SURREY
COUNTY COUNCIL

ADULT SOCIAL CARE SELECT COMMITTEE
1 JULY 2010

Emerging Telecare Strategy 2010 - 2014

Purpose of the report: Policy Development and Review

The purpose of this Report is to advise the Select Committee about the emerging Telecare Strategy, which is being developed in collaboration with district and borough councils and other partners. It is an update paper of progress to date and an early indication of principles, intended to get the Committee's early views and support on the direction of travel.

Introduction:

1   Telecare is built upon a core community alarm system. The person has a small alarm unit in their home, which is linked to their telephone. They also carry or wear a pendant alarm, which they can press in the event of an emergency. If the alarm is triggered, an alert is received by a Call Centre operator, who will then be able to alert the emergency services, a relative or on-call team as appropriate.

2   Other pieces of Telecare equipment include things like smoke detectors, flood detectors, gas detectors, and temperature extreme sensors. There are also medication dispensers, fall detectors and bed sensors (indicating if someone has left their bed at night and does not return). With all these pieces of equipment, if something triggers an alarm, the call will automatically be made to the Call Centre. The person does not have to personally press the alarm.

3   The community alarm service and the provision of telecare equipment is delivered by borough and district councils and is available for all.

4   The development of a strategy for Telecare sits within the Independent Living Project, which is one of the thirteen projects being taken forward as part of the Implementation Programme.

5   A multi-agency group, including representatives from Adult Social Care, boroughs and districts, health colleagues, the Fire Service and a representative from the Surrey Coalition, is overseeing strategic development.

6   The initial driver for developing the Telecare Strategy was a financial imperative. Telecare initiatives were established further to the distribution to all local authorities of Preventative Technologies Grant (PTG) from April 2006 to March 2009. The intention was that PTG funding would kickstart Telecare initiatives across the country and that local authorities would ensure that these activities were mainstreamed moving forward, without the need for on-going funding.

7   In Surrey, initiatives were duly established – but not mainstreamed, with the result that new services were at risk of not moving forward after March 2009. The Supporting People partnership agreed to pick up the cost of those services that had been established for the period April 2009 until March 2011, on the understanding that from April 2011 onwards a sustainable future needed to be established.

8   The Telecare services currently funded by Supporting People and delivered by the borough and district councils are:

    •   The CAT scheme, which provides a community alarm free for 12 weeks to all adults who want one, when they are discharged from hospital

    •   The provision of a range of Telecare equipment, enabling adults of all ages across the county to remain living independently in their own homes

9   Although the largest group benefiting from Telecare is the over 75's, an increasing number of younger people with long-term conditions (Muscular Sclerosis, Motor Neurone, and so on) and also people with learning disabilities are being assisted by the technology.

10   It has been identified through monitoring these services that the CAT scheme is very successful, with strong take-up of services across the county. Many people are continuing to buy into the service themselves after the initial 12 week free period has passed.

11   It has also been identified that the take-up of other equipment has been inconsistent across the County and disappointing. In fact, there was a considerable underspend of the Supporting People funding that was made available in 2009/10.

12   However, there is strong evidence in different parts of the country to suggest that investment in Telecare results in substantial financial savings for Adult Social Care and the health service as well as bringing positive benefits to individuals. Therefore, the successful implementation of the Telecare Strategy has been linked with a positive

contribution to helping Adult Social Care achieve its efficiency savings.

13   Key aspects of the emerging Strategy focus on understanding why the benefits of Telecare have not yet been embraced in Surrey (both from the perspective of potential users and by front line professional services), how we can address this, and what particular initiatives can we pursue to enhance take-up and the consequent benefits to both people and the public purse.

14   We are also seeking to establish what our "core offer" of service across the County is to be, what role the different agencies will play – and how we will balance the principle of a universal service vis-à-vis individuals taking responsibility for their own support and peace of mind.

15   Whilst we are focusing, in the main on Telecare, we also want to identify how we can work with health colleagues to work towards Telehealth/Telemedicine, which is the next step along the strategic journey.

16   We have been identified as one of four sites to receive assistance from the Department of Health Care Services Efficiency Delivery (CSED) to help with the transition from Strategy to Implementation of Telecare. The other sites are Portsmouth, Slough and Wokingham.

17   A SE Regional Network is to be established and, in return for receiving consultancy support, we will be expected to share any learning. A particularly positive aspect of this is that, hopefully, the work will help strengthen the engagement and investment of health partners, if we are to mainstream Telecare and then make the next step to establishing Telehealth options.

The Key Principles Of What We Are Seeking to Achieve

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18   We want to ensure that all those in Surrey who may benefit from Telecare are fully advised as to the possibilities available and have easy access to a high quality equipment and response service to enable them to live independently and with peace of mind in their homes.

19   We believe that technology is not a substitute for care by people but can support independence and play its part.

20   We want to help achieve the following specific objectives:

- Enabling independence in the home
- Peace of mind for family carers
- Equality and ease of access to services across Surrey
- Good and accessible information
- A service that operates across organisational boundaries – a seamless service
- Supporting the "re-ablement" of vulnerable people
- A timely and appropriate response to calls for assistance
- Value for money

The Emerging Ideas Of How We will Achieve These Things

21   We plan to embed the delivery of Telecare as an option into Adult Social Care processes, both as part of Self-Directed Support and as part of the re-ablement service.

22   We intend to train front line staff in the opportunities and benefits of Telecare, overcoming some barriers of front line workers, whether in Adult Social Care or other agencies, being resistant to using Telecare to support independence.

23   We hope to promote Telecare as a positive option to prospective users. Building on the successes of the CAT system, one idea is to widely promote the offer of all Telecare equipment free to people on a trial basis, so people can judge for themselves whether it works for them. Then, if so, people could either elect to choose a Telecare package as part of their self-directed support package or else, if they can afford to fund their own package, pay for this themselves. It is suggested that the trial period may be twelve weeks. It is felt that this is sufficient for people to familiarise themselves with the equipment and to have confidence in it, offering a fair trial, whilst making best use of public funds.

24   We intend to promote the benefits of Telecare through literature, the Surrey Telecare website, the Surrey Information Point (which is being developed as part of the Implementation Programme), and through the new User Organisation Led hubs in town centres, for example, in Epsom and Redhill, where people could actually view some pieces of equipment.   We hope to have information available in discharge areas in hospitals and, perhaps, in GP surgeries. We also plan to continue linking in to organised events or carers and users in Surrey to demonstrate the options available. We also want to work jointly with the voluntary sector to promote the available opportunities.

25   We want to use specific project work to evaluate the benefits of Telecare and Telehealth technology in Surrey and, thereby, to make the case for renewed investment, on an Invest to Save basis. There are two projects currently underway.

26   The first is the Dementia Telecare Project, which is being funded through the Policy Initiatives Fund, further to an announcement by the Leader as part of his budget statement for 2010/11. The plan is to support about 100 people with dementia with a telecare package, with the dual intention of avoiding or delaying admission to institutional care whilst, where relevant, offering help and peace of mind to family carers. We are working in collaboration with Elmbridge, Spelthorne, Mole Valley and the Alzheimer's Society as well as with health colleagues and carer representatives.

27   The second is a Falls Project that is being carried out in partnership with Central Surrey Health. This pilot is testing the benefits of telehealth and

other assistive technologies technology as a diagnostic and support tool for those eat risk of falling

28   We want to see if we can create a 24-hour call out response service across Surrey, in particular for those who do not have carers living with them, to avoid the need of the Call Centre having to call an ambulance if somebody activates their alarm and they are unable to speak to the person or contact the key holder quickly. Many emergencies do not necessarily need a medical response.

29   We have also engaged with SurreyWorks, which is a PCT led initiative, working with the University of Surrey and the commercial sector, to develop different Telehealth options on an industrial scale. In the early months, it is likely that we will simply be supporting the research through specific grant funded projects that SurreyWorks is able to access.

The Financial Context

30   All research and pilots into telecare show that both health and social care can expect to make significant financial savings as a result of telecare. However, investment in telecare is required before savings can be realised. Examples of savings made through telecare activity include:

- North Yorkshire - evidenced a net average investment efficiency of £3,600 per person or a 38% reduction in care costs. North Yorkshire County Council analysed 132 new users and showed a £1m saving on those 132 new users.

- Essex County Council - evidenced that for every £1 spent a £3.82 saving was made.

29   As yet, we do not know how many additional people we will support each year through Telecare and the financial impact locally, so it is difficult to predict the savings. Hence, for the purposes of the Efficiency Savings target our cumulative proposed savings are quite cautious, assuming £0.6m in 2011/12, £0.7 in 2012/13 and £0.6m in 2013/14. If we were to use the North Yorkshire figures as an example, this would suggest that we would need around 170 people a year who would normally be eligible for a care service to opt for Telecare as part of their package. If we were to offer a more universal service, with a free package for up to, say twelve weeks for those who would not historically have received a service from us, this number would need to increase in order to deliver the efficiencies we have committed to.

Recommendations:

The Committee gives feedback on the key principles on what we are hoping to achieve and how we are aiming to achieve them. In particular, views would be appreciated on the emerging principle of a core, universal service of information and advice, together with a recommendation that all who may benefit from telecare are given the option of a free package for up to twelve

weeks to see if it is right for them, before deciding whether they would like to buy into the scheme for themselves, either through their personal budget, if they are eligible for Adult Social Care Services, or to be paid for themselves.

Next steps:

1   Consultation on the emerging Strategy to take place over the next few months, with a view to a final version being agreed across the agencies by the end of September 2010.

2   A stakeholder conference to be held in the Autumn.

3   A training event to take place in the Autumn for key individuals in-house in operational teams

4   A multi-agency training programme to be rolled out across the County from the Autumn this year to March 2011

5   The Dementia Telecare and Falls Projects to be evaluated to help inform budget setting for 2011/12

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Sources/background papers:

1. The Bow Group Paper – Telecare: a crucial opportunity to help save our health a social care system (Professor Sue Yeandle).
    Published August 2009 with a foreword by Andrew Lansley CBE MP

2. Under Pressure: tackling the financial challenge for councils of an ageing population.
    Published February 2010