



# Innovations and evidence collected from Councils with Social Services Responsibility (CSSRs) in England

Research carried out by  
Tunstall marketing department  
Contact: Ali Rogan, Marketing Director, 01977 661234

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## Contents

Barnsley Metropolitan Borough Council.....	3
Bedfordshire County Council .....	5
Buckinghamshire County Council .....	7
Cheshire County Council .....	11
Derby City Council .....	13
Essex County Council .....	14
Herefordshire County Council.....	16
Knowsley Metropolitan Borough Council .....	20
London Borough of Lewisham .....	22
Milton Keynes Council.....	23
Nottinghamshire County Council.....	24
Plymouth City Council .....	26
Sefton Metropolitan Borough Council .....	28
Slough Borough Council .....	30
Sunderland City MBC.....	32
Walsall Metropolitan Borough Council .....	34
York City Council.....	35

## **Barnsley Metropolitan Borough Council**

**Customer:** Barnsley Metropolitan Borough Council

**Completed:** 14 December 2007

**Contact:** Paul Higginbottom, Business Manager for Social Services

**Tel:** 01226 776342

**Email:** paulhigginbottom@barnsley.gov.uk

### **Project / service overview**

Barnsley's telecare strategy is focusing on a number of areas including people at risk from falls, those suffering from early signs of dementia, those requiring additional safety in the home and people in need of medication reminders.

Barnsley's plan is to fund a number of developments to support people with dementia, including door opening and closing warnings, linked to Central Call, fridge door alarms (to signal if the person may not be eating), temperature extreme monitors, flood detectors, gas detectors/shut-off valves and medication detection alerts. Recently Barnsley has also worked with the Memory Team, focussing on using telecare to aid in medication compliance.

The target is to achieve 750 new telecare users over the two years of the grant. There are currently 300 installations, with 125 being what Barnsley describes as substantial telecare packages i.e. more than 3 sensors. Four main telecare packages have been designed for different conditions, with additional options available to suit individuals.

Referrals originally came from the falls and intermediate care teams, but have since grown and now come from a wide spectrum of the care infrastructure.

Referrals have been sourced from a number of different areas. This has been facilitated by numerous training and development courses carried out to the following teams:

- Community care and hospital teams
- Specialist falls teams
- Memory support and mental health teams
- Age concern
- Acute hospital teams
- PCT

A partnership has been developed with Barnsley Stay Put, Barnsley's third sector non-profit organisation to carry out Telecare installations alongside the South Yorkshire Fire and Rescue partnership. Installations are carried out weekly on a rota basis within 7 days of referral being received.

<b>Objectives</b>	
<ul style="list-style-type: none"> <li>• Reduce the need for residential care</li> <li>• Unlock resources</li> <li>• Increase choice and independence</li> <li>• Support hospital discharge</li> <li>• Reduced impact on informal carers</li> <li>• Contribute to managing long term conditions</li> <li>• Reduce acute hospital admissions</li> <li>• Reduce accidents and falls</li> </ul>	
<b>Results</b>	
<ul style="list-style-type: none"> <li>• Early Results are an increase in intermediate care numbers passing through from hospital discharge teams and a continuing reduction in bed blocking numbers</li> </ul>	
<b>No of connections @ January 2008</b>	300
<b>Quotes/ Case Studies</b>	
<p><b>Case Study 1</b></p> <p>Mrs X is in her 80s and prone to falling. She has a telecare package installed which includes a bed sensor. On one particular occasion, she fell and was unable to get up and call for help. Within 15 minutes her bed sensor was activated and a call was sent through to the Central Call who then sent help immediately. Within 45 minutes the response team attended and where able to put Mrs X back to bed. Without this package the service user would have been left without help for 8 hours until home care arrived. Research has proven that any lay time over 1 hour of having a fall leads to high risk of residential care and longer recovery time, additionally the amount of hospital bed days further to a fall are reduced by a quick response.</p> <p><b>Case Study 2</b></p> <p>Bogus caller alerts enable service users to raise an alert to Central Call if they suspect that a caller may be trying to gain entry to their property. These alerts offer reassurance for service users who are at risk due to living alone, social isolation and fear of crime.</p> <p>Mrs X, a retired BMBC warden was referred for a bogus caller package due to the loss of her husband and a subsequent robbery to her home. This left Mrs X living alone who was now socially isolated and at fear of crime due to the area.</p> <p>Mrs X daughter contacted Central Call as she was concerned for the safety and well-being of her mother due to a rise of crime in the area and cold calling.</p> <p>A bogus caller package was installed and the service user had enhanced confidence in her own home.</p> <p style="text-align: right;">Available from Paul Higginbottom</p>	
<b>Evaluation report available</b>	<b>Due April 2009</b>
I would be willing to provide client information for press interview purposes	<b>YES</b>
I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <a href="http://www.jitscotland.org.uk">http://www.jitscotland.org.uk</a>	
- all information above	<b>YES</b>
- anonymous summary information, eg Local Authority in South West	<b>YES</b>

## Bedfordshire County Council

**Customer:** Bedfordshire CC / Aragon Housing

**Completed:** January 2008

**Contact:** Helen Edwards

**Tel:** 01525 840505

**Email:** helen.edwards@aragon-housing.co.uk

### Project / service overview

Aragon Housing is the preferred supplier / provider of telecare across the county of Bedfordshire. The telecare service has been set up to:-

- Support older people by allowing them to live independently in their own homes
- Prevent accidents and unnecessary hospital admissions
- Delay or reduce the need for people to move into residential care.

The service is available to anyone over 60, free of charge, and all monitoring is done by North Herts Careline.

Anyone under 60 who has a need for telecare services goes through an allocation panel, via a social worker, where the need for assistance is assessed. This is currently being piloted as it is believed that demand would be high if adequately promoted. The outcome of the pilot will inform future funding levels.

A telecare package consists of a Lifeline Unit and sensors. Aragon Housing are providing joint assessments with Home Care teams and they work closely with multi agencies and social services to generate referrals.

Discussions are taking place with regard to future funding and Supporting People is involved.

In the future Bedfordshire County Council is looking to provide the service to people with Physical Disabilities of any age, and are looking at a pilot project to provide telecare for people with Learning Disabilities.

Telecare awareness is ongoing and steering groups are being set up to drive forward awareness. This will form the starting point for the supply of telehealth, but not within 18 months.

NOTE – all promotional material must include Bedfordshire CC

### Objectives

- To enable people to remain at home for as long as possible
- Reduce hospital admissions & residential care admissions
- Reduce the level of home care package
- Report on findings
- Facilitate early hospital discharge

<b>Results</b>	
<ul style="list-style-type: none"> <li>• Increased referrals from 30 clients to 320 since Jan 07</li> <li>• 10 referrals a week</li> <li>• Average 30 new clients a month</li> <li>• One user remained at home for 16 months cost circa £500 v Residential Care £34,500 – <b>TOTAL SAVING estimated in the region of £34,000</b></li> <li>• An older lady with dementia has been kept out of residential care for 16 months by deploying a telecare package. The monitoring centre has prevented her from wandering in 87 out of 90 occasions in 3 months.</li> <li>• A lady with severe epilepsy who lives with her mother as a full time carer has been given greater independence. A telecare package, including an epilepsy sensor connected to a pager, alerts her mother if she has a seizure, who does not have to be on hand 24 hours a day anymore.</li> </ul>	
<ul style="list-style-type: none"> <li>• County wide service preferred supplier</li> </ul>	
No of connections @ Jan 08	
<ul style="list-style-type: none"> <li>• 320 telecare connections plus</li> <li>• 1000 connections made up of Lifeline service and the retirement schemes</li> </ul>	
<b>Quotes</b>	
<ul style="list-style-type: none"> <li>• <b>Family</b> – It's very reassuring, knowing that I will be alerted if my daughter needs me. I'm sleeping much better – The solution is brilliant</li> <li>• <b>Service provider</b> – Aragon is very proud of the telecare service and we look forward to developing the service to a wider client group in the near future to support more people to live independently</li> </ul>	
BBC TV and Radio 4 article available (Jan 2008)	
<b>Evaluation report available</b>	<b>Summer 2008</b>
I would be willing to provide client information for press interview purposes	<b>YES</b>
I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <a href="http://www.jitscotland.org.uk">http://www.jitscotland.org.uk</a>	<b>YES</b>
- all information above	<b>YES</b>
- anonymous summary information, eg Local Authority in South West	<b>YES</b>

**Customer:** Buckinghamshire County Council

**Completed:** January 2008

**Contact:** Brian Newton

**Tel:** 01296 395000

**Email:** bnewton@buckscc.gov.uk

## **Project / service overview**

### **Transformation Telecare**

The Transformation Programme is about improving the way the Council works. The aim is to improve the resident experience whilst also lowering costs. To meet this challenge the consultancy RSeC were employed to support Transformation Telecare. The project evolved from wider thinking at Transformation events around maintaining independence for the over 50s with the use of modern technology. The business case is based on the work produced during this process. It sets out how the product of the transformation events and workshops can be implemented and integrated with mainstream care. It will be presented to our Chief Officer's Management Team in March 2008.

The vision is that Transformation Telecare will complement existing forms of care that enable older people to stay in their own homes.

The Council's role in this vision is as a 'place-shaper', creating an environment where Telecare technology is used to maximum effect. Where the local authority is one of many funders, others would include health, the general public and private corporations.

As a place-shaper, we will need to create an environment where Telecare can thrive. We need to raise the awareness of Telecare as a mainstream care option, as something that may be better and more cost-effective than other available care options.

There are three strands to our approach:

#### **Communications:**

- This involves the promotion and raising the level of awareness
- Assessors need to know what is available and cost-effective
- Telecare options are, so that they can signpost people and also inform of Telecare as a care option.

#### **Training:**

- Training the assessors in Telecare options available.

#### **Infrastructure:**

- Investing and building on the existing capacity and infrastructure for Telecare to be put in place.

The Scope of the Transformation Telecare project includes:

- Achieving the short-term goals of meeting our performance targets
- To make care managers aware of Telecare as a care option and raising the awareness of Telecare to a wider audience
- Looking at the future and potential of Telecare.

### **Telecare Grant**

So far approximately £150,000 of the grant has been used to upgrade overlays in sheltered accommodation so that they can be used with modern sensors. The control centre software of Wycombe District Council has been upgraded for the same purpose. Environmental control systems have been provided for 10 adults and older people with complex disabilities. A smart flat provided by WDC has been furnished and equipped to demonstrate Telecare.

A sum of £130,000 has been allocated in 2007/08 to introducing 400 older people to a basic Telecare system comprising of a pendant alarm, smoke detector and extreme temperature sensor. This leaves a balance of some £243,000 to fund a range of initiatives in 2008/09 such as evaluating the potential of Telecare in reducing hospital admissions and speeding up discharges, as a tool in falls prevention and as support for carers. Business cases for these projects will be considered by the Telecare Project Board in March.

Mainstreaming of the Telecare service is being funded through an additional £350,000 revenue allocation included in the Council's Medium Term Planning recommendations for 2008/09.

### **Progress on meeting Targets**

Overall the Council is set to exceed the total 588 new telecare users. This is largely as a result of work in partnership with other agencies. We have allocated £140,000 of the Grant towards increasing the numbers of older people helped to live at home with telecare provided by the Council alone. This is being spent on equipment, installation, monitoring and response services and for the employment of a telecare officer. It also includes initial training and publicity initiatives.

Initially we looked at clients that live alone. This produced a list of some 500 potential recipients of which an estimated 80% already have some form of Telecare. An examination of Occupational Therapist referral lists produced similar results. We are now focussing attention on:

- a) **In Touch scheme** – follow up work with the Council's ASC In Touch scheme contacts to see if any may benefit from Telecare equipment.
- b) **Carers Bucks** – working with the local carers organisation to identify situations where some basic Telecare would provide useful support to carers.

## Response Service

The grant-funded Telecare initiatives are supported by a countywide family and friends response service from Wycombe District Council.

## Smart Flat

Wycombe District Council have also provided a flat. This has been furnished and equipped with aids to living and Telecare equipment. It and the Independent Living Centre in Aylesbury now provide north and south of county locations for exhibiting equipment and staff training.

## Awareness training

This is to start before the end of 2007/08. The immediate training priority is care managers and COTs, moving onto Housing staff, Hospital staff, District Nurses and BMHT staff later. A costed training plan has been prepared and a trainer identified. By the end of September some 350 people will have been trained. Flyers have been produced and are being distributed to staff and the public generally.

## Projects in the Pipeline

The intention is to initiate the following projects, (subject to Telecare Project Board approval), in 07/08 for delivery mainly in 08/09:

- a) **Hospital admissions and discharges** - to use a range of technology and services to support individuals who do not have sufficient care or support at home so that they can be discharged from hospital earlier and with greater confidence than would otherwise be achievable. Target client numbers are to be determined. This pilot will be initiated in 07/08 but will not be running until 08/09. It represents work across the Acute Trust, PCT, RSLs (mobile warden service) and ASC.
- b) **Falls** – a business case is being prepared details of the project to be prepared.
- c) **Telemedicine Project** – the PCT is looking at self care models that can reduce hospital admissions and utilise GP resources efficiently. A bid for funding from the grant is being prepared.
- d) **Carers** - awareness raising project

Objectives
<p>The Scope of the Transformation Telecare project includes:</p> <ul style="list-style-type: none"><li>• Achieving the short-term goals of meeting our performance targets</li><li>• To make care managers aware of Telecare as a care option and raising the awareness of Telecare to a wider audience</li><li>• The development of a medium to long term strategy for implementing telecare in Buckinghamshire</li><li>• Looking at the future and potential of Telecare as a 'place-shaper'.</li></ul>

<b>Results</b>	
<ul style="list-style-type: none"> <li>Council has recognised the importance of telecare - cabinet recommending to council allocation £350K available for telecare</li> </ul>	
Connections as at January 2008 – will not provide	
<b>Quotes / case study</b>	
<ul style="list-style-type: none"> <li>Service user input at Project Board level will ensure that a customer’s perspective is maintained throughout the project.</li> <li>“Our vision is to compliment existing forms of care that enable older people to maintain their independence and stay in their own homes longer” – Mike Colston, Cabinet Member for Adult Social Care.</li> </ul>	
<b>Evaluation report available</b>	<b>NO</b>
I would be willing to provide anonymous client information for press interview purposes	<b>YES</b>
I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <a href="http://www.jitscotland.org.uk">http://www.jitscotland.org.uk</a>	
- all information above	<b>YES</b>
- anonymous summary information, e.g. Local Authority in South West	<b>YES</b>

## Cheshire County Council

**Customer:** Cheshire County Council  
**Completed:** January 2008  
**Contact:** Vance Gallagher  
**Tel:** 01606 275037  
**Email:** vance.gallagher@cheshire.gov.uk

### Project / service overview

Cheshire County Council had embraced telecare at an early stage, running 4 separate pilots across the County from 2004 to 2006. On the announcement of the national Preventative Technology Grant, a Project group was established in May 2005 with the clear aim of implementing a service across Cheshire, aimed at older people. From April 2006 this was successfully achieved with a large training programme undertaken for specific staff. A Charging policy was also introduced and this fully integrated the service into the assessment and care management processes in Cheshire. The service was also available through all 3 Intermediate care Teams in Cheshire and 7 Community Mental Health teams.

Evaluations have been conducted gathering user, carer and care manager feedback about the service from its outset.

### Objectives

- To mainstream telecare across all of Older People's Services
- To enable more older people to remain at home rather than be admitted to residential /nursing care providing them with more choice
- To assist hospital discharge and prevent re-admission
- To promote telehealth services locally
- To support carers in their role

### Results

- **2-3% reduction** in residential and nursing home placements
- All 22 teams are now able to commission telecare as part of a community care service
- 2 telemedicine pilots have been undertaken with the 2 local PCTs
- Exceeded their 12 month target of 280 users, by 40 additional users

Positive feedback has been received from users and carers about how the service had made them feel safer, more supported, more independent and able to remain in their own homes for a longer period. Carers also indicated that telecare has helped them in their role, as well as helping the service user.

The most popular sensor installed was the pendant, followed by the fall detector, smoke alarm and bed sensor.

94% of users and carers were satisfied with the Careline response rate after a sensor had been activated.

No of connections at October 2007 - 450 ongoing with a further 170 older people having had the service and it having finished. Therefore, over 600 older people have had access to the service.

<b>Quotes</b>	
<ul style="list-style-type: none"> <li>• <b>Family</b> – “All the emergency devices give me a lot of peace of mind as my main problem is falling.....It’s good to know somebody is there”</li> <li>• <b>Service provider</b> - “the service is fantastic and has really brought us closer together with our social workers colleagues”</li> </ul>	
<b>Evaluation report available</b>	<b>YES</b>
I would be willing to provide client information for press interview purposes	<b>YES</b>
I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <a href="http://www.jitscotland.org.uk">http://www.jitscotland.org.uk</a>	
- all information above	<b>YES</b>
- anonymous summary information, eg Local Authority in South West	<b>YES</b>

<b>Derby City Council</b>
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**Customer:** Derby City Council

**Completed:** January 2008

**Contact:** Anne Brown, Community Services Manager, Derby Carelink.

**Tel:** 01332 256063

**Email:** anne.brown@derby.gov.uk

### Project / service overview

The telecare service is open to anyone in Derby. Referrals are currently being made through social services, health, housing professionals and self referrals. The first 6 weeks of telecare are free. After 6 weeks the client can keep the equipment, but will be charged the normal Derby Care Link service charge. Telecare is definitely working within Derby to help service users maintain their independence and the evaluation will prove this when issued.

<b>Objectives</b>	
<ul style="list-style-type: none"><li>• Increase the number of vulnerable adults with complex needs taking up telecare services</li><li>• To increase the range of telecare equipment into the community</li><li>• Increase and maintain the independence, health and safety of service users in their own home</li><li>• Prevent or delay admissions to hospitals and care homes</li><li>• Facilitate discharge</li><li>• Reduce hospital bed days</li><li>• Enhance the quality of life for service users</li><li>• To evaluate effectiveness</li><li>• Present justification for ongoing mainstream funding</li></ul>	
<b>Results</b>	
<ul style="list-style-type: none"><li>• Evaluation available end April 08</li><li>• Will be recommendation to <b>mainstream</b></li></ul>	
<b>No of connections @ January 2008 2000 lifeline users 293 with telecare</b>	
<b>Quotes</b>	
<ul style="list-style-type: none"><li>• <b>Family</b><ul style="list-style-type: none"><li>• I don't feel on my own now – there is always someone there if you want them</li><li>• My mother is 88 years old and had a fall. She used her alarm. Without telecare she would have been left lying on the floor and I feel she would not have survived – The bottom line is – <b>Telecare saved her life</b>. Naturally I still worry about my mother but is reassuring to have your support</li></ul></li><li>• <b>Service provider</b> – Telecare is definitely working within Derby to maintain independence and the evaluation will prove this when issued</li></ul>	
<b>Evaluation report available</b>	<b>End April 08</b>
I would be willing to provide anonymous client information for press interview purposes	<b>NO</b>
I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <a href="http://www.jitscotland.org.uk">http://www.jitscotland.org.uk</a>	
- all information above	<b>YES</b>
- anonymous summary information, eg Local Authority in South West	<b>YES</b>

**Customer:** Essex County Council

**Created:** 21<sup>st</sup> Feb 08

**Contact:** Gary Raynor Telecare Services Development Manager

**Tel:** 01206 518888 / 07748 623858

**Email:** gary.raynor@essex.gov.uk

### **Project / service overview**

The demographic trend is particularly acute in Essex, with the Tendring area having the highest level of over 65s per capita in Europe. The demand created by the large increase in over 65's and 85s in particular (131% 2004 to 2029) will require spend budgets to rise by a factor of three just to maintain services at their current level. This is obviously not sustainable and Essex has identified the need to change the model of provision. Telecare provides the opportunity to not only give people what they want, namely maintaining their independence in their own home (age in place strategies, life to years etc), but is expected to cost the council less than traditional models of care, thereby releasing funds to cope with increasing demand.

Essex has a **mainstream** telecare service running, using all 8 local monitoring centres as service providers in partnership. Currently under the PTG process there is agreement to promote and provide telecare to **moderate**, substantial and critical levels of need which meets the prevention agenda, as well as supporting social care strategies.

Preventative telecare slows down the rate of transfers to residential or institutional care and gives people a better quality of life for longer. In addition, although it is unlikely that someone who is in contact with social services is likely to recover completely, the benefits of telecare are readily accepted by carers, because it eases the burden on them. When someone becomes a carer, the relationship between them and their loved ones changes over time, in that the person they are caring for may become a dependent. The carer then spends their time carrying out often intrusive checking. This can be resented by the recipient. Over time it can become an imposition to both and carer exhaustion is a prime reason for residential admission. If a telecare solution is installed the carer knows they will be informed if there is a problem automatically. The care recipient knows they are being cared for and that help is available 24 hrs a day, this takes a great deal of worry away from both parties.

Essex is running regular approved assessor training for staff in all sectors including social care, health, carelines, home improvement agencies, housing, charitable sector workers e.g. Alzheimer's Society. So far over 750 front line people have attended this free one day telecare course, covering products, FACS criteria, and the basics of how to assess.

Essex pays for the provision of telecare (covering installation and the sensors) and the first twelve weeks of service. The service user is responsible for the ongoing monitoring/response charges. The preventative technology grant has funded the set up and promotion for the last two years and thereafter we will utilise a mix of PTG carryover, preventative monies and redirected traditional care budgets. Essex remains committed to individual budgets and sees telecare as an integral part of commissioning care.

Essex has also used the PTG monies to fund start up schemes in the following areas

- 1 Basildon Falls Clinic
- 2 North West Essex Older Peoples Mental Health providing telecare and specialist response to older people with a diagnosis of dementia.
- 3 Basildon Housing: providing responsive Telecare support to vulnerable clients living within the community. The client group is generic covering older people, learning difficulties, mental health, substance abuse, vulnerable homeless households, and domestic violence.
- 4 Two Mid Essex PCT schemes for health vital signs monitoring in the home, aimed at promoting self aware care, a reduction in admissions and linking to expert patient programs.
- 5 Essex is working with two other PCTs regarding telehealth monitoring systems and hopes to have resolved these before the end of the year.

The PTG money has also been utilised to set up two demonstration units, one a flat in a sheltered accommodation which is specifically for telecare and a combined telecare and environmental control demonstrator within an ILC. The PTG funding is also used to fund the Telecare Support Team of 2.7 WTE, comprising a manager, two part time social workers and a part time clerical support.

<b>Objectives</b>	
<ul style="list-style-type: none"> <li>• To mainstream telecare services to promote independence</li> </ul>	
<b>Results</b>	
<ul style="list-style-type: none"> <li>• Went in as a mainstream service from the start</li> <li>• Total of 2579 service users (from Apr 06-Jan 08) arising directly from PTG.</li> <li>• Referrals continue to rise rapidly every month with over 460 referrals received in Jan 08</li> <li>• In April 06 there were just 16 new users with telecare. In Jan 08 464 installations took place with 891 items issued.</li> </ul>	
<b>Number of connections @ January 2008</b> 1674	
<b>Evaluation report available</b>	<b>NO</b>
I would be willing to provide client information for press interview purposes	
<b>Agreed pending identification</b>	
I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <a href="http://www.jitscotland.org.uk">http://www.jitscotland.org.uk</a>	
- all information above	<b>YES</b>
- anonymous summary information, e.g. Local Authority in South West	<b>YES</b>

## Herefordshire County Council

**Customer:** Herefordshire County Council

**Completed:** February 2008

**Contact:** David Rainbow, Telecare Co-ordinator

**Tel:** 01432 261650

**Email:** drainbow@herefordshire.gov.uk

### Project / service overview

The Herefordshire Telecare service has been implemented through a partnership with Herefordshire PCT, Herefordshire Housing, Supporting People and Tunstall, which will be supported by the Preventative Technology Grant. Service user groups accessing Telecare are older people, mental health, physical disability and learning disability. The service will support admission prevention to hospital and residential care, the need for intensive home care packages, facilitate early discharge from hospital, support intermediate care and falls prevention. Steering group has been set up with partners to implement telecare and to monitor and evaluate on an ongoing basis the benefits of the service.

The key components of the service are:-

- 1) Social work and health care telecare assessment
- 2) Identification and installation of equipment based on identified need
- 3) Ongoing monitoring through a call centre arrangement and emergency response.

The service will be co-ordinated by ICES in order to promote a countywide strategy.

Over 1,000 users aged 65 and over had one or more items of Telecare equipment. Almost 500 new users will come on line in 2006/07 and over 600 the following year.

The telecare development planned for 2006-08 will make assistive technology more widely available through the Integrated Community equipment Service (ICES).

Some older people with mental health problems (OPMH) have had to wait in hospital for the Council to be able to fund placements. The council is seeking to maximise opportunities to support OPMH at home, wherever possible, targeting Telecare Projects towards this service user group, as well as developing specialist services.

### Objectives

- Person-centred, where the person is seen as both expert and partner in defining their own needs and strengths
- Accessible information and advice that enables people to make informed choices and decisions
- More choice and control for people over how, where and when services are arranged and provided
- Prompt assessments, care plans and reviews that identify and meet health and social care needs
- More accessible, quality services that can be provided in an emergency when required
- A range of "intermediate" and rehabilitation services that reduce unplanned admissions to hospital, residential or nursing home care

## Objectives

- A range of community services that can effect timely discharges from hospital
  - More choice for people over the type of living accommodation available
  - Mobility, in and outside the home, is promoted
  - Independence and social contacts are promoted
  - Personal, financial and home security are promoted
  - Healthy living, physical and mental well-being are promoted;
  - People are valued, and treated with courtesy and respect
  - Services are accessible to people with disabilities, sensory loss, and those with communication or English language difficulties
- Services act promptly to protect vulnerable people from abuse or deliberate harm

## Results

- There are 1,122 users aged 65, this includes 600 telecare uses – 500 monitored by Herefordshire Careline and 100 stand alone.
- The PTG target was 448 and achieved 600
- Awaiting 08/09 target details regarding funding required – likely to come from central budget
- Further results have been done and are now with the Head of Service for approval

## Quotes/ Case Studies

### Case Study 1

#### Falls

Mrs A, a **lady aged 90** was referred by the Mental health team. Mrs A had a history of getting up in the night (6 times) and on one occasion had fallen and been on the floor all night and was admitted to hospital. The situation was a huge concern to both Mrs A and her family, and it was thought that residential care was the only option, even though Mrs A was in good health.

#### Solution

- Increased homecare during the day
- Bed sensor installed

**Cost saving in 1 year £3,600**

#### Quote

**Family** – “It has given us peace of mind that she is safer with the equipment because we know if the alarm goes off she has got out of bed and it has helped a lot with combination of care – without the 2 services we do not know how we would have coped.”

### Case Study 2

#### Dementia

Mrs B, a **lady aged 88** with early stage dementia. She lives alone and receives a lot of support from her family. Carers call twice a day for ½ hour. Mrs B has short term memory loss which was gradually deteriorating. Over the last 6 months Mrs B had left the house to go and do the cleaning job she had over 30 years ago. She was knocking on neighbours doors in a distressed state and her family became increasingly worried. A meeting was arranged with social services to come up with a solution.

#### Solution

- Property exit sensor installed

**Over a period of 23 weeks – cost saving were £3,422**

### **Case Study 3**

#### **Full telecare package**

Mr C, a married **man aged 53** who lives with his wife who works at the local hospital. He is a fiercely independent man who had served in the army. Mr C suffered extreme confusion, delusions, poor mobility and a history of depression, all of which are a result of a severe head injury. Every morning Mr C would have a carer call in to ensure he got up safely and the carer would help him shower, because during this time he was considered to be at risk of seizures. His wife would call him from work every hour to ensure he was OK.

#### **Solution**

- 2 x flood detectors
- Fall detector
- Smoke detector
- Carbon monoxide detector
- Pull cord

#### **Outcome**

Telecare has significantly enhanced the lives of both Mr and Mrs C. Having previously been dependent on social care, Mr C is now totally independent and there is no longer a requirement for carers to visit. A pull cord was fitted in the bathroom which allows Mr C to raise a call for help the moment he feels a seizure coming on (he generally has one minute from the onset of symptoms to a full seizure). Because Mr C suffers from short term memory loss, he cannot remember if he has turned off the bathroom taps and felt the need to repeatedly check them several times a day. Since having the flood detector in his bathroom, he has stopped worrying and it has reduced his anxiety. As a direct result of telecare increasing Mr C's confidence, he has taken up further education at home and has completed courses in First Aid and creative writing.

#### **Quote**

Mr C said "it is like having an extra carer."

**Cost savings in 1 year - £3,206** because a carer is no longer required.

### **Case Study 4**

#### **Telecare in Residential Care setting**

Mrs D, a **lady aged 92** lived in residential care, but was constantly getting up in the night. The residential care staff found it difficult to manage having to be on constant watch. Mrs D fell and was admitted to hospital with a fractured hip.

#### **Solution**

When Mrs D was ready to be discharged, the hospital recommended that a bed occupancy sensor was fitted to alert residential care staff when she got out of bed and Mrs D is still in residential care as opposed to going into nursing care which would have been the only alternative without telecare.

**Cost savings in year 1 - £5,740** because Mrs D was able to stay in residential care, rather than nursing care.

## Case Study 5

### General health

Mrs E, a **lady aged 90** was admitted to hospital after suffering a heart attack. She had a history of falling and had suffered several mini strokes. Mrs E suffered also from low blood pressure and would often feel dizzy when she got out of the chair, and was breathless when she went upstairs. Mrs E lived alone and was very concerned about falling and thought residential care was the only thing that would give her peace of mind. This was a difficult thing to consider having lived in her own house for the last 60 years.

### Solution

A fall detector

### Quote

Mrs E said: "without telecare I could not have gone back home after the heart attack and I feel this is a wonderful service."

**Cost saving in year 1 is £18,330**

## Case Study 6

### Medication reminder

Mrs F, a **lady aged 74** was admitted to Hereford County Hospital after her son found her on the floor where she had been lying there **for 2 days** having suffered a fall. Mrs F suffered from poor mobility and diabetes, and had been admitted to hospital several times in the past because she had difficulty controlling her blood sugar. She was admitted to hospital on 10 occasions in 2½ years because she could not get it under control. On one occasion she went into a diabetic coma for 89 days. The average stay in hospital due to diabetes is 20 days. Mrs F was also exhibiting unusual behaviour, such as washing electrical goods, due to her low blood sugar.

### Solution

A medication dispenser and personal trigger

After installing telecare Mrs F was able to recognise that she was going into a diabetic coma and she would press her pendant to raise an alert. Paramedics were able to stabilise her at home which prevented admission into hospital.

**Cost savings to the PCT of £2,118** - based on 20 hospital bed days

### No of connections @ January 2008

600 installs, mostly brought about by Home Safety checks.

### Quotes

Many more case studies are available on request.

### Evaluation report available

**Mar 08**

I would be willing to provide client information for press interview purposes

**YES**

I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <http://www.jitscotland.org.uk>

- all information above

**YES**

- anonymous summary information, eg Local Authority in South West

**NO**

## Knowsley Metropolitan Borough Council

**Customer:** Knowsley Metropolitan Borough Council

**Completed:** January 2008

**Contact:** Darren Persand

**Tel:** 07824 372272

**Email:** darren.persand@knowsley.gov.uk

### **Project / service overview**

Knowsley MBC in partnership with Knowsley PCT is looking at ways in which telecare and support services can help promote independence and well-being for Older People and Adults of Working Age through the provision of choice using a number of telecare solutions. The monitoring of the service is carried by an external response centre. The service is available to anyone of any age, although Knowsley have concentrated on older peoples services.

They are now hoping to expand their service by promoting their offering in the Children's Services Area to support children and adults with learning difficulties, carers and their families and build new relationships with other agencies such as Physical Disabilities, Learning Disabilities and Carers.

Telecare is accessible to all people of all age groups regardless of whether or not an individual wishes to be formally assessed. An individual can request telecare via a self referral to the monitoring centre and enter into a private monitoring agreement, but the equipment would be bought and paid for by Knowsley MBC.

There has been an increase in demand for Fall Detectors and on going telecare awareness is in place. Assessment for telecare is done via the Easy Care Contact Assessment Form which is completed by OT's and social workers which is the main referral route – this is a recommendation for telecare rather than an assessment (more acceptable term) – from this a commissioning process has been developed.

**Telecare Training Tool** has been a great success and key in the awareness of telecare amongst OT's and Social Care because the certificate and its value in registration and retaining qualifications

All Telecare Packages are tailored to individual needs so there is no standard.

Also working with Merseyside Fire Service for referrals

Knowsley will start (1<sup>st</sup> March 2008) 2 telehealth projects (Lifestream) and the project has 3 community matrons

Project 1 – 9 independent patients based in the community with COPD, Hypertension and CHF with trial the telehealth package

Project 2 – 1 Genesis multi care read place in rehabilitation centre where patients will be monitored for 6 – 8 weeks prior to returning home

<b>Objectives</b>	
<ul style="list-style-type: none"> <li>• A ensure minimum of 562 older people are helped to remain independent in their own homes within Knowsley, therefore promoting well-being through the use of assistive technologies, specifically telecare and telehealth</li> <li>• To put business processes and procedures in place to enable Assistive Technology to be commissioned within Health and Social Care across both Older Peoples Unified Services and Adults of Employment Age within Knowsley MBC.</li> <li>• Drive efficiencies with focus on deploying telecare to night sitters to maximise resources</li> <li>• To undertake an analysis of the commitment required by KMBC to sustain Assistive Technologies in Knowsley post 2008 by monitoring cost, resource and the commercials associated with setting up and maintaining supplier relationships.</li> </ul>	
<b>Telehealth</b>	
<ul style="list-style-type: none"> <li>• Efficiencies in service delivery</li> <li>• Monitor amount of unscheduled reviews</li> <li>• Reduce amount of scheduled reviews</li> <li>• Monitor savings, time travel, emotional impact for both staff and patient</li> <li>• Evaluate and report on cost savings</li> </ul>	
<b>Results</b>	
<ul style="list-style-type: none"> <li>• The project began in August 2007 and the business processes are still being rolled out across departments.</li> <li>• Av 8 referrals per week. av installs</li> </ul>	
<b>Connections</b>	
<ul style="list-style-type: none"> <li>• 1000 connections plus</li> <li>• 127 telecare packages April 07 to Oct 07 (Oct – Dec 90 referrals)</li> </ul>	
<b>Quotes</b>	
<ul style="list-style-type: none"> <li>• <b>Family</b> - Customer Satisfaction Surveys are due to be issued during November 2007 for the initial roll out. None to report at present.</li> <li>• <b>Service provider</b> - None to report at present.</li> </ul>	
<b>Evaluation report available</b>	<b>Aug 08</b>
I would be willing to provide client information for press interview purposes (We would have to obtain client permission before hand though and permission from the Policy and performance team )	<b>Yes – subject to approval by media dept</b>
I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <a href="http://www.jitscotland.org.uk">http://www.jitscotland.org.uk</a>	
- all information above	<b>YES</b>
- anonymous summary information, eg Local Authority in South West	<b>YES</b>

<b>London Borough of Lewisham</b>
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**Customer:** London Borough of Lewisham

**Completed:** January 2008

**Contact:** June Curran

**Tel:** 020 8690 0440

**Email:** june.curran@lewisham.gov.uk

**Project / service overview**

London Borough of Lewisham has partnerships between OT's and Social Workers to mainstream telecare in to the community. Self funders can also access telecare by purchasing or leasing themselves. No buy in from Lewisham PCT.

Success is down to individuals – need energy and enthusiasm

<b>Objectives</b>	
<ul style="list-style-type: none"> <li>• To maintain independence and allow people to stay in their own homes</li> <li>• Reduce Hospital and residential care home admissions</li> <li>• Mainstreaming outcomes</li> <li>• Inclusion of telecare in the care assessment pathway in Lewisham (Client Assessment and Review)</li> <li>• Developed local assessment tool for integration into SAP</li> <li>• Integration of telecare within the falls pathway</li> <li>• Integration within Intermediate care packages to support hospital discharge and hospital admissions</li> <li>• Inclusion of telecare in supported people programme</li> </ul>	
<b>Results</b>	
<b>April 2006 – Jan 2008</b> – new service user 876 – within 209 have linked sensors.	
<ul style="list-style-type: none"> <li>• 150 trained assessors all OT's and Adult social workers within social care</li> </ul>	
<b>No of connections @ January 2008</b> 4,200 of which most have a minimum of a smoke detector fitted as part of the Telecare Package	
<b>Quotes</b>	
<ul style="list-style-type: none"> <li>• <b>Family</b> – “Without the support from Lewisham Linkline father couldn't have lived at home.”</li> <li>• <b>Service provider</b> – Heat extremes and smoke detectors have saved people on a number of occasions where the fire department has had to be called out.</li> </ul>	
<b>Evaluation report available</b>	<b>End of Feb 08</b>
I would be willing to provide client information for press interview purposes	<b>NO</b>
I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <a href="http://www.jitscotland.org.uk">http://www.jitscotland.org.uk</a>	
- all information above	<b>YES</b>
- anonymous summary information, eg Local Authority in South West	<b>YES</b>

<b>Milton Keynes Council</b>
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**Customer:** Milton Keynes Council  
**Completed:** 20 December 2007  
**Contact:** Sandra Rankin  
**Tel:** 01908 222616  
**Email:** sandra.rankin@milton-keynes.gov.uk

**Project / service overview**

The community alarm service is leading the implementation of the telecare service, and is working in partnership with other social care and health services.

The target groups are - long term conditions; older people with dementia and intermediate care. The service is being led by the Telecare project manager Eileen Moore and the council has also recently employed a further technician to aid in the assessment and installation of Telecare.

Milton Keynes is very proactive in engaging all potential referral groups across Health, Housing and Social Services which is representative in the referral rate of nearly 10 per week, currently at a total of 134 Telecare installations and close to 250 referrals.

The focus of the PTG monies are the falls care structure including clinics, hospital admissions and discharge groups with intermediate care and long term condition support and management through Telecare and Telehealth.

Milton Keynes has embarked on a Telehealth project focussing on COPD sufferers within the borough, which is still ongoing and going from strength to strength. This was initially planned through the Digital Challenge as Milton Keynes was a finalist and the service has still taken off even though they didn't get the full grant.

Evaluation has also started targeting three levels end user, carers and strategic objective demonstrators in order to mainstream.

<b>Objectives</b>	
<ul style="list-style-type: none"> <li>• Reduction in non planned emergency admissions</li> <li>• Reduce number of days on hospital</li> <li>• Increase speed of assessment to discharge from hospital</li> <li>• Increase number of people supported in their own homes</li> <li>• Reduce bed blocking</li> <li>• Reduce amount of time in Intermediate care</li> </ul>	
<b>Results</b>	
<b>No of connections @ January 2008</b>	134
<b>Quotes</b>	
<ul style="list-style-type: none"> <li>• <b>Family</b></li> <li>• <b>Service provider</b>     Speak to Sandra Rankin for more information</li> </ul>	
<b>Evaluation report available</b>	<b>NO</b>
I would be willing to provide client information for press interview purposes	<b>YES</b>
I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <a href="http://www.jitscotland.org.uk">http://www.jitscotland.org.uk</a>	<b>YES in the future</b>
- all information above	<b>YES</b>
- anonymous summary information, eg Local Authority in South West	<b>YES</b>

## Nottinghamshire County Council

**Customer:** Nottinghamshire County Council  
**Completed:** January 2008  
**Contact:** Mark Douglas  
**Tel:** 07753 625380  
**Email:** mark.douglas@nottscc.gov.uk

### Project / service overview

There are two main telecare programmes currently being run in Nottinghamshire:-

- Staying Independent Telecare Scheme, which provides telecare to people with high level needs, for which the assessment would be done by Social Services.
- Safe At Home Telecare Service – which is an open access telecare programme which provides home safety telecare equipment as a preventative measure. Up to four telecare home safety sensors (e.g. smoke, carbon monoxide, bogus caller) can be supplied with the main unit.

Schemes are currently available in four of the seven Nottinghamshire districts, with plans for an additional district to be online by April 2008 and the other two districts later in 2008.

As part of the authority's telecare strategy, the Nottinghamshire Supporting People Programme has commissioned over 2000 additional units of telecare, which will primarily benefit owner occupiers on low incomes, who have previously been unable to access Supporting People subsidy for telecare services. A joint scheme with the Carers Unit has also enabled carers to benefit from the provision of telecare units for the person they care for, as well as providing pager based systems for where the carer is living in the same property.

Some small scale bespoke projects have been undertaken, e.g. telecare overlay system installed in extra care scheme and some telecare linked vibrating pillow alerts, visual beacons etc installed under a scheme with our Deaf & Visual Impairment Team. Proposals to sustain and develop telecare programmes and improve the range of agency response services long term have been developed (i.e. post PTG), subject to sign off shortly within the authority.

### Objectives

- Originally set a target of 1900 telecare users – take up of preventative telecare programme has been good, but less activity under the higher needs programme.

### Results

- Property Exit and Bed Occupancy working very well where installed – delaying or removing the need for residential care in some cases.
- Very few false alarms – main concerns relate to fall detector, but also some examples of where this has worked without any problems.

**No of connections @ January 2008** – Above measures have led to around 2000 additional telecare users being supported by the authority.

**Quotes**

- **Family** – An older lady in Worksop had a lucky escape from CO poisoning, thanks to a simple piece of home safety equipment. Mrs Carney, 81, was saved after the telecare equipment detected the deadly gas in her home and automatically raised the alarm. Carbon monoxide is commonly known as the 'silent killer' as it is not only colourless but also odourless and tasteless, meaning potential victims can be completely unaware of its presence. Mrs Scott, Mrs Carney's niece, said the story could have turned out completely differently had it not been for the detector: "*It was frightening to think what might have happened, as my aunt had been sleeping downstairs next to the kitchen at the time because her stairlift had broken,*" she said. The equipment, which is provided by Nottinghamshire County Council in partnership with A1 Housing and Bassetlaw Council, automatically informed the control centre of the gas leak, which was coming from a faulty cooker. See link below for full story.

<http://www.worksopguardian.co.uk/news/Worksop-OAP39s-brush-with-the.3660761.jp>

<b>Evaluation report available</b>	<b>NO</b>
I would be willing to provide client information for press interview purpose <b>(other than story above – see link)</b>	<b>NO</b>
I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <a href="http://www.jitscotland.org.uk">http://www.jitscotland.org.uk</a>	
- all information above	<b>YES</b>
- anonymous summary information, e.g. Local Authority in South West	<b>YES</b>

## **Plymouth City Council**

**Customer:** Plymouth City Council  
**Completed:** 5 January 2008  
**Contact:** Sam Cross  
**Tel:** 01752 307576  
**Email:** sam.cross@plymouth.gov.uk

### **Project / service overview**

The Plymouth City Council Telecare service is intended to promote independence, dignity, confidence and well being and to enable people to remain in their own home for as long as possible.

Plymouth City Council is working in partnership with Ridgeway Community Housing in developing a floating support service, with assistive technology to people who have dementia or mental frailty. The service combines housing related support and assistive technology to compliment existing resources.

There is the capacity for fifteen service users to benefit from this service and at 12<sup>th</sup> January 2008 the service reached capacity. The Telecare service is to be reviewed prior to mainstreaming, after March 2008.

In addition to the above service the Plymouth City Council Telecare Service has worked with Plymouth Age Concern and Supporting People to develop a Telecare support service for vulnerable and older adults. Funded by Supporting People, this service aims to identify and enable vulnerable older people living in the Community to access telecare and feel confident in using telecare in order to maintain their independence.

The service will also work with users to identify and arrange other support mechanisms that may be needed to support the individual to remain living in their own homes, being an active member of their community, reducing social exclusion and preventing homelessness.

Additional support is also provided by the South Western Ambulance Service NHS Trust Telecare Response Service. They provide a 24 hour response for telecare alarms and have the facility to provide welfare checks on service users who frequently activate their telecare alarm, and also support service users identified as being vulnerable.

### **Telecare Equipment**

From September 2007 the equipment that the Plymouth Telecare Service provides is as overleaf. There are two packages of equipment. Both are to meet the identified need of the vulnerable person.

<b>Preventative Package</b> Items on this list can be requested by anyone	<b>Care and Support Package</b> Items on this list can only be requested via a Care Manager, Occupational Therapist, or other Health Care Professional
Bogus Call Alert Button	Bed Occupancy Sensor
Carbon Monoxide Detector	Enuresis Sensor
Temperature Extremes Sensor	Epilepsy Detector
Smoke Detector	Falls Detector

**Requests for Telecare Equipment have come from:**

Adult Social Care  
 Call 24 (Alarm response centre) Customers  
 Hospital Discharge Care and Repair  
 Mental Health Services for Older People (combined)  
 Plymouth Teaching Primary Care Trust  
 Plymouth Hospitals NHS Trust  
 Sheltered Housing  
 South Western Ambulance Service NHS Trust  
 Voluntary Organisations

**Telecare requests/ Installations**

From 1<sup>st</sup> December 2006- 31<sup>st</sup> March 2007 there were 36 requests for telecare equipment. From 1<sup>st</sup> May 2006- 4<sup>th</sup> January 2008 there were an additional 230 requests for Telecare equipment. Ages range from 34 to 96 years of age and the average age is 76.44 (at 31<sup>st</sup> August 2007).

**When Service users were asked if they had any suggestions of how the service can be improved.....**

'No - you got it so right'

'Yes - As I have COPD I'm waiting for next year when you will be able to detect my oxygen levels etc'.

<b>No of connections @ January 2008</b>	194
<b>Evaluation report available</b>	<b>YES</b>
I would be willing to provide client information for press interview purposes	Depends on sort of info
I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <a href="http://www.jitscotland.org.uk">http://www.jitscotland.org.uk</a>	<b>YES</b>
- all information above	<b>YES</b>
anonymous summary information, eg Local Authority in South West	<b>YES</b>

## Sefton Metropolitan Borough Council

**Customer:** Sefton Metropolitan Borough Council

**Completed:** 10 January 2008

**Contact:** Alex McGowan

**Tel:** 0151 934 5454

**Email:** alexander.mcgowan@hsc.sefton.gov.uk

### Project / service overview

The Careline service is part of **Health and Social Care Directive** within **Sefton Mbc**, providing a careline service to **Registered Social Landlords, Private clients** and all other **Health and Social Care Associations**. The community alarm project supports people and has a total base of 400 units.

If someone fits the Supporting People criteria, then they are allocated a unit (alternatively it can be provided via private pay if they fit criteria). As there are only 400 units available, there is currently a waiting list of 20 people. Sefton is currently upgrading to PNC5, and is moving to a new location in April 2008.

A project is being run in conjunction with **Merseyside Fire and Rescue Service** to provide DDA sensors to people who are hard of hearing. In Sefton, the fire service provides free smoke detectors and a fire inspection in all properties. From these inspections, if someone who is hard of hearing is identified, they can then be provided with the DDA solution. Clients are also recommended to have a Lifeline and this partnership has proven to be a good route to telecare referrals.

Sefton also works with re-enablement teams to provide Lifelines short term to facilitate early discharge for 4 to 6 weeks. They are provided free to clients and are funded by the re-enablement team. At the end of the period, clients have the opportunity to keep the unit but they have to pay.

In addition Sefton also provides key safes which are supplied at cost and fitted free of charge. In future it is hoping to introduce a Mobile Response Service and it hopes to have two telehealth pilots up and running by the end of March.

All of its PTG Grant is being spent on telecare with a basic package being made up of a Lifeline 400 and smoke detector. Sefton is waiting for the first instalment of the funding from MFRS and is on course to rollout 105 DDA packages people over the next 6 weeks. Other sensors are also available. Mathew Young is an Occupational Therapist working for Sefton Full time. His post is initially being funded by PTG but when funding expires will stay, he is the assessor for all telecare.

It is involved in a project with the local Carers Centre. There are **1000 carers cards** in operation, where emergency calls go through to the Careline at a cost of £10 per year, funded by health and social care services.

<b>Objectives</b>	
<ul style="list-style-type: none"> <li>To have up and running a supporting people contract of 250 clients by Oct 08</li> <li>250 SP clients, 50 private clients, 125 Social Care clients</li> </ul>	
<b>Results</b>	
<ul style="list-style-type: none"> <li>100 telecare installs</li> <li>900 lifelines with smoke</li> <li>No reports or results have reported until Oct 08</li> </ul>	
<b>No of connections @ January 2008</b>	
One Vision including private RSL – Housing stock – 2120 Charitable housing Assoc - 79 Community Alarms – Supporting people funded lifeline 390 Sefton - 1100 private connections Other organisations being monitored 1750 Total – 5428 being monitored	
<b>Quotes</b>	
<ul style="list-style-type: none"> <li><b>Family</b></li> <li><b>Service provider</b> – Great job satisfaction helping people and saving lives – John Dennis</li> <li>The DDA will make a massive difference to peoples lives for those people with hearing impairment in Sefton</li> </ul>	
<b>Evaluation report available</b>	<b>awaiting response from customer</b>
I would be willing to provide client information for press interview purposes	<b>YES</b>
I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <a href="http://www.jitscotland.org.uk">http://www.jitscotland.org.uk</a>	
- all information above	<b>YES</b>
- anonymous summary information, eg Local Authority in South West	<b>YES</b>

## Slough Borough Council

**Customer:** Slough Borough Council

**Completed:** 9 January 2008

**Contact:** Peter Webster

**Tel:** 01753 875064

**Email:** peter.webster@slough.gov.uk

### **Project / service overview**

Slough provide a community alarm system and a standard telecare installation consists of a Lifeline and smoke detector.

Slough is currently partnering with **Thames Valley Police** and has recently signed an agreement to provide Domestic Violence units.

In March 2007 a Telecare advisor (Kate Saunders) was appointed (seconded for 12 months) to drive referrals from Social services and mainstream telecare. This position will be dissolved in March 08 and work load will be absorbed into current administration. Slough PCT is not engaging as well as the council had hoped, even though Slough offered to fund match with East Berkshire PCT as an initiative to drive up the uptake of telecare. **No funds available from PCT.** £167K PTG Grant was allocated and all has been spent or allocated to telecare and services associated with Telecare.

Referrals and assessments are currently being completed by Supported Housing and Occupational Therapists within Social Services.

A particular drive has been with referrals in social care and the hospital discharge sections – pitching to the discharge section enabled Slough to influence the discharge questionnaire to facilitate early discharge and encourage telecare uptake.

In 2005 a Strategy Group was set up and in summer 2006 it developed into the – Assistive technology Strategy Implementation Group. The Group consists of Peter Webster, Slough CCTV and Careline Centre Manager, Steve Rose, Joint Commissioning and Development Manager – East Berkshire PCT, Kate Saunders, Telecare Advisor, Representatives from Age Concern, People First (ALMO), East Berkshire PCT and Supporting People.

### **Objectives**

- Agree consultation process for introduction of AT across health social care, housing and voluntary sectors
- Carry out consultation process at established forums eg. Carers of people with physical disabilities, older people and those with learning disabilities
- Raise the awareness of telecare both internally and externally through awareness days and demonstrations
- Incorporated AT into prevention strategy (internal) to mainstream telecare
- Incorporated the use of AT into the revised and updated Carers Commissioning Strategy
- Meeting current targets – improve health outcomes for people with long term conditions by offering personalised care plan for vulnerable people most at risk

<b>Objectives</b>	
<ul style="list-style-type: none"> <li>• Reducing emergency bed days by 5% by 2008</li> <li>• Increase the proportion of older people being supported at home by 1% annually</li> <li>• Develop the role of Community Matrons</li> <li>• Increase by 2008 those supported intensively to live at home ( high needs)</li> <li>• Increase the use of intensive home care</li> <li>• Increase the uptake of direct payments</li> <li>• Promote the benefits of telecare to health social care and housing</li> <li>• Greater choice, self management</li> <li>• Links to expert patients programme</li> <li>• Help delay or prevent admission to residential care</li> <li>• Prevent admission or readmission and facilitate discharge from hospital</li> <li>• Support care of individuals in own home</li> <li>• Facilitate remote diagnosis</li> <li>• Help reduce accidents</li> <li>• Improve the management of people with long term conditions</li> <li>• Support health and well being and other prevention strategy</li> </ul>	
<b>Results</b>	
<ul style="list-style-type: none"> <li>• In the last year 145 new telecare systems have been installed</li> <li>• 24,068 alarm activation in last year which resulted in 13,832 voice call – which results in additional action to call neighbour</li> <li>• Emergency services call out 490</li> <li>• 56 alarms systems returned (deceased)</li> <li>• Repeat victims of crime (distraction burglary) 24 hours system fitted FOC for 3 months after which person can return or become new client 80% conversation – 6 installations</li> <li>• £400 to send a paramedic to and address – now setting up responder services. Social Services have on call staff – PTG grant going towards setting up looking to outsource</li> </ul>	
<b>No of connections @ January 2008</b> 2,440 1,851 over 65 Of total number 1,113 are supported housing clients – in sheltered accommodation 571 private pay clients receiving service	
<b>Quotes</b>	
<ul style="list-style-type: none"> <li>• <b>Family</b> – to follow</li> <li>• <b>Service provider</b> – Telecare has without doubt saved a number of lives in the borough of Slough – Peter Webster</li> </ul>	
<b>Evaluation report available</b>	<b>awaiting response from customer</b>
I would be willing to provide client information for press interview purposes	<b>YES</b>
I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <a href="http://www.jitscotland.org.uk">http://www.jitscotland.org.uk</a>	<b>YES</b>
- all information above	<b>YES</b>
- anonymous summary information, eg Local Authority in South West	<b>YES</b>

**Customer:**

**Completed:** January 2008  
**Contact:** Philip Foster  
**Tel:** 0191 566 2042  
**Email:** phillip.foster@sunderland.gov.uk

**Project / service overview**

Sunderland Telecare in an integrated Social and Health Care Service within the Councils Health, Housing and Adults Directorate. Sunderland Telecare provides a wide range of integrated Care & Support services, maintaining the independence of vulnerable people at home (including personal care, rehabilitation and basic nursing support), through a highly skilled and flexible Social & Health Care workforce, consisting of :-

- **Mobile Social & Health Care Assistants**

Able to respond in an emergency and / or provide planned visits to maintain people at home in safety.

- **Overnight Care Services**

Social & Health Care staff also provide vulnerable older people with complex needs, planned and / or emergency overnight care & support at home; preventing unnecessary admission into care.

Social & Health Care staff have achieved dual NVQ Level-3 Social & Health Care qualifications, as part of an innovative & award winning training programme, developed in partnership with the Primary Care Trust.

- **Technical Services Staff**

Able to provide an assessment of Telecare need; ensure support plans are in place; demonstrate, fit, advise and support people to use the assistive technology equipment in their home.

<b>Objectives</b>	
<p>The objectives of Sunderland Telecare are :-</p> <ul style="list-style-type: none"> <li>• Increase lifestyle choice</li> <li>• Increase the numbers of people supported at home</li> <li>• Reduce admissions to long term care</li> <li>• Support people through re-ablement and intermediate care</li> <li>• Reduce admissions and re-admissions to acute hospital care</li> <li>• Support carers in their caring role</li> <li>• Reduce falls and accidents at home</li> <li>• Enable people to feel safe at home</li> <li>• Link to Wellness and Screening function</li> <li>• Support people who wish to die at home through palliative care</li> <li>• Respond to pressures and demands of an ageing population. Unlocking resources and redirect them elsewhere in the system</li> <li>• Reducing 'hand offs' for people (the number of times that support for a person passes from one worker to another) and unnecessary interventions</li> </ul> <p>Telecare also contributes to delivering the requirements of the wider agenda for health, social care and Housing</p>	
<b>Results</b>	
<ul style="list-style-type: none"> <li>• 15, 000 households connected to Service</li> </ul>	
<ul style="list-style-type: none"> <li>• 21,000 people connected to Service</li> </ul>	
<ul style="list-style-type: none"> <li>• 1200 people have enhanced Telecare equipment in addition to lifeline and pendant</li> </ul>	
<ul style="list-style-type: none"> <li>• All Mobile response staff are or have been trained to Social and Health Care Assistant NVQ Level 3</li> </ul>	
<b>Quotes</b>	
<ul style="list-style-type: none"> <li>• Service User 'I'm very grateful for the support my father gets from your service and I am sure it has prevented him from being admitted to care'</li> </ul>	
<ul style="list-style-type: none"> <li>• Service provider</li> </ul> <p>Sunderland Telecare is seen with Sunderland as the frontline service aimed at supporting people to live safely at Home. The council continues to invest in this service, which is delivering real benefits to people.</p>	
<b>Evaluation report available</b>	
I would be willing to provide information for press interview purposes	<b>NO</b>
I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <a href="http://www.jitscotland.org.uk">http://www.jitscotland.org.uk</a>	<b>YES</b>
- all information above	<b>YES</b>
- anonymous summary information, eg Local Authority in South West	<b>YES</b>

<b>Walsall Metropolitan Borough Council</b>
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**Customer:** Walsall Metropolitan Borough Council

**Completed:** 22 January 2008

**Contact:** Tony Diaram

**Tel:** 01922 650456

**Email:** diaramt@walsall.gov.uk

**Project / service overview**

Our Telecare service has been developed in partnership with Walsall Council and a multi agency Assistive Technology Strategy Group made up of representatives from Social Care & Inclusion, teaching Primary Care Trust and Housing Services.

Our service will facilitate a shifting of resources to deliver different packages of care that enable more people to live at home for longer. This will have implications for the balance of care, development of care plans, recruitment patterns, workforce development and training, and will require new ways of working across services. Social care, health and housing will need to work closely together to integrate the most appropriate assistive technology services into care packages, and ensure users and carers are central to assistive technology, telecare, telehealth and environmental control solution assessments, monitoring and reviews.

<b>Objectives (Walsall projects)</b>	
<ul style="list-style-type: none"> <li>To develop a sustainable, appropriate and responsive telecare service which can be commissioned to meet assessed social care and health needs.</li> <li>To develop a business case through the 'Feeling safe at home' project for mainstreaming telecare services in order to identify cost benefits to inform the cost share of proposed pooled budgets.</li> <li>To provide support to other vulnerable service user groups and promote independence.</li> <li>Integrate telecare with and complement other support and preventative services within Walsall.</li> </ul>	
<b>Results</b>	
<ul style="list-style-type: none"> <li>Since the launch of Walsall's telecare service we have noticed a sharp increase in the number of referrals, which has led to service users remaining independent within their own homes.</li> <li>We have begun to form strategic links with other mainstreamed services for example falls and strokes.</li> </ul>	
<b>No of connections @ January 2008</b>	360
<b>Quotes</b>	
<ul style="list-style-type: none"> <li><b>Family</b> - One user has expressed the benefits of using telecare to detect her epileptic seizure. "Without the use of the epilepsy sensor I would have been unable to summons help, this device has saved my life on a number of occasions".</li> <li><b>Service provider</b></li> </ul>	
<b>Evaluation report available</b>	<b>NO</b>
I would be willing to provide client information for press interview purposes	<b>YES</b>
I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <a href="http://www.jitscotland.org.uk">http://www.jitscotland.org.uk</a>	
- all information above	<b>YES</b>
- anonymous summary information, eg Local Authority in South West	<b>YES</b>

<b>York City Council</b>
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**Customer:** York City Council

**Completed:** 18 January 2008

**Contact:** Karl Roberts, Specialist Home Support Services Manager

**Tel:** 01904 551860

**Email:** karl.roberts@york.gov.uk

**Project / service overview**

York's City Wide Social Alarm Service provides emergency and non emergency response to residents within the City of York. York is liaising with the Carers Centre, Community Safety partnership, Community Matrons, Care Managers and Occupational Therapists to increase the awareness and also the number of referrals. York uses all Tunstall equipment and has a Smart flat in a residential home in Haxby. A huge amount of awareness training has been undertaken to raise understanding amongst voluntary agencies, health and social care professionals with around 180 people taking part in a session since Dec 04. Telecare is now mainstream, which includes social alarms. Assessments are carried out by care managers and York currently proving property exit sensors, epilepsy sensors, fall detectors, medication dispensers, PIR's and smoke detectors to 63 telecare users. It is developing links with the PCT by working with them on their falls strategy, and is hoping that by March installation figures will have increased dramatically.

<b>Objectives</b>	
<ul style="list-style-type: none"> <li>To enable people to remain at home for as long as possible</li> <li>Provide customer choice</li> <li>Provide monitoring and response</li> <li>To raise the profile of telecare and the warden call service</li> <li>Establish clear referral process</li> <li>Establish eligibility criteria for telecare</li> <li>Facility early hospital discharge and prevent admission</li> </ul>	
<b>Results</b>	
<ul style="list-style-type: none"> <li>13 new referrals a week on average</li> <li>Telecare Awareness raised - measured via phone calls from health and social care professionals</li> <li>Plan to provide further results end of Mar 08</li> </ul>	
<b>No of connections @ January 2008</b>	
<ul style="list-style-type: none"> <li>4,500 connections (<b>63</b> people with telecare)</li> </ul>	
<b>Quotes</b>	
<ul style="list-style-type: none"> <li><b>Family</b></li> <li><b>Service provider</b> – "Telecare in York is now starting to make a difference to peoples lives by allowing them to stay at home for longer. Here in York by March 2008 the uptake of telecare is set to increase dramatically</li> </ul>	
<b>Evaluation report available</b>	<b>NO</b>
I would be willing to provide client information for press interview purposes	<b>NO</b>
I would be willing to share this information with others, via information websites such as JIT (Joint Improvement Team) <a href="http://www.jitscotland.org.uk">http://www.jitscotland.org.uk</a>	
- all information above	<b>YES</b>
- anonymous summary information, e.g. Local Authority in South West	<b>NO</b>