.68	£17,088	£6,500.00	£23,588
Easington	150	£439.64	£32,973	£13,000.00	£45,973
Sedgefield	150	£407.20	£30,540	£13,000.00	£43,540
The Dales	150	£525.49	£39,412	£13,000.00	£52,412
Total	750	£427.99	£160,497	£52,000	£212,497

Source: Telecare Strategy and Reimbursement Proformas:

- (i) Targets for each locality taken from Telecare Strategy
- (ii) These are direct costs and have been calculated from Re-imbursement proformas by adding equipment + installation + annual monitoring and response costs and taking an average. They do not include Staffing overheads.
- (iii) Average cost per annum per user x column (i) / 2
- (iv) Intentions of each Locality to appoint Telecare Co-ordinators
- (v) The projected spend is based on (iii) + (iv)

Analysis

Based on the previous table, there is an obvious disparity in relation to the amount that each locality is paying to support a user with Telecare. This may be for a variety of reasons, e.g. Telecare users with more complex needs (for example users with dementia require more expensive equipment to support them in their own homes), inconsistency between localities in addressing similar needs, higher equipment costs being paid by some localities, etc..

Comparison of PTG available for Older People/Physical Disability Services in 2007/8 compared to estimated spend

The following table compares the amount of PTG allocated to each Locality for use with People over 65 and also Adults with a Physical Disability and the projected spend identified in table 4.

Table 7: Comparison of PTG available for Older People/Physical Disability Services in 2007/8 compared to estimated spend (see Table 4)

Locality	PTG Allocation to 31 st March 2008 (i)	Estimated Spend as at 31 st March 2008 (ii)	Projected Variance (Underspend) (iii)
Derwentside	£122,848	£28,062	£94,786
Durham	£61,424	£18,922	£42,502
Chester-le-Street	£61,424	£23,588	£37,836
Easington	£122,848	£45,973	£76,875
Sedgefield	£122,848	£43,540	£79,308
The Dales	£122,848	£52,412	£70,436
Total	£614,240	£212,497	£401,743

Source: Service Level Agreements and Projections calculated in Table 4.

Revenue Implications of Sustaining the Telecare Service

To provide greater understanding for Commissioning Services in relation to the revenue implications of the Telecare Service, the following table identifies a number of scenarios. Each scenario identifies the revenue costs of sustaining the Telecare service at a certain level i.e. 750, 500 and 250 Telecare Users. The table also identifies the number of full year equivalent Residential Care admissions which would need to be prevented to re-coup the costs of operating the service at that level. (Please see Appendix XV for a more detailed breakdown).

Table 8: Revenue Implications of Sustaining the Telecare Service

Number of Telecare Users	Number of Devices	Total Cost	Number of full year equivalent Residential Care Admissions needed to 'breakeven'
750	3	£189,496.15	13.05
750	2	£130,880.77	9.01
750	1	£72,265.38	4.98
500	3	£126,330.77	8.70
500	2	£87,253.85	6.01
500	1	£48,176.92	3.32
250	3	£63,165.38	4.35
250	2	£43,626.92	3.00
250	1	£24,088.46	1.66

Source: Strategic Finance, Adult and Community Services (Net costs of Residential Care)

Telecare Equipment Costs by Locality

Table 9: Telecare Equipment Costs by Locality

Locality	CLS	Derwentside	Durham City	Easington	Sedgefield	The Dales
Fall detector	85.00	184.00	75.00	87.45	75.00	75.00
Bed sensor	440.00	201.00 (92)	210.00	207.90	210.00	210.00
Chair sensor		80.00				
Property exit	240.00	329.00	210.00	93.50	220.00	220.00
Smoke detector	48.00	157.00	44.20	54.45	40.80	40.80
CO detector	85.00		80.75	102.85	80.75	80.75
Temp extreme			55.25	71.50	55.25	55.25
Flood detector				39.05	68.00	68.00
Medication. dispenser			135.00	165.00	126.00	126.00
Keysafe	60.00	50.00	50.00	35.38	38.50	38.50
Vibrating pillow/ Strobe light				305.00		
PIR			39.20		39.20	39.20
X10					91.00	91.00
Pressure mat				207.90		
LL/ Say phone	174.00		165.21	136.00	165.00	165.00

Source: Telecare Re-imbursement proformas

Analysis

The major cost in year 1 is for the initial capital outlay to purchase the telecare equipment. Consequently it is important that commissioning and provider services are able to ensure value for money across localities. Scrutiny of the above table reveals some significant differences in the price being paid for equivalent Telecare devices across localities. One need only look at Fall detectors, Bed Sensors and Property Exit Sensors to demonstrate this point. It may be explained by inconsistent use of the procurement arrangements developed through the NHS Purchasing and Supply Agency National Framework Agreement for Telecare (PASA NFA) in conjunction with the Northern Housing Consortium. This should be an area for further development for the Telecare Provider Group in Durham.

Case Studies

The following case studies will seek to illustrate how the use of telecare can provide cost benefits to partner agencies.

Case Study 1: Client with dementia/ prevented admission to EMI residential care

Mrs D. was diagnosed with dementia with Lewy bodies. She experiences visual and auditory hallucinations particularly during the night and has been known to venture outside at this time. Following emergency admission to care, Mrs D. chose to return home against the advice of the professionals involved. In order to maintain her safety she was referred for Telecare. She also originally had two half hour visits of home care a day, i.e. 7 hours per week, but has since refused this service and is being supported by family. The telecare has now helped support her at home for 13 weeks since her referral in July. Mrs D. says it makes her feel safer and her family also feel much happier knowing that if she goes out of her home at night an alert will be put through to Warden Services. N.B. Mrs D. was already on the Community Alarm Service.

Table 10: Case Study One

Alternate service if telecare not available	Capital Costs	Revenue Per week	Services needed to support client at home	Equipment Costs	Revenue per week
	£	£		£	£
EMI Residential Care – £301.33		301.33	Home care was refused		
			Key Safe	35.38	
			Night Wandering Device	275.00	
			Installation	260.00	
			Monitoring costs @ 1.50 per device		1.50
			Locality Co-ordinator Fee (£13,000/150/52)		1.66
Total Costs Per Annum		£15,669.16	Total Cost Per Annum	£570.38	£162.32

Total cost for the Telecare Service for 52 weeks	£732.70
Total cost of EMI residential care for 52 weeks	£15,669.16
Total savings for keeping this client out of EMI Residential Care for 52 weeks	£14,936.46

Case Study 2. Client at risk of falls/ prevented hospital admission

Mrs R. has multiple sclerosis and epilepsy and is therefore at risk of falls. Previous to her having Telecare (Fall Detector), she was admitted to hospital with hypothermia following a fall when she had laid on the floor all night with no clothes on. Her daughter is very worried as her mother doesn't press the pendant when she needs help. Although she is not at risk of being admitted into residential care she is at risk of further hospital admissions. At the time of writing this service has been in for 10 months. This case study assumes 3 admissions per year may be risked without the introduction of Telecare. N.B. Mrs R. was not already on the Community Alarm Service.

Table 11: Case Study Two

Alternate service if telecare not available	Revenue Per week	Telecare Service	Equipment Costs	Revenue per week
	£		£	£
Hospital admission – 2 days @ £1800	3600.00			
		Home Care: 13 hours per week @ 10.70		139.10
		Lifeline	165.21	
		Fall detector	75.00	
		Installation	8.00	
		Monitoring costs		1.50
		Locality Co-ordinator Fee - £13,000/150/52		1.66
Total Costs Per Annum (assuming 3 admissions in a year at 2 days each admission)	£10800.00	Total Cost Per Annum	£248.21	£7397.52

Total cost of supporting person at home for 52 weeks	£7,645.73
Total cost of hospital admission for 6 days per year	£10,800.00
Total savings by preventing admission to hospital for 52 weeks	£3,154.25

Case Study 3: Client at risk of falls/ prevented admission to residential care

Mr B. was admitted into a nursing home for rehabilitation following discharge from Darlington Memorial Hospital. He is a double amputee and once he was able to undertake transfers independently he was able to go home. Mr B. lives alone and was considered at risk of falling when transferring. He is supported at home with a care package of 12 hours home care per week and a telecare package of fall detector, bed sensor and keysafe. Mr B. was happy to try telecare and his daughter stated that it gave the family increased peace of mind that the community alarm service would be notified if he had a fall. At the time of writing this service has been in for 11 months. N.B. Mr B. was already on the Community Alarm Service.

Table 12: Case Study Three

Alternate service if telecare not available	Revenue Per week	Telecare Service	Equipment Costs	Revenue per week
	£		£	£
Residential Care @ £279.28 per week (net)	279.28			
		Home Care: 12 hours per week @ 10.70		128.40
		Fall detector	75.00	
		Bed sensor	210.00	
		Keysafe	38.50	
		Installation	16.00	
		Monitoring costs		3.00
		Locality Co-ordinator Fee - £13,000/150/52		1.66
Total Costs Per Annum	£14,522.56	Total Cost Per Annum	£339.50	£6919.12

Total cost of supporting person at home for 52 weeks	£7258.62
Total savings for preventing residential care admission for 52 weeks	£14,522.56
Total savings through preventing admission to Residential Care for 52 weeks	£7,263.94

National Studies

Professor James Barlow from Imperial College, who has led the Evidence Base Workgroup for CSIP, has stated that robust savings may take up to 10 years to become truly apparent.

Professor Barlow and his team undertook a study entitled '**A systematic review of the benefits of home telecare for frail elderly people and those with long-term conditions**', (**James Barlow, Debbie Singh, Steffen Bayer and Richard Curry, Tanaka Business School, Imperial College London, UK**). The study included a systematic review of home telecare for frail elderly people and for patients with chronic conditions. 8666 studies were assessed. The review included 68 randomized controlled trials and 30 observational studies with 80 or more participants.

He went on to add "the most effective telecare interventions appear to be automated vital signs monitoring (for reducing health service use) and telephone follow-up by nurses (for improving clinical indicators and reducing health service use). The cost-effectiveness of these interventions was less certain. There is insufficient evidence about the effects of home safety and security alert systems. It is important to note that just because there is insufficient evidence about some interventions, this does not mean that those interventions have no effect". **Summarised from the Journal of Telemedicine and Telecare 2007; 13: 172–179**
Web link for journal details and reprints: <http://www.rsmppress.co.uk/jtt.htm>

Professor Barlow, in his Evidence Base worksheet goes on to say; 'The evidence base for care system benefits of the safety and security monitoring is currently poor because of the lack of robust studies. However, examples from the UK report there are benefits in terms of reduced costs due to reductions in delayed discharges and unnecessary hospital admissions:

- A recent evaluation of the Smart Support at Home scheme in Scotland suggests that telecare – and innovative services associated with it – had helped West Lothian achieve the lowest proportion of delayed hospital discharges of older people in Scotland and had reduced the average stay in private care homes from 36 to 18 months.
- Evaluation of the Safe at Home scheme in Northampton, in which two equivalent groups of elderly people with dementia (one receiving telecare and one without telecare) were compared, suggested that telecare helped to keep people living independently in their own homes for longer.

Both these schemes demonstrate possible cost savings, although more work is needed to examine their impact on costs and benefits across the local care system.

There has also been some research which has modelled the possible impact of telecare on older people's care provision. One of these is based on data from Birmingham's community alarm service and showed that a substantial return on investment in the form

of reduced hospitalisation costs and reduced residential care could be achieved over a ten year period (Brownsell et al 2001). Another study (Bayer et al 2004) draws on data from a telecare scheme aimed at frail older people in North West Surrey and national data from the General Household Survey. This shows that telecare focused on safety and security could reduce the number of people entering residential care by 11% in the fifth year after implementation or perhaps 25% in year 20 depending on the assumptions about the rate at which telecare reduces entry and slows the progression of frailty. This research also suggests that there are greater benefits in targeting people whose frailty or condition is just beginning to emerge than those who already have more complex or advanced problems. This team is now carrying out research to model the potential impact of telecare on certain long term conditions, including heart disease and stroke.'

Conclusion

It is a complex task to truthfully say what savings can be solely put down to telecare as it is normally one of many interventions and complementary preventative services which are put in to support older and vulnerable people in their own homes. However, the above case studies present scenarios in which the use of Telecare can help to promote independence for people and help them to remain in their own homes, whilst enabling the delivery of financial savings by avoiding more expensive institutional care. The case studies are real life examples, however, it should be stressed that they are included to illustrate the benefits and savings which may be achieved. It is clear from national and local research that significantly more research and analysis will need to be undertaken over a period of years to determine with greater accuracy the level of saving which may be attributable to the introduction of Telecare as part of a preventative package of services.

It is also important to note that many Local Authorities nationwide are failing to reach their targets, with CSIP forming a view that many Local Authorities have been too ambitious when setting targets. However, the Government have announced that any under spend of the PTG can be carried over to 2008/09.

In Durham, even if the Locality Telecare Services reach the strategy target of 750 Telecare Users by March 2008, there will be a substantial underspend on the PTG (see Table 5). This would provide sufficient funding to sustain the service for the full 2008/9 financial year. Further cost modelling will be required to clarify future funding requirements, and this will be influenced by whichever commissioning model the County opts for.

7. Feedback from Stakeholders

Feedback from Stakeholder Consultation and Evaluation Forms

Four distinct consultation exercises were carried out with Staff, Providers, Carers and Service Users. The following section will consist of a summary of the key messages from these exercises. A full breakdown of questionnaires can be found in Appendices IX-XIII.

New Referral and Review Evaluation Forms

Staff were asked to complete evaluation forms when carrying out a new referral for telecare and at review. There was a disappointing response with only 62 new referral forms and 26 review forms returned. However despite this poor response it was still possible to see trends emerging. Hopefully as the service gains momentum more staff will be proactive in completing these forms and more robust evidence will still be able to be gathered up to the end of the grant period and beyond.

Pre assessment circumstances:

Although no pre assessment circumstances were recorded as hospital discharge, several clients had returned home from residential care, but there was no 'box' in which to record this.

Table 13: Pre assessment circumstances

Hospital discharge	0%
Crisis in the community	21%
Reassessment of need	45%
New client	41%

Table 14: Aims of referring for Telecare as new referrals compared to recorded outcomes

Aims of referring for Telecare as new referrals		Recorded Outcomes from Review Evaluation Forms	
Assist to remain in own home	76%	Assist to remain in own home	90%
Reduce accidents in the home	50%	Prevent admission into residential care	85%
Support long term condition	37%	Reduce accidents in the home	70%
Prevent admission to hospital	35%	Support long term condition	70%
Prevent admission into residential care	31%	Increase choice/ independence	55%
Support carer	21%	Support carer	55%
Increase choice/ independence	19%	Prevent admission to hospital	50%
Support hospital discharge	11%	Support hospital discharge	30%

There is clear evidence in the responses to show that Telecare can assist people to remain in their own home and despite the fewer numbers of review evaluation forms there does appear to be some concrete evidence to show that Telecare has helped to prevent admission into residential care and to help people return home from residential care.

Supporting carers is an important factor given that, nationally, 50% of people being admitted into residential care are due to informal carer breakdown. Supporting hospital discharge was the least successful indicator and this is something that will need to be addressed in making sure that hospital staff are aware of Telecare and its benefits.

Training Evaluation

Training evaluation was carried out in two stages. The first was after the initial briefing sessions, mainly for social care and integrated team staff and the second was after two Training and Awareness Days seven months into the grant period, one in Durham and Chester-le-Street and the other in Easington. The two Training and Awareness Days had a more diverse attendance from Community Alarm staff, mobile wardens, handyvan staff and district nurses.

Briefings delivered to various team meetings and groups were not evaluated.

The following compares and summarises the views of staff after the initial Telecare Briefings with views received at Training Days carried out after 8 months of the grant period.

- ◆ All but one person found the briefing/ training sessions useful.
- ◆ The majority felt they had been given sufficient information on various service elements, although some asked for more clarification mainly around eligibility criteria, referral pathways and charging.
- ◆ All but one person found the training packs useful.
- ◆ 67% of staff had referred someone for telecare at the briefing sessions whereas only 41% of staff had at the two training days. The second two training days had a wider attendance including community alarm staff, mobile wardens, Handyvan staff and falls service staff. This may explain why numbers of people referring for telecare had not increased significantly between training sessions.
- ◆ The average of 2.3 people referred for the service however was the same.
- ◆ The main reason given for not referring anyone for telecare at the briefing sessions was that they didn't think it was appropriate, whereas at the Training Days it was they didn't feel as if they had enough knowledge to refer anyone.
- ◆ 82% at the briefing sessions and 76% at the Training Days said they would welcome further training and the most favoured format was at team meetings, followed by training sessions and a training manual.
- ◆ 52% of people at the briefing sessions had seen the telecare newsletter compared to only 44% at the Training Days with 26% and 29% respectively finding it useful.

Staff Views

86 social work staff have referred 214 people for Telecare with the amount of telecare referrals for each social worker ranging from 20 to 1. There are 106 social workers who have not referred for telecare. The social worker who 'topped the list' with 20 referrals commented,

"Telecare has been beneficial to my clients especially clients suffering from dementia as it has enabled them to remain living independently within their own homes for longer periods of time. Telecare enables risks to health and safety to be monitored more effectively and allows for a more detailed assessment of need to be undertaken."

A further exercise was carried out with Social Work staff being interviewed by the Professional Social Work Lead for Telecare conducting telephone interviews with social workers to find out why some were referring for Telecare and some were not. Main findings from these interviews were:

- ◆ Generally all people interviewed found the training information they had received sufficient and they had found the training packs useful.
- ◆ Just under half had referred for telecare, with the highest number of referrals by one person being 4.
- ◆ Reasons for not referring for Telecare included:
 - Not felt it was appropriate.
 - The amount of paperwork was putting them off.
 - They needed to remember to consider it as an option.
 - Only one felt that they didn't have enough knowledge about it.
 - Some had suggested it but it had been refused by the client.
- ◆ Two thirds said they would welcome more training, the most popular format being at team meetings or by e-mail.
- ◆ Two thirds of those interviewed had seen the Telecare Newsletter and all though it was useful although some mentioned that they did not always have the time to read it.

Other general comments and suggestions included:

- ◆ Change in paperwork to a more simplified system as some thought there was duplication especially with review forms.
- ◆ Other people found the paperwork manageable and said that it was worth it to keep people safe at home.
- ◆ Relationships with Providers were variable. One thought they could be better whereas others thought them very good.
- ◆ Some had conducted joint visits and some had not.
- ◆ Some staff were struggling with the level of change at the present time in their jobs and Telecare was just another demand on them.
- ◆ Some staff felt uncomfortable with Telecare as a whole and had a 'mental block' about it.
- ◆ Keysafes were highlighted as an area of confusion due to different systems to implement these.
- ◆ Promotion by OTs with Service Users while they are in-patients had helped in some cases.

- ◆ Better links with OTs may be useful to promote the service.
- ◆ Telecare coordinators authorise some simpler equipment rather than social workers.
- ◆ More promotion and advertising.
- ◆ Some frustration was experienced with people being referred for Telecare but refusing it at assessment stage.

Provider Views

A questionnaire was sent to all Telecare Coordinators or mobile wardens who had experience of installing telecare.

- ◆ On the referral pathway, 75% thought it was getting easier with experience, 37% thought it was straight forward and 12% thought it needed streamlining.

Asked how they thought we could make it better, suggestions included:

- More joint assessments with social workers
 - More communication between services, i.e. social services, modern matrons, etc..
 - Less paperwork.
- ◆ 88% felt they were given sufficient training on assessment.
 - ◆ 75% had carried out joint assessments with referrers and 100% of those that had felt they were beneficial for prescribing the right Telecare solution.
 - ◆ The main reasons for clients refusing telecare were that they felt OK without it or it couldn't be installed because of problems with furniture, e.g. mattress too thick.
 - ◆ The next two most common reasons were the cost and they didn't understand about telecare.
 - ◆ 100% said they would welcome more training on telecare, either in training sessions or by training manual.
 - ◆ 75% had seen the Telecare Newsletter and 75% had found it useful.
 - ◆ Between 50-62% had attended either or all of the Telecare Implementation Groups, the Telecare Operational Learning Groups and the Provider groups and all had found them beneficial.
 - ◆ 88% felt confident installing and programming telecare equipment, although 88% had experienced some problems. These included:
 - Sometimes have electric beds or hospital beds with lattes.
 - With bed sensors – if client is frail then insufficient weight to activate.
 - Sensors could be easier to install, e.g. door exit sensors.
 - Bed sensors aren't always picking up people in bed even on lowest setting due to people's weight or mattresses being very thick or very thick or old.
 - Using the palm pilot to programme the bed sensor.
 - ◆ Nearly all expressed the same problem with bed sensors.
 - ◆ Only 37% had experienced problems with the monitoring and response side. These included:
 - Medication dispenser – more compatible with LL 4000+ to monitor a missed dosage.
 - Have occasions when carers or social workers have experienced sensors not always reliable, e.g. door exit sensors have not registered door open.

- Due to Monitoring and Response being in a different department we don't always get to know when there has been an incident or people going into of coming home from hospital. (Only applicable to one provider).

Suggestions that might help to further develop/ improve the service included:

- Information packs for clients.
- Leaflets for clients.
- Need more advertising.
- Advertising in local newspapers/ monthly drop in centres.
- It would help if we had some booklets to pass to clients to explain all about telecare and the way it works.
- More working groups with other authorities would be useful.
- I believe that everyone is now beginning to understand the process of preventative technology and how each individual device which has a specific purpose works. It is also helpful to understand the installation procedures and protocols and to understand that installations are not always straight forward.

Providers have identified the following issues at Telecare Operational Learning Group and Provider Group meetings.

Installation

When installing telecare clients may feel that the Telecare coordinators are being intrusive when asking for times for the settings of bed sensors, especially when their family are present; they sometimes give the times that they think the family members want to hear! This leads to activations when the client is still up and moving about and they then sometimes ask for the device to be taken out as they feel they are being a nuisance. Once the 'real' times are put in they find it much better.

A lot of problems have been encountered when trying to install bed sensors with people who are frail or who have very thick mattresses. Problems have been reported back to the suppliers who are now making changes to the software. Providers are being encouraged to do joint assessments with OTs in such circumstances.

Joint Assessments

When the service first went live Providers said there were few joint assessments being carried out. However this has now changed and more referrers are taking the time to carry these out and everyone feels that the outcomes are well worth the extra effort to come up with the most appropriate Telecare solution.

Client Support

Some clients need extra support when the telecare sensors are first installed. Coordinators will telephone or visit if necessary until the client is happy with the equipment.

Hospital Discharge

Hospital discharges have proved difficult and time consuming as the service user often arrives home with an 'entourage' of family, social workers, etc.. Having the Telecare coordinators arrive on top of this can sometimes prove too much and can

upset them as they cannot be bothered with the extra fuss. Hospital discharges also often happen late in the afternoon which compounds the problem. The Telecare coordinators do not want to leave the person without the equipment as they are often prone to falling and at risk.

Suppliers

Suppliers do not notify Providers when changes have been made to equipment and the compatibility with sensors and coordinators have to find out from experience. This can affect the confidence in the equipment both for the coordinators themselves, social workers and the service user.

Keysafes

There was a lot of discrepancy over the use of keysafes regarding how they were funded, who installed, who held the code, how many digits should be used, etc.. A Keysafe Protocol based on best practice has now been finalised and shared with stakeholder partners.

Telephone Lines

People who do not have a telephone line still pose an issue as to who will fund if the service users cannot afford it themselves. The People at Home and in Touch project officer is looking into the possibility of applying for charitable funding to help deal with such cases.

Carer Views

Telephone interviews were carried out with informal carers to talk about their perception of telecare and the benefits it has to the people they know who are using it and to them in their caring role.

- ◆ Most carers were close relatives of the person receiving a telecare service.
- ◆ Most lived within 10 miles of the person, although some lived over 50 miles away.
- ◆ Most of those living within 10 miles visited at least 3 times a week with some visiting every day.
- ◆ All had either been given a contact number for enquiries or could access one.
- ◆ All had access to written information and valued having this.
- ◆ All people interviewed thought the telecare had made a difference to the person using it.
- ◆ When asked in what way, all agreed that it had:
 - Helped them to remain independent.
 - Helped to carry on living at home.
 - Given them peace of mind/ reassurance.
 - Helped them to feel safer in their own home.
 - Helped to manage risk better.

- ◆ When asked whether telecare had made a difference to them as a carer, again they all answered yes. When asked in what way, they unanimously agreed that it had:
 - Given them peace of mind.
 - Given them reassurance that they would be notified of problems if they occurred.
 - Helped them feel supported in their role as a carer.
 - Felt happy that their mother was happy and safe.
 - One lady whose siblings all lived away said it made her feel as though **‘she wasn’t the only person on call.’**

- ◆ All interviewed said they were satisfied with the service and response.

- ◆ When asked if they thought there were any disadvantages to having telecare they all answered no apart from one lady who said ‘Apart from making sure her mother was wearing her fall detector’.

- ◆ When asked, overall, what did they think of telecare, all either answered excellent or very good.

Further anecdotal evidence from carers included:

“My uncle had a fall and we were notified straight away. He would never wear his pendant but he likes wearing his fall detector. Even though he only lives across the road at least we know that if he has a fall he won’t be lying there all night”

A lady whose husband has dementia and who was worried about him being at risk of falling down the stairs when he gets up at night has a bed sensor linked to a buzzer in the next bedroom where she sleeps. She said:

“It lets me know if he has got out of bed and I’m up like a shot. We used to have a pressure mat by his bed linked to the control centre but it used to go off all the time and it was driving me mad, but this new device (bed sensor) works really well and lets me sleep better in the knowledge that if he does get out of bed I know straight away.”

A niece said of her aunt:

“She has already had a fall and lay all night on the floor before she had the telecare installed”

A son of his mother said:

“It’s a brilliant service which gives us real peace of mind, especially when we go on holiday because we’re not just relying on carers. It’s like a voice listening in”

One lady who works full time and lives a 40 minute drive from her mother said:

“I was at my wits end. It is unbelievable what a difference it makes when you live a distance away and work full time. My Mum was a prime candidate after suffering from a stroke, falls and having arthritis. Now I tell everyone in my age group about it that may have elderly parents. It has been a Godsend!”

Another lady whose mother has telecare said:

“I would be gutted if this service was taken out – you couldn’t replace it with anything else”.

A son said of his father:

“He is very deaf and so has a vibrating pillow linked to his smoke detector. Last year he had a fire and the alarm went through to the control centre straight away. It’s great peace of mind.”

A lady whose mother has a fall detector and a bed sensor said,

“I worry that there are people out there who need this service but who are unaware of it.”

Service User Views

A Telecare Survey has been designed and sent out to 154 people who have received a Telecare service. Unfortunately it has not been able to finalise this before the deadline for this report but 48 questionnaires have been returned so the summary of these will be included in this report. (For full breakdown please see Appendix XIII). The results from the completed survey will be circulated to partner agencies as soon as it has been finally analysed.

The key findings accrued so far show that:

- ◆ Most of the people receiving a Telecare service live alone.
- ◆ There is an even split between owner occupiers and council tenants.
- ◆ A large percentage of the service users had somebody help them or fill in the questionnaire for them.
- ◆ Most people said it was their social worker who told them about Telecare.
- ◆ Over two thirds said they knew nothing about Telecare before they had it installed.
- ◆ Nearly everyone was happy with the way it was installed and said that it was explained well to them.
- ◆ Just under half of the people said there had been an occasion (e.g. a fall) when telecare had been needed and almost everyone said the response was quick.
- ◆ Everyone in this situation said that it resulted in a good outcome.
- ◆ Nearly half the people said they had experienced false alarms
- ◆ 8 people said they ’d had other problems, including,

- 'I drop it occasionally'.
 - 'There was a fault with the machine but the mobile warden attended very quickly and sorted the problem'.
 - 'Belt keeps coming off'.
 - Problem with timer switch on light. Had to have a new dimmer as one installed was faulty'.
- ◆ Most people thought that Telecare had helped them carry on living at home, that it had given them greater peace of mind and that it helped them feel safer.
 - ◆ Asked if there were any other benefits from Telecare, several people repeated that it gave them peace of mind.
 - ◆ Asked if there were any disadvantages to Telecare, two people complained about false alarms –
 - 'Mother is always knocking the button'.
 - It doesn't work properly and I am constantly being woken up with strange men in my room which is frightening'. (*This statement raises concerns and will be investigated as to what it really means*).
 - ◆ Overall over 90% of people said that Telecare was 'excellent' or 'very good'

This feedback from Service Users and Carers is on the whole very positive and shows that Telecare can offer many benefits to both groups.

8. Findings and Key Issues

The first part of this section will discuss general findings on the service as a whole. The second part will identify certain areas for further development.

Targets

At the time of writing, the Preventative Technology Grant and Telecare Strategy have been in use for ten months as from the 1st December 2006. Targets were set in June 2006 (anticipating starting in September 2006) of 50 Telecare users per locality by April 2007 and 100 telecare users by April 2008, totalling 750 telecare users for the county.

The current amount of people who are receiving a telecare service amounts to 244, whereas the throughput number, i.e. the total amount of people who have received a telecare service, some of whom may now have moved on to residential care or died, amounts to 365. The fact that the 'green light' for starting the service was delayed by three months meant that it took until July 2007 to reach the target for the first year, i.e. one month longer than anticipated. Some localities reached their targets before this, whereas some have yet to reach them. This in turn has put pressure on localities to reach the bigger target of 100 in each locality by March 2008.

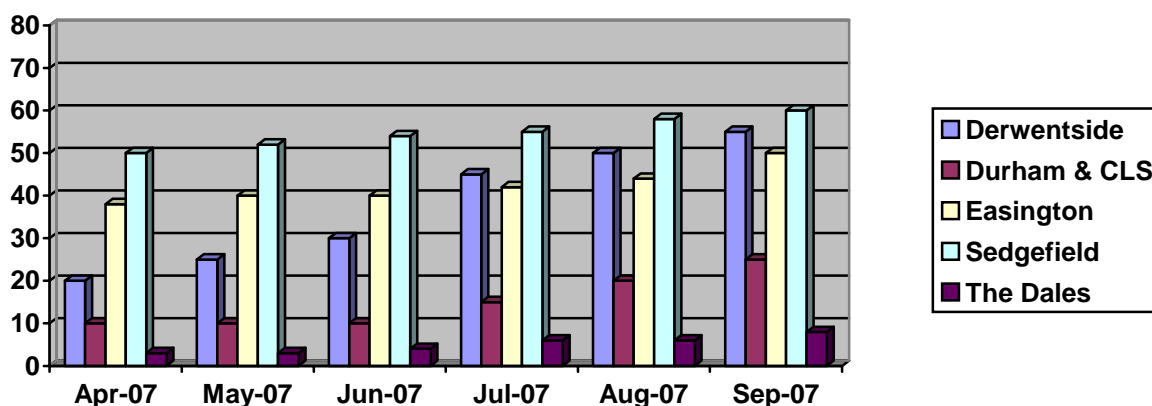


Figure 1: Numbers of Telecare users per month from April 07

Source: Community Alarm Services

It should be noted that these figures are for telecare funded through the PTG. Some of the localities already had many devices, which are now defined as telecare, already in use as part of their standard 'package' or in the case of Easington which had been funded through a shared budget set up with Adult and Community Services and the previous Easington PCT. These were notably smoke alarms in Sedgefield and smoke alarms, CO detectors and PIRs in Durham City and a range of telecare devices in Easington.

Implementation

The delay in starting was due to finalising the Service Level Agreements and the subsequent long delay in them being signed and returned. This was especially disappointing after the enthusiasm that had been shown from providers following the

successful Service Model and other pilots which had informed the commissioning method used in the Telecare Strategy.

We then experienced a disappointingly slow take up of the service for the first 6 months. This was put down to two main reasons. Firstly, community alarm services had to finalise their Supporting People contracts by April 2007 which meant they were unable to give telecare the dedicated time it needed to get it off the ground. This was coupled with the resistance to change of Social Care staff and the reluctance to consider telecare at the assessment stage and therefore few referrals were being made. This wasn't a problem exclusive to Durham but one purportedly encountered nationally.

A further contributory factor may have been the decision to delay the promotion of the service to the public. This was made so as to help those localities which had not had much previous experience, time to build up the necessary experience to cope with the demand that a marketing campaign may create. It is now acknowledged that a long lead time was needed to build up the necessary expertise.

After the slow start, the Telecare Policy Group asked localities to come up with their own local action plans. It was also suggested that each team should have their own 'Telecare Champion'. This has had a very positive effect and now momentum is really gathering.

Fair Access to Care Services

Another problem that proved to be a barrier, for the reason that it made referral pathways somewhat complicated, has been Fair Access to Care Services (FACS). Only Social Care staff can assess for FACS and Durham County Council have stipulated to that they can only deliver services to people assessed as being 'critical' or substantial'. This meant that referrals for telecare from other professionals had to go through Social Care Direct to be allotted to a Social Care team for a FACS assessment. This has been seen by our Health partners to be very time consuming, not cost effective (as the person is being assessed twice) and, for some, a slight on their professional ability. Social Care staff were also sceptical as they thought that this would considerably increase their work load. In Social Care's defence it can be argued that this was not time wasted as the person may have had other social care needs that would become apparent through an assessment. Now staff have become more familiar with the pathway this doesn't appear to be as much of a problem.

Another issue flagged up surrounding FACS was that it was limiting the service to a smaller percentage of older people who already had, in some cases, complex needs. People who are assessed as having moderate or low needs are signposted to our Home Independence Shops where they can see the Telecare devices demonstrated and are given details of their local provider to buy in as a private customer. However, it has been argued that this is not the most efficient use of resources as Telecare, which is seen as a preventative service, is being put in too late for a lot of service users who may already be at crisis point and on the verge of being admitted into residential care.

A further issue around FACS is around joint budgets. If Health is part funding Telecare then is it legitimate to only provide the service to those people who are critical and substantial?

Charging for Telecare

Much debate has taken place around the Charging Policy and whether Adult and Community Services should charge for the monitoring and response elements of the Telecare service. A letter was given to all new Telecare users explaining that a charge was being proposed and inviting them to write in with any comments. Only two letters were received, one stating that they had had the Telecare removed and the other disagreeing with the decision. 100 people underwent a financial assessment, in the same way as they would for home care, as to whether they would be eligible to pay. Out of 100 users assessed only 21 were eligible to pay. Although this was seen as still worthwhile the decision was deferred until the end of the grant period when the decision will also be made as to whether the service should be continued.

Training and Awareness

A series of briefing sessions were delivered during the first three months of the grant period. Training and Awareness sessions were repeated to reinforce the message and iron out any operational issues or teething problems. A monthly Telecare Newsletter has been produced which goes out to all relevant staff in social care, health and housing, including performance details and case studies as well as information on telecare products. Results of training evaluation can be found in Appendix X. The majority of people have asked for ongoing training and this is an area for further development to set up a formalised and standardised training programme.

Data Collection

Data collection has been sporadic. Especially disappointing was the lack of evaluation forms that were completed and returned. This has made evaluation that much more difficult and benefits and savings harder to evidence. The County may benefit from a Telecare management software package that is now available which can manage referrals, client information, and audit stock and generate reports, uniformly collating the evidence that is needed to successfully monitor the benefits and effectiveness of the service. However, this needs to be explored further to look into issues that could arise around duplication, compatibility and 'real' benefit as it may be that adequate data and evidence gathering should be achieved through normal contract monitoring and performance management processes.

Publicity

A Marketing Strategy is about to be implemented with the public. As stated above, it was decided to wait until any teething problems had been resolved before we publicised the service as we did not want to raise people's expectations or risk invoking a demand that we could not meet.

Equipment

A list of telecare devices which the Telecare Policy Group agreed to fund through the PTG was included in the Telecare Strategy. It stated that other devices may be added to the list as they became available. During 2007 two devices have been

added to the list, Just Checking and Memo Minders. These are both currently being piloted by the Mental Health teams.

Just Checking is an assessment tool which uses movement sensors to provide a 24 hour picture of activity of a person living in their own home. The chart is accessed via the internet. It also enables family carers to gauge when it is best to provide support, and to be able to step back when the person is managing well for themselves. Although it is a stand alone system, i.e. not connected to the community alarm service, it has proved especially useful with clients with dementia and can help to prescribe the most appropriate Telecare sensors from which a person will benefit.

Birmingham City Council is pursuing a policy of no admittance to residential care without first carrying out a period of monitoring using the Just Checking system.

In addition, the Telecare Policy Group also agreed that Sedgefield could use part of its PTG allocation to fund a Telehealth pilot. The Integrated Teams are using 12 Telemedcare units with 12 of their clients, mainly suffering from COPD.

A breakdown of Telecare devices used in each locality shows that the Fall Detector is till the most used device, with the Property Exit/ wandering device second and Bed sensor third.

Table 15: Numbers of Telecare Devices Used per Locality

Locality	CLS	D'side	Durham City	E'ton	S'field	The Dales	Total
Fall detector	19	24	17	18	32	3	113
Bed/ chair sensor	1	10	6		32	4	53
Property Exit		9	4	12	19	11	55
Smoke detector	16	6	2				24
CO detector	8		9		3		20
Temp extreme			6	1	1		8
Flood detector					17		17
Med. dispenser			4	1			5
Keysafe	4		6	3	7		20
Vibrating pillow/ Strobe light	2		2	16	4	1	25
PIR			4	3	1		8
X10					4		4
Pressure mat				2			2
LL/ Say phone	8		6	4	5		23
Memo Minder					1		1
Just Checking	1	5	2	2	1	4	15
Telemedcare					12		12
Totals	59	54	68	62	139	23	405

Source: Community Alarm services/ A&SC

Areas for Development

Feedback gained from the first 10 months of the Preventative Technology Grant period has helped identify certain areas for further development.

Table 16: Areas for development

Key area	Lead person/agency/forum for taking this forward
Develop a Business Case for Telecare and Telehealth.	Telecare Business Case Working Group.
Explore alternative commissioning models.	Telecare Business Case Working Group
Look at potential funding streams for future funding of the Telecare service.	Telecare Business Case Working Group/ Telecare Policy Group.
Develop more robust procurement arrangements for Telecare equipment to ensure best value.	Provider Group.
Revise Telecare documentation to make referral process more streamlined.	Policy & Planning Project Officer in conjunction with Telecare Implementation Groups and Telecare Policy Group.
Develop a formalised and standardised training programme.	Policy & Planning Project Officer.
Extend training and awareness programme to include Domiciliary Home Care staff and Hospital based staff.	Policy & Planning Project Officer.
Revise reporting mechanisms to gain a more consistent evidence base.	Policy & Planning Project Officer in conjunction with Telecare Implementation Groups and Telecare Policy Group.
Carry out some detailed work on more effective targeting of specific client groups.	Policy & Planning Project Officer in conjunction with Telecare Implementation Groups.
Further research into the wider use of Information and Communication Technologies to support older and vulnerable people in their own homes.	Policy & Planning Project Officer.

9. Conclusion and Recommendations

Conclusion

Despite a slow lead in time the Telecare Service in County Durham is starting to pick up momentum. Staff across the board are becoming more confident and are starting to consider telecare at the assessment stage and look at it as one of a range of preventative services that can be put in to help support some in their own home and potentially in some cases prevent them from going into residential care.

There is still more work to be done around 'fine tuning' of the service infrastructure in terms of refining documentation, developing a formalised and standardised training programme, finalising common protocols and producing literature for clients and their carers.

Fair Access to Care services remains an issue in terms of referral pathways and eligibility for the Telecare service, although there is little more that can be done to overcome this problem besides staff becoming more familiar with the referral process.

At the time of writing the Marketing Strategy is about to be implemented and it is anticipated that this should result in a surge in demand for the services. The decision to wait to go public was probably a prudent one in view of the teething problems that have been encountered over the past 10 months.

It is important that this work should continue and shouldn't stop through lack of evidence as this appears to be a generic problem across the country. What is important is that we develop more robust data collection processes in order to continually evaluate the service and build up our own evidence base.

Benefits to our service users are evident particularly in helping people to remain in their own home and preventing admission into residential care. The two groups that appear to produce the best outcomes are those who are at risk of falling and people with dementia.

The comments from carers leave no doubt to the benefits that the service can provide to them and this reinforces what has been found in previous pilots that Telecare can often prove most beneficial to informal carers in terms of carer respite and peace of mind.. Given that one of the most common reasons for Older People being admitted into residential care is carer breakdown, we cannot as care providers underestimate the importance of this point, as it is one that may often be over looked in calculating cost savings.

There appears to be little evidence at this stage in terms of evaluation from other Local Authorities on the use of the Preventative Technology Grant or Telecare in general with the exception of Kent and West Lothian as mentioned in the Cost Benefit Section. (See page 32). However, many Local Authorities have

commissioned external independent evaluations which should be available after the life of the grant.

There remains a steep learning curve in fully integrating telecare into mainstream services. However, there is still a lot of untapped potential in further technological developments and how they can improve our delivery of services. As the boundaries between social care, health and housing become more blurred and increasingly joint responsibilities are developed and worked towards, so the possibilities of how telecare, telehealth and the use of other Information and Communication Technologies can really provide holistic support to many of our service users, patients and tenants.

Recommendations

It is recommended that:

1. The Telecare service should be continued in 2008/09 to obtain sufficient evidence in order to accurately inform the planning process.
2. The remainder of the Preventative Technology Grant should be allowed to be carried over for 2008/09.
3. Current Service Level Agreements should be extended for another 12 months until April 2009.
4. A business case for Telecare should be developed to inform future financial planning and scope of the service.
5. A formalised and standardised training programme is developed.
6. Investment is made into Telecare specific posts to fully develop and make robust the necessary infrastructure in terms of training, training resources, Telecare assessments, Telecare protocols, literature, awareness and ongoing development of the service.
7. A decision should be made as to whether the Telecare/ Telehealth service warrants a dedicated strategy post April 2008 or whether it should be linked into other key strategies. This should be discussed by the Telecare Policy Group.
8. Funding models are explored in order to attract other possible funding partners/ streams such as the Acute Trust, Housing Providers, Supporting People, Continuing Care budget, etc..
9. Further work should be carried out on the wider application of Information and Communication Technologies in supporting older and vulnerable people in their own homes and how we can deliver services more effectively.
10. Providers carry out development work on the true cost of the service to inform the business case and future commissioning models.

APPENDICES

Appendix I

Telecare Policy Group

Name	Title
Adult and Community Services	
Keith Forster	Information Services Manager
Tracy Joisce	Countywide Commissioning Manager – LD/MH/SM
Della Kerr	Integrated Team Leader – The Dales
Caroline Molloy	Professional Lead Occupational Therapist
Pam Mills	People at Home and in Touch Project Officer
David Shipman	Countywide Commissioning Manager – Supporting People
Jenny Warren	Supporting People Project Officer
Geraldine Waugh	Divisional Commissioning Manager
Nick Whitton	Head of Service - Commissioning
District Councils	
Lisa Coverdale	Chester-le-Street District Council
Joy Dwyer	Durham City District Council
Linda Ogilvie	Easington District Council
Dennis Scarr	Sedgefield Borough Council
Lee Spraggon	Derwentside District Council
Paul Stevens	Chester-le-Street District Council
County Durham Primary Care Trust	
Les Grey	Service Improvement and Development Manager - Easington
Sue Lawson	Falls Co-ordinator and Professional Advisor to Community Equipment Services
Anthony Prudhoe	Joint Commissioning Manager
Julie Waterworth	Integrated Team Manager

Appendix II

Telecare Implementation Group Leads

Group	Contact person
Derwentside	Marie Carr Tel: 01207 218641 E-mail: Marie.Carr@derwentside.gov.uk
Durham & Chester-le-Street	Sue Lawson Tel: 0191 374 4181 E-mail: Sue.Lawson@durhamclspct.nhs.uk
Easington	Denise Slark Tel: 0191 370 8604 E-mail: denise.slark@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

Appendix III
Performance Management Framework for Telecare/ Use of PTG

Strategic Objective 1: To develop a sustainable, appropriate and responsive telecare service which can be commissioned to meet assessed health and social care needs.				
Performance Indicator	Data	Source	How do we get it	Frequency
Task 1: Establish and maintain Telecare Policy Group to plan for continuity of Telecare Service beyond the life of the grant.				
◆ Group established	No's of meetings held	Minutes	A&CS (DCM's PA).	Monthly to 6/07. Bimonthly from 7/07
◆ Attendance of relevant agencies at TPG meetings.	No's of people attending	Minutes	A&CS (DCM's PA).	Monthly to 6/07. Bimonthly from 7/07
Task 2: Communicating Strategy to partners				
◆ Telecare Strategy circulated to all stakeholder partners	No's of strategies distributed	PAHAIT Project officer	Numbers sent out recorded	One off
◆ Strategy put on Intranet and Durham County Council website.	No's of hits	Info to the Public Team	Request lodged	Monthly
◆ Strategy put on Co Durham PCT website.	No's of hits	PCT Press office	Request lodged	Monthly
◆ Strategy presented to relevant management/ steering groups	No's of meetings attended	PAHAIT Project officer	PAHAIT Project officer	One off
Task 3: Telecare Implementation Groups established in localities.				
Action plans developed.	Action Plans	TIG leads	E-mailed to DCM	One off
◆ Attendance of relevant people at TIGs.	No's of people attending	Minutes	TIG leads	Monthly

Performance Indicator	Data	Source	How do we get it	Frequency
◆ Targets set and achieved.	No's of people receiving telecare.	SSID CAS	MIT TIG reports/proformas	Monthly
Task 4: Telecare Operational Learning Group set up to share good practice.				
◆ TOLG meetings held	Case studies. Issues recorded. Lessons learned documented.	PAHAIT Project Officer	Minutes from Meetings	Quarterly
Task 5: Develop charging policy				
◆ Proposed charging structure agreed.	Report on charging	Operations Manager Business Support	Report to Telecare Policy Group	One off
◆ Letter drafted for consultation with service users	Letters distributed	SW	Letters given out at assessment with stamped addressed envelopes.	With each referral until decision finalised.
◆ Recommendations taken to Cabinet	Report	Operations Manager Business Support	Report to Cabinet	One off
Task 6: Business case for telecare produced and adopted by stakeholder partners.				
◆ Telecare Strategy signed up to by all stakeholder agencies.				One off
◆ SLAs signed and returned.	Signed SLAs	SLA signatories	Sent back to Contracts by all signatories.	One off
Task 7: Funding for Telecare included in LDPs, financial plans and mainstream budgets.				
◆ Telecare funding included in agency financial plans.	Financial plans	PCT	Stakeholder plans.	Annually

Performance Indicator	Data	Source	How do we get it	Frequency
Task 8: Providers to develop service infrastructure to meet increased demand over the next few years.				
◆ SLAs signed and returned outlining response protocols and provider responsibilities.	No's of telecare installations completed within 7 days.	CAS	SSID.	One off
◆ Number of telecare alerts actively responded to in each locality.	No's of active responses.	CAS	Quarterly reports.	Quarterly
◆ All SP Contracts finalised by April 07.	Signed contracts.	SP team		One off
◆ Resources put in to develop service.	Telecare co-ordinators in post.	CAS	Monthly reports.	As relevant.
◆ Procurement framework for Telecare technologies established.	PASA National Framework Agreement	PASA/ NHC	PASA website	As relevant
Task 9: Stimulate referrals for telecare.				
◆ Local Action plans implemented	Number of telecare services commissioned in each locality	SSID. CAS.	MIT. TIG reports/proformas.	Monthly
Task 10: Review processes in place.				
◆ Number of Telecare services reviewed in last year.	Telecare reviews carried out.	SSID CAS	MIT.	As requested.
Task11: Produce evaluation report to inform the business case.				
◆ Evidence from locality reports to be collated in evaluation report.	Locality reports including stats.	TIGS CAS	Brought to Telecare policy group.	Bi monthly

Performance Indicator	Data	Source	How do we get it	Frequency
Task 12: Review Strategy				
◆ Strategy revised	Revised documentation.	PAHAIT Project officer.	Sent out electronically. DCC website	Spring 2008
Strategic Objective 2: To develop an equitable telecare service which will demonstrate best value and be delivered by informed and skilled professionals.				
Task 1: Allocation of PTG				
◆ Consultation with partners on allocation of PTG.	Bids for PTG formulated and invited	A&CS	Submitted to A&CS.	One off.
◆ PTG allocated fairly across county.	Localities notified of successful bids	A&CS		One off.
◆ Process set up for reimbursement/accessing PTG.	Reimbursement proformas/ invoices.	CAS TIGs	Sent electronically to Information Service Manager.	
Task 2: Action plans developed and implemented in each locality.				
◆ Targets achieved in each locality.	No's of people receiving a telecare service in each locality.	SSID CAS	TIG reports to Telecare Policy Group	Quarterly
Task 3: Monitor uptake and effectiveness of service.				
◆ Comparable Telecare service available to people in all localities	No's of people receiving a telecare service in each locality.	SSID CAS	TIG reports to Telecare Policy Group	Quarterly
◆ SP contracts maximised in each locality.	No's of people on SP contract in each locality.	SP team CAS	SSID Request report from SP Team	As requested.

Performance Indicator	Data	Source	How do we get it	Frequency
◆ Calls to emergency services	No's of active responses handled by mobile wardens that would have gone to NEAS.	Data from CAS systems	TIG reports to Telecare Policy Group	Quarterly
Task 3: Effective targeting of potential users.				
◆ Enhanced training given to all appropriate teams.	Training sessions delivered	PAHAIT Project Officer	Arrange with PAHAIT Project officer.	As needed
◆ Presentations to relevant groups.	Presentations given	PAHAIT Project Officer	Arrange with PAHAIT Project officer.	As needed
Task 4: Managed performance and evaluate to see what is working well and where.				
◆ Data and stats collated and analysed.	All	All	Reports to Telecare Policy Group. SSID. CAS systems.	Ongoing.
Task 5: Monitor PTG spend.				
◆ Amount of PTG used	PTG Reimbursement invoices	CAS. Local TIGs.	PTG Reimbursement proformas sent back to Info services Manager.	Bi monthly
Task 6: Consultation exercise with service users carried out.				
◆ Surveys sent out to all telecare users	Returned survey forms	Quality & Performance team.	Report to Telecare Policy Group	Autumn 2007
Task 7: Training and Awareness sessions carried out with all appropriate staff.				
◆ Briefing sessions given to all social care and health professionals and other stakeholder partners.	Briefing sessions delivered	PAHAIT Project officer	Arrange with PAHAIT Project officer.	As needed.

Performance Indicator	Data	Source	How do we get it	Frequency
◆ Follow up sessions given	Follow up sessions delivered	PAHAIT Project officer	Arrange with PAHAIT Project officer.	As requested.
◆ Training Sessions evaluated	Questionnaires	PAHAIT Project Officer	Report to Telecare Policy Group	One off
Strategic Objective 3: To integrate telecare with and complement other support and preventative services in the county.				
Task 1: Make links/ develop pathways to other preventative services in the county, i.e. Falls services/ Handyvan schemes.				
◆ Telecare Pathway to include links to other services	Telecare Pathway	Telecare strategy	DCC website. Training sessions.	As needed
Task 2: Telecare to be considered as part of an intermediate package/ intensive home care package.				
◆ Integrate SAP documentation as part of holistic assessment	SAP documentation	SSID	MIT.	As requested.
◆ Telecare to be considered as service alongside other services as part of care plan.	Care plans	SSID	MIT.	As requested.
Strategic Objective 4: To enable people to be supported safely in their own homes wherever possible for longer, irrespective of tenure.				
Task 1: Develop a pathway that will enable owner occupiers to receive telecare as well as those in council or sheltered housing.				
◆ Percentage of people in own homes that have telecare to people in council/ sheltered accommodation	No's of people receiving telecare	CAS systems	Report to Telecare Policy Group	As requested
Task 2: Carry out a consultation exercise.				
◆ No's of people surveyed about telecare service incorporating quality of life measures.	No's of questionnaires returned	Quality & Performance team. CAS.	Report to Telecare Policy Group	Annually

Performance Indicator	Data	Source	How do we get it	Frequency
Task 3: Analyse response outcomes				
◆ People with telecare going into hospital after a fall compared with those without telecare.	No's of people going into hospital after a fall	CAS.	Report to Telecare Policy Group	Quarterly
◆ Comparison of calls to emergency services from people with telecare compared with those without	No's of 999 calls	CAS	Report to Telecare Policy Group	Quarterly
◆ Telecare alerts that result in an active response	No's of mobile warden call outs to a telecare device.	CAS	Report to Telecare Policy Group	Quarterly
Strategic Objective 5: To develop a business case for mainstreaming telecare services in order to identify cost benefits to inform the cost share of proposed pooled budgets.				
Task 1: Cost out different scenarios.				
◆ Average cost of common scenarios estimated.	Estimated costs	Evaluation forms	Report to Telecare Policy Group	One off
Task 2: Cost out actual scenarios.				
◆ Cost of actual cases identified.	Identified costs	Evaluation forms	Report to Telecare Policy Group	One off
Task 3: Cost benefit exercises carried out.				
◆ Unit costs and savings identified.	Unit costs	A&CS/ PCT/ CAS.	Report to Telecare Policy Group	One off
Task 4: Write evaluation report.				
◆ Evaluation report completed	Evaluation Report	PAHAIT Project officer	Report to Telecare Policy Group	One off

Performance Indicator	Data	Source	How do we get it	Frequency
Strategic Objective 6: To provide support to other vulnerable client groups and promote independence.				
Task 1: Carry out pilot with people with Learning Disability and evaluate.				
◆ Telecare piloted with PWLD	No's of PWLD provided with telecare	PAHAIT Project officer	Report to Telecare Policy Group	One off
◆ Consultaion with Service Users, staff and carers.	No's of staff, service users and carers consulted with on service.	Questionnaires	Report to Telecare Policy Group	One off
◆ Evaluation report completed	Evaluation report	PAHAIT Project officer	Report to Telecare Policy Group	One off
Task 2: Carry out pilot with Children with a Disability and evaluate.				
◆ Telecare provided to CWD	No's of CWD provided with telecare	PAHAIT Project officer	Report to Telecare Policy Group	One off
◆ No's of staff, service users and carers consulted with on service.	No's of staff, service users and carers consulted with on service.	Questionnaires	Report to Telecare Policy Group	One off
◆ Evaluation report completed	Evaluation report	PAHAIT Project officer	Report to Telecare Policy Group	One off
Task 3: Develop service models for telecare for these client groups.				
◆ Service models developed.	Relevant documentation	PAHAIT Project officer	Report to Telecare Policy Group	One off
Strategic Objective 7: To delay admission to residential care.				
Task 1: Identify target groups most likely to be at risk of going into residential care.				
◆ Percentage of people being admitted into res care who have had telecare in last year.	No's of people being admitted into res care who have had telecare	Evaluation forms	Report to Telecare Policy Group	Quarterly

Performance Indicator	Data	Source	How do we get it	Frequency
◆ People with long term conditions to be helped to live at home.	No's of people with long term conditions with telecare to be helped to live at home.	Evaluation forms	Report to Telecare Policy Group	Quarterly
◆ Proportion of older people supported to live in their own homes increased by 1% annually.	No's of people supported to live in their own homes who have telecare	Evaluation forms	Report to Telecare Policy Group	Quarterly
Task 2: Provide community based alternatives to Residential Care.				
◆ All health and social care staff able to commission telecare.	No's of telecare solutions available to commission.	SSID	Report to Telecare Policy Group	As requested
Task 3: Ensure that staff are aware of alternatives.				
◆ No's of staff trained for telecare awareness.	Briefing sessions delivered	PAHAIT Project officer	Report to Telecare Policy Group	As needed
◆ Views of staff of information provided on telecare solutions and what is available to them.	Completed training evaluation forms	Questionnaires	Report to Telecare Policy Group	As needed
Strategic Objective 8: To avoid hospital admission and assist hospital discharge.				
Task 1: Identify target groups most likely to be at risk of going into hospital.				
◆ People who are FACS critical with telecare package.	No's of FACS critical people with telecare package.	SSID	MIT	Quarterly
◆ People who have been discharged from hospital within last 3 months with a	No's of people who have been discharged from hospital within	SSID	MIT	Quarterly

Performance Indicator	Data	Source	How do we get it	Frequency
telecare package	last 3 months with telecare			
Task 2: Put in place fast track processes for installing telecare within 48 hours.				
◆ Telecare installed within 24 hours to assist hospital discharge	No's of people having telecare installed as part of a hospital discharge package	SSID	MIT	Quarterly
Strategic Objective 9: To improve countywide learning and produce a countywide evaluation which will inform future strategy.				
Task 1: Telecare newsletter produced and distributed to A&SC staff and also partner agencies.				
◆ 12 Telecare newsletters produced	No's of people receiving Telecare newsletter.	PAHAIT Project Officer	Distributed electronically	Monthly for first year then Quarterly
Task 2: Publicity/ marketing plan implemented.				
◆ Leaflets produced	No's of leaflets produced.	Info to the Public Team	Report to Telecare Policy Group	Sept. 07
◆ Leaflets distributed to agreed outlets	No's of leaflets distributed	Info to the Public Team	Info to the Public Team to arrange	Ongoing
◆ 10 articles printed per year for professionals	Articles printed	PAHAIT Project Officer	PAHAIT Project officer to arrange	Ongoing
◆ 5 articles printed per year for public	Articles printed	PAHAIT Project Officer	PAHAIT Project officer to arrange	Ongoing
◆ 1 campaign to the public run	Publicity Campaign	Info to the Public Team	Info to the Public Team to arrange	One off
◆ 1 week of messages on electronic message board.	Electronic message	Info to the Public Team	Info to the Public Team to arrange	One off
◆ 3 interviews per year		Lead officers	PAHAIT Project officer to arrange	As appropriate

Performance Indicator	Data	Source	How do we get it	Frequency
◆ 12 presentations to relevant local groups	Presentations delivered	PAHAIT Project Officer	PAHAIT Project officer to arrange	Monthly
◆ Video/DVD updated	DVD/ Video	PAHAIT Project Officer	PAHAIT Project officer to arrange	One off
◆ 4 Product information stands produced and exhibited at 100 outlets	Information stands	Info to the Public Team	Info to the Public Team/ PAHAIT Project officer to arrange	Ongoing
◆ 10 Internal news sheets produced	News sheets	PAHAIT Project Officer	PAHAIT Project officer to arrange	Monthly
◆ Publicity materials available to all relevant staff	Publicity materials produced	Info to the Public Team	Info to the Public Team to arrange	Ongoing
◆ 2 Articles in Focus		PAHAIT Project Officer	PAHAIT Project officer to arrange	Six monthly
◆ Conference to promote the work of Durham County Council nationally	Conference	PAHAIT Project Officer	PAHAIT Project officer/ Info to the Public Team to organise.	One off
Task 3: Benchmark with other Local Authorities				
◆ Benchmarking exercise with other LAs carried out	Report	PAHAIT Project Officer	Report to Telecare Policy Group	Annually
◆ Meet with other Shire Authorities	Meetings	PAHAIT Project Officer	Report to Telecare Policy Group	Six monthly
Task 4: Write Evaluation Report				
◆ Evaluation report completed and shared with stakeholder agencies.	Evaluation report	PAHAIT Project Officer	Report to Telecare Policy Group	One off

Appendix IV – Locality Action Plans

TELECARE IMPLEMENTATION GROUP ACTION PLANS

DERWENTSIDE

ACTIONS

- The group have discussed the poor take-up of Telecare devices following assessment. (Currently 15.6% of clients have declined). A possible reason for this may be due to Careline charging policy. Careline can provide the service free for some clients in receipt of benefits and will prioritise those with Telecare needs. (This is regardless of whether they rent or own their own home).
- Better information regarding Durham County Council's charging policy has been distributed to Adult and Community Services staff, and Notification of service Forms are to be amended to include Telecare Provision.
- Derwentside Intermediate Care Team, Careline and Derwentside District Council continue to explore the option of setting up an empty District Council Flat as an assessment facility using a range of assistive technologies.
- Response times to referrals have been inconsistent in Derwentside and Marie Carr of the District Council is to train the other Careline staff to undertake initial assessments to alleviate the problem of not providing a timely response.
- All teams involved are to continue to share performance up dates with practitioners.

TARGETS

- The group recognise that as Telecare is becoming part of mainstream care provision, the referral rate has increased and based on this trend has predicted a further steady increase over the next nine months. The group therefore aims to implement:
 - * 10 new Telecare services per month between May-July 07 making the number of clients in receipt of Telecare 50.
 - * 15 per month between August – October 2007 – making the total 95.
 - * 20 per month between November 2007 – January 2008 making the total 155

NB: One of the original goals of the group was 'to help at least 150 service users through Telecare services by the end of the 2007/08 financial year'. These projected figures are shared targets between all referring professionals – including social care staff, community wardens, intermediate care staff, community nursing staff and Community Matrons.

**DURHAM AND CHESTER-LE-STREET TELECARE IMPLEMENTATION GROUP
ACTION PLAN TO INCREASE THE UPTAKE OF TELECARE**

ACTION	RESPONSIBILITY	DEADLINE
1. Achieve the target of providing 100 clients with Telecare devices in 07/08. This will equate to 8 referrals per month	<ul style="list-style-type: none"> • Implementation group to promote and support services to incorporate Telecare provision within routine assessment 	Immediate
2. To formally launch Telecare locally through a one day drop in event for professional staff, which will include: <ol style="list-style-type: none"> a. Demonstrations of devices b. Poster displays c. A range of short sessions on the assessment process and referral pathway with reference to case studies d. Information packs 	Implementation Group	June 07
3. Raise public awareness as part of a County wide strategy	Co Durham Telecare Policy Group	
4. Raise professional awareness	<ul style="list-style-type: none"> • Meet with staff groups • Assessment prompts • Information sheets 	On-going
5. Community Alarm Services in Durham and Chester-le-Street to identify key workers with responsibility for Telecare. Identify training requirements	CAS	May
6. Review and simplify the referral process and pathway. Trial use of a revised referral form in Durham and Chester-le-Street that incorporates FACS	Implementation Group	May/June
7. That Health staff have access to communications including electronic newsletters	Pam Mills	Immediate

DURHAM DALES TELECARE LOCAL IMPLEMENTATION GROUP

PROPOSALS FOR INCREASING TAKE-UP OF TELECARE IN WEAR VALLEY AND TEESDALE

1. Appointment of 0.5 wte Telecare Champion within Carelink, to network with other organisations and to promote the use of telecare amongst both new and existing Carelink users and DCC service-users (total cost for 2007-8: £16,412). This person will have expertise in all aspects of Telecare.
2. Telecare Champion and other Implementation Group members to network with organisations and groups, including Primary Care Trust, Falls Clinics, Intermediate Care Team, Hospital Discharge Teams, Community Rehabilitation Team, Housing Associations, Review Team and Sensory Support Team, with the aim of raising awareness and stimulating demand.
3. Telecare Newsletter to be distributed to the above organisations, plus GP Practice Managers, Carers Centre, Age Concern, CABx, 2D, to raise awareness and interest in the service.

TARGET TAKE-UP FOR 2007/8

The original target for this year was 100 service-users. However, with the introduction of the Telecare Champion, our revised target is for 200 service-users, as follows:

First quarter	20
Second quarter	40
Third quarter	60
Fourth quarter	80
Total	200

Telecare Action Plan Easington Locality

Current Situation

The group advised that there are currently thirty Telecare users at present, but to date the PTG fund has not been used. There is only one referral outstanding for a gas detector, which should be resolved in the next two weeks.

Low Referral Rate

The group then discussed the possible reasons for the low referral rate since the introduction of the Telecare Procedure. Main reasons seem to be:

- Access to SSID.
- Referral process perceived to be “too complicated”.
- Nursing staff- no experience of “financial assessments”.
- No guidance for Intermediate Care users- services free for six weeks?
- Authorisation of referral.
- Review process.
- Key safes no longer available unless part of Telecare package.

Action Plan

- Training arranged for group 2nd May 2007 (Pam Mills).
- “Champions” to be identified from PCT, SC+H and Integrated teams to promote Telecare – May 07.
- “Champions” training to be arranged for May 07.
- Recruitment/apprentice of Telecare Worker – June 07.
- Following training a target of 3 Telecare referrals per week.

**Sedgefield Telecare Implementation Group
Action Plan
April 2007 – March 2008**

OBJECTIVE	ACTION	TARGET	HOW TO ACHIEVE ACTIONS	MONITORING	LEAD
To provide telecare services to 300 clients by March 2008.	<ul style="list-style-type: none"> • Consistent use of Fair Access to Care Services (FACS) criteria • To develop county system to allow referrals and assessment from non SC&H professionals • Develop data base to record both cumulative and through put use of service. 	Ongoing	<ul style="list-style-type: none"> • Communicate achievements re 57+ clients to date • Regular meetings of the multi-agency implementation group to monitor and evaluate progress • Supervision and appraisal • Ongoing training • Team meetings • Case management • Establish data analysis recording 	Performance Data Telecare Imp Group	All
	<ul style="list-style-type: none"> • Develop marketing strategy 	Ongoing	<ul style="list-style-type: none"> • Issue telecare newsletter • Identify marketing targets • Agree communication approach • Measure marketing success 	Telecare Imp Group	All
	<ul style="list-style-type: none"> • Implement telecare strategy 	Ongoing	<ul style="list-style-type: none"> • Training programme for staff • Supervision • Agree communication approach • Regular review of ongoing evaluation of telecare 	Telecare Imp Group	All

	<ul style="list-style-type: none"> Develop telehealth solutions within LTC management (subject to funding bid to county wide telecare group) 	Ongoing	<ul style="list-style-type: none"> Participate in pilot of telehealth 	Telcare Imp Group	I. Teams and Carelink
	<ul style="list-style-type: none"> Promote use of Carelink, Telecare and Telehealth 	Ongoing	<ul style="list-style-type: none"> Hospitals (discharge teams, OT. Physiotherapists) Community hospital GPs Allied health professionals Housing, RSL's, Neighbourhood wardens Further develop links with falls coordinators 	Telcare Imp Group Partnership SMG Performance Data	All

Appendix V

Dear

The council is considering how to charge for the provision of Telecare Services with a view to introducing charges in 2008.

The proposal is as follows:

A charge of £1.50 per sensor up to a maximum of £4.50 per week for a Monitoring and Response service. (This is on top of the standard Community Alarm charge, unless you have this paid by Supporting People).

Charges will be subject to a financial assessment to decide how much of the charge you can afford to pay so it is possible that:

- you may be assessed to pay the charge shown above;
- you may be assessed to pay part of the charge shown above;
- you may be assessed to pay nothing at all towards the cost.

If you already receive a home care service, any charges that you are paying will be taken into account when assessing your contribution to the cost of Telecare.

As part of the consultation, a financial assessment will be arranged. This will help us work out how many people will pay charges in the future.

The council would welcome your views on these proposals and if you want to make a comment you should write to: Telecare Charging, Adult and Community Services, County Hall, Durham, DH1 5UG and send back in the pre-paid envelope.

Yours sincerely,

Trevor Harding
Operations Manager (Business Support)

Appendix VI

ASMT – All

16th August 2007



Charging for Telecare

Report of Trevor Harding, Operations Manager Business Support

Introduction and Background

1. ASMT agreed in principle to charging for telecare on the following basis and subject to further analysis:
 - A charge equal to payment to Providers for Monitoring and Response with charge for provision in excess of 3 items i.e. for 2007/08 a charge of £1.50 per item per week, up to a maximum of £4.50 per week. This will increase in line with any further increase to providers.
 - A letter to be sent to existing users of Telecare, and to be given to new users by social work staff, explaining the proposals and seeking their views.
 - Financial assessments to be arranged on the understanding that the information was to be used to establish the feasibility of introducing charges from a future date.
 - In accordance with Fair Charging guidance charges would be for a full package of non-residential services.
 - An analysis of the information gathered and a further report to ASMT.

Consultation

2. One hundred referrals were made for financial assessments and it is assumed that each service user received the standard consultation letter.
3. Letters continue to be given to service users by social work staff.
4. Only two responses have been received from Service Users; one stating that they no longer have the equipment and the other simply stating that charges should not be introduced.

Analysis of Financial Assessments

5. The following summarises the 100 financial assessments

Equipment has been removed	13
Deceased	3
Moved to residential care	5
Ineffective visit	1
Refused a F.A. visit	4
Received home care and pay maximum assessed income	36
Assessed as nil charge	15
Agreed to pay full cost	2
Assessed to pay charges	21
	100

6. Of the 21 assessed as being able to meet charges the weekly amount payable ranged from £0.16 to £4.50 and the total weekly income would be £46.72 or £2,500 per annum.
7. I believe that the intention is for a gradual increase in provision with an estimated peak of 750 service users by April 2008. Using the analysis of the 100 financial assessments annual income of approx. £17,000 could be anticipated.
8. Only 5 of those assessed to pay charges were in receipt of home care services but were not paying their assessed maximum.

Administrative Costs

9. The cost of charging will fall into 2 categories
 - The cost of financial assessment
 - The cost of collecting charges
10. The 41 service users receiving home care will already have received a financial assessment and extrapolating the data, up to approximately 440 new financial assessments would be necessary. This could be managed with the existing workload of the team with the only cost being travelling to visits which benchmarking data suggest would be about £300 per annum.
11. Re-assessments will be largely automated with only small postage costs involved.
12. The administration of collection will be largely subsumed within existing resources and the additional unavoidable costs of postage, banking and swipe cards could be minimised with successful take up of direct debit payments. The annual costs could range from £500 to £1,000.

Summary and Conclusion

13. A sample of 100 service users is not large but as a proportion of the estimated total of 750 is sufficient to draw conclusions.

14. It is assumed that there will be turnover of service users but that the total of 750 will be reached and will continue to grow subject to a decision on the continuation of the service when the grant funding ends.
15. Based on the analysis it is probable that a net increase in income of £16,000 per year could be achieved which will increase should service users exceed 750.
16. ASMT are asked to indicate whether they wish to confirm the decision to charge for Telecare and for this report to go forward to Cabinet.

Contact: Trevor Harding **Tel:** 0191 383 4412

Appendix VII

SLA Responsibilities

Durham County Council Adult and Community Services agrees to:

- Work in partnership with other agencies to deliver, develop and evaluate the service.
- Agree to use common key documents to the countywide service.
- Assess and refer appropriate clients for the service.
- Use the agreed referral process for the service.
- Carry out joint assessments for specialist telecare assessment if appropriate.
- Authorise and commission the service from Sedgefield Borough Council if the advised solution from specialist telecare assessment is accepted.
- Enter telecare provisions on SSID (Social Services Information Database). This will ensure accurate recording and assist performance management and payments.
- Maintain Service Users as 'open cases' on SSID in order to trigger reviews.
- Carry out 6 weekly and subsequently 12 monthly reviews.
- Complete Telecare Evaluation Forms for new referrals and at review stages for performance management purposes.
- Inform partner agencies of any relevant change in Service User's circumstances, e.g. hospital admission etc.
- Reimburse agencies for expenditure incurred against the Preventative Technology Grant, on receipt of valid invoices and full details of all expenditure.
- Participate in quarterly joint learning meetings.
- Provide appropriate awareness and training for staff according to their roles.
- Provide relevant information / publicity to service users.
- Evaluate all usage of the Preventative Technology Grant.
- Call and host regular Telecare Policy Group meetings.
- Report findings of evaluations and any issues arising to the Older Person's Modernisation Group, Community Equipment Board and Challenge 9 Group.

The County Durham Primary Care Trust (Health) agrees to:

- Work in partnership with other agencies to deliver, develop and evaluate the service.
- Assess and refer appropriate clients for the service (as members of integrated teams).
- Use the agreed referral process for the service.
- Agree to use common key documents to the countywide service.
- Complete Telecare Evaluation Forms for new referrals and at review stages for performance management purposes.
- Inform partner agencies of any relevant change in Service User's circumstances, e.g. hospital admission etc.
- Participate in quarterly joint learning meetings.
- Provide appropriate awareness and training for staff according to their roles.
- Provide services free of charge if appropriate (e.g. Intermediate Care).
- Participate in Telecare Policy Group meetings.

Sedgefield Borough Council agrees to:

- Work in partnership with other agencies to develop and evaluate the service.
- Agree to use common key documents to the countywide service.
- Receive and act on referrals according to specified guidelines.
- Conduct specialist telecare assessments (may be a joint assessment with the referrer).
- Order the appropriate equipment once authorised.
- Install and program the telecare equipment or arrange installation by the approved contractor within the agreed timescales (see Appendix II for installation timescales).
- Provide maintenance and, if necessary, replacement of equipment.
- Provide monitoring of alarms initiated by telecare equipment 24 hours a day 7 days per week.
- Set up protocols for monitoring and response services, or follow existing protocols if already established.
- Initiate response protocols or procedures by responding to alarms, or by alerting the nominated / appropriate agency or carer to respond (see Appendix III for examples of Response Protocols).
- Provide an ongoing review of effectiveness of telecare equipment with service users.
- Appropriately recycle telecare equipment when a service is withdrawn, which may involve any cleaning or decontamination processes.
- Keep a suitably detailed audit trail of all equipment funded through the Preventative Technology Grant.
- Order and purchase the appropriate equipment as authorised.
- Monitor the telecare service, including keeping up-to-date records of all service users, what type of device they have and the required response should an alarm be activated. The Provider must also collect, record and analyse data for performance management purposes, such as recording alarm calls received, responses initiated and number of 'false alarm' incidents etc. (see Appendix XI of the Telecare Strategy).
- Use Preventative Technology Grant funding only for permitted uses. The Grant should be used to fund telecare technologies, and appropriate infrastructures, which can help support people in their own homes or supported living schemes. It should not be used to upgrade control centre technologies.
- Submit invoices and supporting documentation, in the form of an attached proforma (see Appendix IV), to Durham County Council for payment (as per Clause 15 - Method of Payment).
- Submit 6 monthly progress reports to the Locality Partnership Board and Telecare Policy Group.
- Provide appropriate awareness and training in order to enable all staff working on telecare to fulfil their roles effectively.
- Participate in quarterly joint learning meetings.
- Provide relevant information / publicity to service users and strive to promote and raise awareness of telecare.
- Continually review and revise protocols and procedures.

Appendix VIII

Groups Receiving Telecare Briefings

Group	Date
Derwentside Community Rehab. Team	4/10/06
Willington Integrated Team	11/10/06
Barnard Castle Integrated Team	11/10/06
Social Care Direct Team	18/10/06
Building Capacity group	24/10/06
Durham Integrated Team (Gillian Rochford's)	3/11/06
Good Practice Day – Social Care staff	13/11/06
Chester-le-Street District Nurses (Integrated)	16/11/06
Good Practice Day – Social Care Staff	21/11/06
Good Practice Day – Social Care Staff	28/11/06
Chester-le-Street Community Alarm Staff Training	4/12/06
Derwentside Community Alarm Staff Training	6/12/06
Durham City Community Alarm Staff Training	7/12/06
Mental Health Operational Group	8/12/06
Derwentside Intermediate Care Team	11/12/06
Easington Community Alarm Staff Training	13/12/06
Telecare Briefing Session – Priory House	4/1/07
Derwentside Integrated Team (Janice Luke's)	17/1/07
Sedgefield Integrated Teams – Green Lane	18/1/07
Easington Intermediate Care/ PHIT Teams	22/1/07
Sedgefield Integrated Teams – Green Lane	25/1/07
Sedgefield Integrated Teams – Green Lane	29/1/07
Telecare Briefing Session – Abbey Day Centre	30/1/07
Telecare Briefing Session – Auckland Hospital	7/2/07
Telecare Briefing Session – Priory House	8/2/07
Wear Valley Integrated Team(Debra Hartley's)	12/2/07
Telecare Briefing Session – Priory House	14/2/07
Easington PIT (Mike Smith's)	14/2/07
Review Team	27/2/07

Durham Integrated Team (Hilary Lee's)	28/2/07
Chester-le-Street Community Rehab. Team	15/3/07
Telecare Briefing Session – Priory House	26/3/07
North Durham Clinical Governance Meeting	27/3/07
Alzheimer's Group Briefing	1/6/07
Consett Mental Health Home Treatment Team	9/7/07
Easington Telecare Champions Training Day	19/7/07
Age Concern Older Person's Network Briefing	13/8/07
Durham and Chester-le-Street Training Day	20/8/07
Chester-le-Street Alzheimer's Carer Group Briefing	4/9/07
Age Concern Team Meeting Briefing	5/9/07

Appendix IX

Analysis of New Referral and Review Evaluation Forms

Pre assessment circumstances

Hospital discharge	0%
Crisis in the community	21%
Reassessment of need	45%
New client	41%

Although none were reported as hospital discharge, several were for discharge from residential care, but there was no box for this.

Aims of referring for Telecare as new referrals		Recorded Outcomes from Review Evaluation Forms	
Assist to remain in own home	76%	Assist to remain in own home	90%
Reduce accidents in the home	50%	Prevent admission into residential care	85%
Support long term condition	37%	Reduce accidents in the home	70%
Prevent admission to hospital	35%	Support long term condition	70%
Prevent admission into residential care	31%	Increase choice/ independence	55%
Support carer	21%	Support carer	55%
Increase choice/ independence	19%	Prevent admission to hospital	50%
Support hospital discharge	11%	Support hospital discharge	30%

Estimate of alternative service to reduce risk had telecare not been available at new referral

Increase home care hours	6%	Average 21 hours	
	Possible	No	Immediate
Hospital admission	31%		
Residential/ nursing care admission	39%		2%
Day care	2%	1 day	
Increased carer responsibility	14%		

Estimate of alternative service to reduce risk had telecare not been available at review

Increase home care hours		
	Yes	No
Hospital admission	25%	
Residential/ nursing care admission	25%	
Day care		
Increased carer responsibility	5% (Carer breakdown)	

Appendix X - Training Evaluation

Following on from the Telecare briefing session you attended, can you please take the time to fill in this questionnaire?

Q1. Did you find the briefing session useful?

Yes : 96%

No: 4%

Q2. Did you feel that you were given sufficient information on the following:

	Yes	Would like more clarification	Other comments
Background	82%	18%	
Telecare sensors	82%	18%	◆ Have been told about another device by ACM.
Eligibility criteria	70%	30%	◆ Would like more information.
Referral process	67%	33%	◆ Need this clarified. ◆ Could be streamlined better. ◆ Trainer did not seem aware of SSID/finance processes which staff have to use. ◆ Pathway seemed very complicated.
Assessment	85%	15%	◆ Would like this clarified.
Evaluation	75%	25%	
Charging	63%	37%	◆ Still mixed messages about charges for IC clients, etc., which were not clarified at the time.
Other			◆ If a person is on CityCare and needs a keysafe as part of a care plan, does this come out of telecare budget? ◆ Would probably not refer directly from our service (Wheelchair Service) but discuss with other therapist as appropriate.

Q.3 Did you find the Training Packs useful?

Yes : 96%

No: 4%

Q4. Have you referred anyone for telecare since the briefing?

Yes: 67%

No: 33%

If yes, how many?

Average of 2.3 each

Have you encountered any problems with referring for telecare? If so what were they?

- ◆ Usually over keysafes
- ◆ Wardens were as confused as us – only this week have finance changed the Lilacs.

Q.5: If you haven't referred anyone for the service, what would you say was the main reason?

Not considered use of telecare at assessment stage	
Not felt it was appropriate	89%
Not sure of referral pathways	
Don't feel as if you have enough knowledge about it	
Amount of documentation to fill in putting you off	
Any other reason?	11%

Q.6: Would you welcome any further training/ briefing on Telecare?

Yes: 82%

No: 18%

Q.7: If you answered yes, in what format would you find most useful?

More briefing sessions	45%
At team meetings	59%
By e-mail	18%
Training manual	32%
On-line training course	14%
Other	0%

Q.8: Have you seen and read the Telecare Newsletters and if so have you found them useful?

Yes: 52%

No: 22%

Found Useful: 26%

Would you like to add any further comments/ suggestions on how we can increase uptake of referrals?

- ◆ Would like some straightforward guidelines on how to access and costings, i.e. does the client have to have a 2nd piece of telecare equipment before it is free to the client, i.e. if a key safe only is requested and client is on City Care do they have to pay £50 for this equipment? I have various answers to this question.
- ◆ Work with surgeries.
- ◆ Too much paperwork now for a speedy response to a hospital discharge client. Staff confused over what to do/ how to refer/ how to get it onto SSID.
- ◆ Useful for me to be aware of what is available but therapists within wheelchair service would probably not refer – would be involved in discussions with other therapists involved. And useful to be able to direct users of the system to contacts if any problems or queries arise whilst visiting.

Telecare Training Day Evaluation

Q1. Did you find the training session useful?

Yes : 100%

No: 0%

Q2. Did you feel that you were given sufficient information on the following:

	Yes	Would like more clarification	Other comments
Background	100%	0%	Very informative/ useful.
Telecare sensors	94%	6%	Good to have demonstrations.
Eligibility criteria	88%	12%	
Referral process	91%	9%	.
Assessment	91%	9%	
Evaluation	97%	3%	
Charging	82%	12%	When charging decided.
Other			

Q.3 Did you find the Training Packs useful?

Yes : 100%

No: 0%

Q4. Have you referred anyone for telecare since the briefing?

Yes: 41% No: 58%

If yes, how many?

Average of 2.3 each

Have you encountered any problems with referring for telecare? If so what were they?

- ◆ BT lines not installed.

- ◆ People in Housing Association properties.
- ◆ No problems – very efficient service.
- ◆ About the payment.
- ◆ Referral process.

Q.5: If you haven't referred anyone for the service, what would you say was the main reason?

Not considered use of telecare at assessment stage	6%
Not felt it was appropriate	9%
Not sure of referral pathways	9%
Don't feel as if you have enough knowledge about it	20%
Amount of documentation to fill in putting you off	0%

Q.6: Would you welcome any further training/ briefing on Telecare? **Yes: 76% No: 24%**

Q.7: If you answered yes, in what format would you find most useful?

More briefing sessions	35%
At team meetings	41%
By e-mail	32%
Training manual	11%
On-line training course	9%

Q.8: Have you seen and read the Telecare Newsletters and if so have you found them useful?

Yes: 44%

No: 47%

Found Useful: 33%

Would you like to add any further comments/ suggestions on how we can increase uptake of referrals?

- ◆ Increase awareness of the service with hospital staff. E.g. physiotherapists
- ◆ I think the current system is a little confusing, hopefully this will become clearer over time. I also think that there is a lot of paperwork. More training (in staff meetings) about what each product does and if they are available in this area.
- ◆ Never heard it discussed in the teams – need to access team meetings to get across.
- ◆ Make sure that wardens visiting get some training.
- ◆ Streamline referral system – allowing nurses to refer direct.

Appendix XI - Provider Views

A questionnaire was sent to all Telecare Coordinators or mobile wardens who had experience of installing telecare.

REFERRAL PATHWAY

Q1. What has been your experience of the referral pathway for telecare?

	Yes	No
Straightforward	37%	
Needs streamlining	12%	12%
Too complicated		12%
Getting easier with experience	75%	

Do you have any suggestions on how we could make it better?

- ◆ More joint assessments with social workers
- ◆ More communication between services, i.e. social services, modern matrons, etc..
- ◆ Less paperwork.

ASSESSMENT

Q2. Did you feel that you were given sufficient training/ knowledge to assess the needs of potential users?

Yes	88%	No	12%
-----	-----	----	-----

Q3. Have you carried out any joint assessment with referrers?

Yes	75%	No	25%
-----	-----	----	-----

Q4. If yes, did you feel that this was beneficial in recommending the most appropriate telecare solution?

Yes	100%	No	
-----	------	----	--

Q5. If clients have refused telecare what has been the most common reasons? (Please tick as many as you think appropriate)

They think the equipment is too intrusive	25%
Worried about the cost	50%
Feel it's too late to help with their situation	25%
Feel they are OK without it	88%
Can't be installed because of problems with furniture, e.g. mattress too thick	88%
Lack of understanding of telecare	50%

✚ TRAINING AND AWARENESS

Q6. Did you feel that you were given sufficient training on the following:

	Yes	No	Would like more clarification
Telecare sensors	75%	25%	12%
Eligibility criteria	88%		12%
Referral process	88%		12%
Assessment	88%	12%	
Evaluation	75%	25%	

Q.7: Would you welcome any further training/ briefing on Telecare?

Yes	100%	No	
-----	------	----	--

Q.8: If you answered yes, in what format would you find most useful?

More training sessions	88%	<ul style="list-style-type: none"> ◆ Ongoing ◆ All training is welcome
At team meetings	12%	
By e-mail	-	
Training manual	88%	
On-line training course	-	
Other	12%	Hands on

Q.9: Have you seen and read the Telecare Newsletters and if so have you found them useful?

Yes	75%	No	25%
-----	-----	----	-----

Found useful	75%
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Q.10: Have you attended any of the following groups and if so have you found them beneficial?

Group	Yes	No	Found beneficial
Telecare Policy Group		100%	
Local Telecare Implementation Groups	50%		50%
Telecare Operational Learning Group	62%		62%
Telecare Provider Group	50%		50%

✚ INSTALLATION AND PROGRAMMING

Q.11: Do you feel confident when installing and programming telecare equipment?

Yes	88%	No		Not Sure	12%
-----	-----	----	--	----------	-----

Q.12: Have you experienced any problems when installing and programming telecare equipment?

Yes	88%	No	12%
-----	-----	----	-----

If you answered yes can you briefly summarise what were they?

- ◆ Sometimes have electric beds or hospital beds with latts.
- ◆ With bed sensors – if client is frail then insufficient weight to activate.
- ◆ Difference in weight and thicknesses of mattresses.
- ◆ Sensors could be easier to install, e.g. door exit sensors.
- ◆ Usually bed sensors if specialist mattresses are used or if a client is very light.
- ◆ Bed sensors aren't always picking up people in bed even on lowest setting due to people's weight or mattresses being very thick or very thick or old.
- ◆ Using the palm pilot to programme the bed sensor.
- ◆ Not knowing that certain sensors will lonely work with newer Lifelines, e.g. medication dispenser.

🚦 MONITORING AND RESPONSE

Q.13: Have you experienced any problems around the monitoring and response side of the service?

Yes	37%	No	62%
-----	-----	----	-----

If you answered yes, what were they?

- ◆ Medication dispenser – more compatible with LL 4000+ to monitor a missed dosage.
- ◆ Have occasions when carers or social workers have experienced sensors not always reliable, e.g. door exit sensors have not registered door open.
- ◆ Due to Monitoring and Response being in a different department we don't always get to know when there has been an incident or people going into of coming home from hospital.

🚦 RELATIONSHIPS WITH STAKEHOLDER PARTNERS

Q.14: How would you describe your relationship/ communication with the following?

	Excellent	Good	Poor	Comment
Social Work Staff	25%	75%		
Health staff	12%	88%		
Suppliers	25%	75%		
Clients	25%	75%		

Do you have any other comments that might help to further develop/better the service?

- ◆ Information packs for clients.
- ◆ Leaflets for clients.
- ◆ Need more advertising.
- ◆ Advertising in local newspapers/ monthly drop in centres.
- ◆ It would help if we had some booklets to pass to clients to explain all about telecare and the way it works.
- ◆ More working groups with other authorities would be useful.
- ◆ I believe that everyone is now beginning to understand the process of preventative technology and how each individual device which has a specific purpose works. It is also helpful to understand the installation procedures and protocols and to understand that installations are not always straight forward.
- ◆ Suppliers listening to what issues there are with some sensors and which don't work and why.
- ◆ Understanding charging policy.

Appendix XII

Pro-forma for reimbursement of expenditure incurred against the Preventative Technology Grant

Provider Name:													
Contact Name:								Telephone No:					

Month:	Jan-07	Feb-07	Mar-07			Apr-07		Jun-07	Jul-07	Aug-07		Oct-07	Nov-07	Dec-07
	Jan-08	Feb-08	Mar-08											

Quarter:	Jan- Mar 07	Apr-Jun 07	Jul-Sep 07	Oct-Dec 07	Jan- Mar 08
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Service User	Telecare Devices	Telecare Devices - cost	Installation by CAS	Installation by contractors	Service & Maintenance	Telecare Monitoring and Response (wks)	Cost
						Total Cost	

Signature of Authorising Commissioning Manager:

Please send this invoice to: Keith Forster, Information and Communications Services Manager, Adult and Community Services,
County Hall, Durham, DH1 5UG, or by e-mail to keith.forster@durham.gov.uk

Appendix XIII – Telecare Survey for Service Users

You and your home

Some of the people who returned forms live with spouses. Most, however, live alone.

Do you live ...

	Number	Percentage
With your husband / wife / partner?	8	18.6
With other family members?	1	2.3
Alone?	33	76.7
Other	1	2.3
Total	43	100.0
Don't know / missing	5	

There's a fairly even split between owner-occupiers and council tenants.

Do you ...

	Number	Percentage
Own your own home?	18	41.9
Rent from the Council?	20	46.5
Rent from a housing association?	3	7.0
Rent privately?	2	4.7
Total	43	100.0
Don't know / missing	5	

Only just over a quarter of people who filled in a form said that they did so themselves, without any help.

Please tell us who filled in this form

	Number	Percentage
I did	12	26.7
I did - but someone helped me	7	15.6
Someone else filled it in on my behalf	26	57.8
Total	45	100.0
Don't know / missing	3	

Awareness of Telecare

Most people told us that it was their social worker who told them about Telecare. Around 10% said it was a friend or relative. A few said a district nurse told them. Four people, meanwhile, told us that an "other" person told them – one said it was a warden, one said an OT, one said a doctor and one said "City Care".

How did you first hear about Telecare?

	Number	Percentage
Social Worker	32	72.7
District Nurse	3	6.8
Friend / relative	5	11.4
Other	4	9.1
Total	44	100.0
Don't know / missing	4	

Over two-thirds of people said that they knew "nothing" about Telecare before they had it installed. Only one person said that they knew "a lot".

How much did you know about Telecare before you had it installed?

	Number	Percentage
A lot	1	2.4
A little	12	28.6
Nothing	29	69.0
Total	42	100.0
Don't know / missing	6	

Having Telecare Installed

Nearly everyone was happy with the way that Telecare was installed.

Were you happy with the way that Telecare was installed?

	Number	Percentage
Yes	39	92.9
Partly	2	4.8
No	1	2.4
Total	42	100.0
Don't know / missing	6	

Although most people had said that they knew "nothing" about Telecare *before* it was installed, once it was installed, the Mobile Warden / Engineer explained to them how it worked.

When the Mobile Warden / Engineer came to install Telecare, did they explain how it worked?

	Number	Percentage
Yes	43	97.7
No	1	2.3
Total	44	100.0
Don't know / missing	4	

Using Telecare

Just under half of people said that there'd been an occasion (e.g. a fall) when Telecare had been needed.

Have you had any situations where Telecare has detected a problem (such as a fall)?

	Number	Percentage
Yes	19	47.5
No	21	52.5
Total	40	100.0
Don't know / missing	8	

Almost everyone said that the response was "quick" ...

If "yes" ... was the response quick?

	Number	Percentage
Very quick	13	76.5
Quite quick	3	17.6
Quite slow	1	5.9
Very slow	0	0.0
Total	17	100.0
Don't know / missing	2	

... and everyone said that it resulted in "a good outcome".

If you have had situations ... did it result in a good outcome for yourself?

	Number	Percentage
Yes	18	100.0
No	0	0.0
Total	18	100.0
Don't know / missing	1	

15 people were "very happy" with the response and 2 people "quite happy".

Two people, however, were "very unhappy". One described problems with keys ("Crook Council ... had lost my key and could not enter house"). The other person said that "... all in all I felt very let down by the service. Should I have another fall I would hope that response was different" (we had a quick look at SSID and couldn't find any evidence of a fall so you might need to treat this comment with caution?)

Overall, how happy were you with the response?

	Number	Percentage
Very happy	15	78.9

Quite happy	2	10.5
Not very happy	0	0.0
Very unhappy	2	10.5
Total	19	100.0

Nearly half of people said that they'd had false alarms. Over a quarter said that they'd had "several".

Since Telecare has been installed, have you had any "false alarms"?

	Number	Percentage
Yes - several	13	28.9
Yes - just one	8	17.8
No	24	53.3
Total	45	100.0
Don't know / missing	3	

8 people said that they'd had other problems:

- "I drop it occasionally".
- "There was a fault with the machine but the mobile warden attended very quickly and sorted the problem".
- "Don't always know which phone to use. Get confused".
- "Belt keeps coming off".
- "Problem with timer switch on light. Had to have a new dimmer as one installed was faulty".
- "At first it went off all day (intruder alarm) but we got the engineer to take off the intruder alarm and leave the wander alarm settings on. We think it might not alter with the change of clocks in October and March. In new editions, it would be good if this could automatically adjust".

Since Telecare has been installed, have you had any other problems with it?

	Number	Percentage
Yes	8	17.4
No	38	82.6
Total	46	100.0
Don't know / missing	2	

Benefits of Telecare

When asked, most people agreed that Telecare had helped them carry on living at home, that it had given them greater peace of mind and that it helped them feel safer.

Has Telecare helped you to carry on living at home?

	Number	Percentage
Yes - a lot	27	62.8
Yes - a little	14	32.6
No	2	4.7
Total	43	100.0
Don't know / missing	5	

Has Telecare given you greater "peace of mind"?

	Number	Percentage
Yes - a lot	32	78.0
Yes - a little	7	17.1
No	2	4.9
Total	41	100.0
Don't know / missing	7	

Has Telecare helped you to feel safer?

	Number	Percentage
Yes - a lot	31	77.5
Yes - a little	8	20.0
No	1	2.5
Total	40	100.0
Don't know / missing	8	

When we asked if there were any *other* benefits to Telecare, several people repeated that Telecare gave them “peace of mind”.

When asked if there were any *disadvantages* to Telecare, two people complained about false alarms – “mother is ... always knocking the button”, “it doesn’t work properly and I am constantly being woken up with strange men in my room which is frightening”.

Overall

Over 90% of people said that Telecare was “excellent” or “very good”.

Overall, what do you think of Telecare?

	Number	Percentage
Excellent	19	45.2
Very good	20	47.6
Fair	2	4.8
Poor	0	0.0
Very poor	1	2.4
Total	42	100.0
Don't know / missing	6	

We asked if there were “any other comments that you want to make about Telecare”. Only a few people made comments.

One wanted to “thank ... everyone involved in providing and installing and monitoring the system. I really do appreciate and am grateful for the opportunity to have father benefit from the service”.

Another commented that “Telecare is so successful in Durham City because of the excellent warden system which backs it up. It would be of little value if this service was poor”.

Appendix XIV – Telecare Marketing Strategy Action Plan

Action	Audience	Performance Indicator	Timescales	Person(s)/ agency responsible	Costings
Production of information leaflets	Members of the public Service Users Carers Social Care Staff Partner organisations Members	Leaflets produced Leaflets distributed to agreed outlets	September 2007	P. Mills L. Lindsay	£3,500
Submit articles to relevant newsletters for professionals and partner organisations	Staff Magazine Focus PCT staff newsletter District Council staff newsletters	10 articles printed per year	Ongoing	P. Mills	Nil
Submit articles to relevant publications for members of the public	Countywide Carers Echo PCT District Council newsletters x 7 Valuing People Northern Echo series	5 articles printed per year	Ongoing	P. Mills A&CS Marketing Team District Councils	Nil
Publicity campaign (back of buses, billboards etc.)	Members of the public	1 campaign run	To be agreed	P. Mills A&CS Marketing Team	£2,500
Electronic Board message (CountyHall)	Members of the public	1 week of messages	To coincide with back of buses campaign	P. Mills L. Lindsay	Nil

Submit articles to local radio	Radio Durham TFM Newcastle Sun FM Alpha Radio	3 interviews per year	Ongoing	N. Whitton G. Waugh P. Mills	Nil
Give presentations to relevant local groups	Members of the public Service Users Carers Social Care Staff Partner organisations Members	12 x per year	Ongoing	P. Mills	Nil
Update Video/DVD	Local groups Staff Partner organisations GP surgeries Members	Video/DVD updated	January 2008	P. Mills	£5,000
Product information stands (x 4)	Public Partner organisations Staff Members	Stands produced Exhibit at 100 outlets	Ongoing	L. Lindsay P. Mills	£2,000
Internal news sheet	All frontline staff Partner organisations Members	10 x per year	Ongoing	P. Mills Other partners	Nil
Awareness and Training Sessions	All frontline staff Partner organisations Members	20 per year	Ongoing	P. Mills	Nil
Giving staff access to promotional materials	All frontline staff Partner organisations	Publicity materials available to all relevant staff	September/October 2007	P. Mills	£300

Create telecare intranet pages- to include evaluation reports, frequently asked questions	All frontline staff Members DCC staff	Pages created	Ongoing	Public Information Section / P. Mills	Nil
Articles in Focus	Durham County Council staff Members	X 2 per year	Ongoing	Commissioning Managers/ P.Mills	Nil
Conference to promote the work of Durham County Council nationally	Other Local Authorities DCC senior staff Adult and Community Services staff Members	1 conference held	June 2008	Sponsorship Development Officer/ P. Mills	Self financing

Appendix XV

Revenue Implications For DCC from 1/4/08 re: Implementation of Telecare using PTG

	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7	Scenario 8	Scenario 9
Average No. of Devices per service user	1	2	3	1	2	3	1	2	3
Number of Service users receiving Telecare	750	750	750	500	500	500	250	250	250
Ongoing Costs									
Weekly charge for Monitoring and Support per Telecare Device	£1.50	£1.50	£1.50	£1.50	£1.50	£1.50	£1.50	£1.50	£1.50
Annual Servicing Charge	£8	£8	£8	£8	£8	£8	£8	£8	£8
Weekly charge for Telecare Service Users, not on SP, who require CAS (10% of Service users)	£3.50	£3.50	£3.50	£3.50	£3.50	£3.50	£3.50	£3.50	£3.50
Revenue Cost Projection at start of 08/09	£72,265.38	£130,880.77	£189,496.15	£48,176.92	£87,253.85	£126,330.77	£24,088.46	£43,626.92	£63,165.38
Weekly charge for Telecare Service Users, not on SP, who require CAS (20% of Service users)	£3.50	£3.50	£3.50	£3.50	£3.50	£3.50	£3.50	£3.50	£3.50
Revenue Cost Projection at start of 08/09	£85,915.38	£144,415.38	£202,915.38	£57,276.92	£96,276.92	£135,276.92	£28,638.46	£48,138.46	£67,638.46

Number of Service Users who would need to be prevented from Residential Care Admission to re-coup costs of Telecare									
Approx net weekly cost to Durham County Council	279.2	279.2	279.2	279.2	279.2	279.2	279.2	279.2	279.2
Annual Cost	14518.4	14518.4	14518.4	14518.4	14518.4	14518.4	14518.4	14518.4	14518.4
No of Full year prevented Admissions (10% funding for CAS)	4.98	9.01	13.05	3.32	6.01	8.70	1.66	3.00	4.35
No of full year prevented Admissions (20% funding for CAS)	5.92	9.95	13.98	3.95	6.63	9.32	1.97	3.32	4.66