Mainstreaming Telecare and Telehealth Service in Surrey

Purpose of the report:

To provide an update on progress being made to establish a universal, accessible and mainstreamed Telecare service across Surrey.

Introduction:

1 Surrey’s aim is to deliver a Telecare Service, which is valued by individuals, families and care providers as a significant element in promoting and maintaining independence. An additional outcome would be delaying or reducing the need for more intense, costly intervention, which in turn will support the Council’s medium term financial plan.

2 Mainstreaming telecare/telehealth is a core ambition in the Adult Social Care Directorate Plan for 2011/12 to 2014/15 and will have a positive impact on Adult Social Care achieving its five strategic objectives. Telecare will significantly contribute towards the continued shift from residential and nursing care to personalised community-based care. Telecare will heavily support the prevention agenda and will enable people to remain independent and in their own home for longer.

3 The definition of telecare, telehealth and telemedicine is ‘the use of technology to support people at home to make significant improvements to their health and social outcomes, which reduces the cost of their care.’ Surrey plans to be able to offer a range of solutions from simple technology such as pill dispensers or door sensors, through to telehealth monitoring equipment to monitor Long Term Conditions such as chronic obstructive pulmonary disease and diabetes.

4 Surrey’s Telecare/Telehealth Vision:

“Working in partnership to ensure that all those in Surrey who may benefit from Telecare and/or Telehealth are fully advised as to the possibilities available and have easy access to high quality equipment and response services, to enable them to live independently with peace of mind in their homes.”
5 In taking forward the Telecare/Telehealth agenda Adult Social Care recognises the vital importance of working in partnership with NHS Surrey and District and Borough Councils to deliver a Telecare/Telehealth-embedded service, which has been a key part of the whole systems partnership funding programme.

Preventative services activity

6 Boroughs and Districts across Surrey provide a high level of preventative services. This reduces the need for more costly intervention at a later stage. In 2010/11 the following preventative services were delivered:

<table>
<thead>
<tr>
<th>Meals on Wheels Service</th>
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<tbody>
<tr>
<td>Nine out of the 11 Borough and District Councils provide a service</td>
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<tr>
<td>317,928 meals were delivered in total</td>
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<tr>
<td>An average of 40,000 meals were delivered per Borough and District Council</td>
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<table>
<thead>
<tr>
<th>Community Transport Service</th>
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<tbody>
<tr>
<td>Six Dial a Ride Services in Surrey</td>
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<tr>
<td>201,926 journeys were made last year</td>
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<tr>
<td>An average of 33,500 journeys per Borough and District Council</td>
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<table>
<thead>
<tr>
<th>Community Alarm Service</th>
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<tbody>
<tr>
<td>Data from eight of the Borough and District Councils is available</td>
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<tr>
<td>2,082 new alarms were installed last year</td>
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<tr>
<td>An average of 300 alarms per Borough and District Council</td>
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<tr>
<td>13,000 community alarms in total are installed across Surrey</td>
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<tr>
<th>Centre Users</th>
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<tbody>
<tr>
<td>Five Borough and District Councils provide their own centres</td>
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<tr>
<td>7,387 centre members across the 5 Borough and District Councils</td>
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7 Over 13,000 community alarms have been installed into homes of older people, people with learning disabilities and people with physical disabilities, demonstrating that the community alarm service has been mainstreamed across Surrey. The aim is to mainstream Telecare and Telehealth Services in the same way.

8 Community Alarm Services have been actively involved with customers' families. The Community Alarm service provides peace of mind and a similar message should be delivered with respect to Telecare services, thus taking forward the 'Think Family' concept across Adult Social Care. The opportunity has been taken to attach (Appendix 1) a testimonial from a family in Spelthorne concerning the benefit of telecare to their father. This is a positive outcome of the telecare dementia project, which has been piloted across four borough and district councils and is currently being further evaluated.

Reaching the Self Funding Market

9 The ageing demographics mean it is crucial to the success of mainstreaming Telecare/Telehealth in Surrey for self-funders to be convinced of the added value of Telecare/Telehealth. There are 186,599
people aged 65+ and a large cohort of that population are not supported by Adult Social Care; however, they may have had contact with Borough and District Councils, voluntary organisations and community organisations.

10 The Telecare message must be conveyed to partner organisations as well as a clear message going through Surrey’s Contact Centre (who are answering a large volume of queries), Clinical Commissioning Groups and Transformation Boards. There needs to be an ownership and understanding of the value that telecare and telehealth can have to improve quality of life and maintain independence.

Developing the residential and nursing home offer

11 In Surrey it is estimated that 80% of people in private older people residential homes are self-funders. Surrey has six in-house older people’s residential homes and five in-house learning disability residential homes. Some of these facilities offer respite and reablement services. It will be vital to work with colleagues within the residential sector, Surrey Care Association and private sector providers to mainstream Telecare/Telehealth and assistive technology within homes in terms of supporting enhanced care pathways, offering effective reablement, supporting existing staff and maintaining older people’s care within a home environment for as long as possible. Preventing inappropriate hospital admissions is a key priority for both Adult Social Care and health colleagues.

12 It is recognised that use of whole systems partners funding can be focussed towards how best pressure can be reduced on the whole system, thus reducing inappropriate hospital admissions and telecare and telehealth is an important vehicle for achieving this.

### Prevention Through Partnership

**Partnership Agenda**

13 The Strategic Director for Adult Social Care recognises the importance of partnerships with Borough and District Councils to move forward Adult Social Care’s strategic objectives, which has resulted in the creation of a new senior partnership position. Melanie Bussicott has joined Adult Social Care for a two day a week two year secondment as Assistant Director for Borough and District Council Partnerships. Melanie is also Head of Community Support Services at Elmbridge Borough Council, which in turn allows for the opportunity to take forward a strong preventative agenda across Surrey working with the other ten borough and district councils. This secondment began in March 2011 for a two-year period until February 2013.

### Prevention Through Partnership

14 This is currently being evolved with Boroughs and Districts developing a wide range of partnership opportunities, engaging and involving
The initial seven components identified were as follows:

a) Development of the Telecare Strategy with the explicit objective to mainstream Telecare across Surrey with a universal accessible service in partnerships with boroughs and districts. (Since April this agenda has broadened to look at the development of Telecare/Telehealth service delivery across Surrey with health partners).

b) Development of wellbeing centres for each borough and district to support the Dementia Services Commissioning Strategy.

c) Development of partnership working opportunities at a local level supporting individual project work as appropriate. An example has been working with the Learning Disabilities Day Care Review and seeing how this might appropriately link with opportunities for development within borough and district councils centres for retired people.

d) Development of potential joint working that follows on from co-location opportunities.

e) Leading on consideration of how Borough and District Councils can further engage with respect to the evolving health and wellbeing agenda.

f) Development of a consistent Meals on Wheels Service across the County

g) Development of a Joint Database of information services across Boroughs and Districts and Surrey County Council.

## Development of the Telecare Strategy

### Telecare Strategy

16 To achieve Surrey’s Telecare Vision, a Telecare Strategy and subsequent Service Delivery Plan has been developed to mainstream Telecare and Telehealth across Surrey by 2012.

17 It is recognised that delivery of the above agenda requires appropriate core funding to enable the development of a sustainable service in the longer term. As a result, a key component of the whole systems partnership funding programme supports both Telecare and Telehealth. It is necessary to move away from a history of small-scale limited pilots to a sustainable future model.

### Telecare Deliverables

18 There are nine Telecare deliverables in the Adult Social Care Service Delivery Plan, which are:

a) Deliver Telecare training to all front line staff.
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b) Nominate a Telecare champion in each adult social care area to promote best use of Telecare and enhance links with districts and boroughs.

c) Agree and deliver Telecare performance targets across of front line adult social care teams.

d) Capture efficiency savings achieved via Telecare through the Telecare Evaluation Tool produced by Care Services Efficiency Delivery.

e) Embed Telecare into the reablement process to support people to recover their independence.

f) Develop a delivery model for Telecare.

g) Develop a 24/7 consistent, co-ordinated and easy to access response service.

h) Develop a Telecare demonstrator site, relaunched website and Surrey wide awareness raising programme.

i) Identify three short-term bed sites where Telecare equipment ‘tester sessions’ can be promoted.

Emerging Telehealth Agenda

19 Surrey’s aim is to deliver a Telecare/Telehealth Service working closely with colleagues across health to ensure the Telehealth component is developed through appropriate partnerships. A key element in developing a combined Telehealth/Telecare agenda has been the creation of a Telecare/Telehealth Project Delivery Manager position, which has been successfully recruited to.

20 In addition, there has been development of a Telehealth Delivery Board chaired by the Assistant Director for Borough and District Council Partnerships. This includes:

a) Surrey County Council

b) NHS Surrey Leads including geriatrician

c) Health Provider service (Central Surrey Health/Surrey Community Health)

d) Head of Innovations Lead, Strategic Health Authority

e) The Chief Executive of Surrey Health Technologies Alliance (SEHTA)

f) Clinical Commissioning Group representatives from Medlincs and East Elmbridge

g) The Chief Executive of Surrey Care Association

h) Borough and District Council representative from Elmbridge Borough Council

21 NHS Surrey is currently undertaking a review of all previous Telehealth activity, both in terms of projects and research to best inform future
activity. It is envisaged that a Telehealth vision and key deliverables will be developed in the same way as Telecare deliverables and project.

Telecare Partnerships

22 A draft Service Specification for the Delivery Model of Telecare has been developed with Boroughs and Districts and a meeting with all Boroughs and Districts was held on 9 November 2011 to discuss the model in greater detail. The model sets out how a telecare service will be delivered and financed over a five-year period.

23 The finance model is an illustrative one and is based on historic activity and shows projected activity over the next five years. The model proposes a clear pricing system for telecare.

24 Telecare equipment has been grouped together into 3 bandings: Band A £22 per month; Band B £24 per month and Band C £26 per month. The model shows that pump priming funding of £349,000 (from the whole systems funding) is required for the first year and the model will become self sustaining in year two. The pump priming funding will cover the costs of four telecare installers, who will be employed by SCC and will provide additional resource to install telecare and purchase of equipment. After year two the income received will cover the costs of the installers and the equipment.

25 Project Outcomes:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
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<tbody>
<tr>
<td>A mainstreamed telecare/ telehealth service</td>
<td>valued and sought after by people with support needs and their carers.</td>
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<tr>
<td>A sustainable delivery model of telecare agreed by all Boroughs and Districts and in place by 2012.</td>
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<tr>
<td>A robust 24-hour telecare/ telehealth response service</td>
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<td>Heightened awareness of Adult Social Care and health staff and the wider Surrey community of the benefits of telecare/ telehealth</td>
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<tr>
<td>Increased telecare referrals by Adult Social Care</td>
<td></td>
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<tr>
<td>Working in partnership with colleagues in health to develop telehealth services that have appropriate links to telecare</td>
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<tr>
<td>Realising the £350k financial savings identified for year 11/12</td>
<td></td>
</tr>
<tr>
<td>Engage with telecare service providers to ensure customers are fully aware of the wide range of preventative services available in the local area and make referral to those services</td>
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26 Project scope and current activity: Appendix 2 is a summary of the current four workstreams that have been identified to meet this agenda.

High Level Schedule

27 The projects will have four work areas, all of which will have achieved the first key milestones by April 2012:

a) New Local Delivery Model in place
b) Awareness Raising and Training Delivery Programme completed
c) 24-hour response model agreed and in place
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d) Development of a Joint Telehealth and Telecare agenda

Resources

28 In order to take forward the mainstreaming of Telehealth care services across Surrey, resources to deliver on the four key work areas listed above have been identified from the £10.6 million whole systems partnership funding. From the whole systems partnership funding £950,000 has been allocated to cover the costs of mainstreaming telecare and £3.9m for telehealth development and £1m for telehealth equipment.

Action Plan

29 An action plan scopes each of the key activity areas outlined in Appendix 2, identifies key actions, relevant documentation, leads, funding and timescale.

30 Detailed in Appendix 3 are the key costed components of the Telecare/Telehealth Delivery model

Conclusions:

31 The Committee’s support is sought in confirming the actions and agendas that have taken place to date and supporting the timeline/action plan, recognising that this is a fast moving agenda. This will ensure a personalised social care and support service will be delivered across Surrey.

Financial and value for money implications

32 The mainstreaming of telecare is projected to deliver savings of up to £350,000 in year 2011/12. Work is being undertaken to identify savings through the Care Services Efficiency Delivery tool and it is anticipated that the benefits will start to accrue once the new delivery model is in place. A review is taking place to share best practice and consider other mechanisms to support identifying cost savings. However, it is recognised that referrals need to increase in order to deliver on savings in the medium-term – at which point it is anticipated that Telecare will play a significant part in contributing to the savings to be achieved by Adult Social Care. Robust actions are being put in place to achieve this.

Equalities Implications

33 An EIA has been completed. The development of the Telecare/Telehealth strategy and action plan has been mindful of all equality strands and the Equalities Agenda has been embedded through the Action Plan.

Risk Management Implications

34 The risk arises out of insufficient referrals being achieved to immediately meet medium term financial savings. The robust action plan is seeking
to increase awareness and value of Telecare and Telehealth across Surrey, develop processes to support increased referrals being made by Personal Care and Support Teams across Surrey. The model of Service Delivery – working with Boroughs and Districts – will ensure an immediate response to all referrals received once a significant increase in Telecare activity across Surrey has been seen. Financial savings will also be evaluated through the Care Services Efficiency Delivery tool in order to evidence savings.

35 The key challenge is recognised as scaling up activity to achieve the medium term financial strategy savings of £350,000. Further work needs to be undertaken to develop the vision, plan and deliverables for telehealth that in turn will complement the telecare and telehealth agenda. Once heightened awareness is achieved this may result in a potential flux of referrals and it must be ensured that robust arrangements are in place to scale up equipment stores to mitigate against the risk of having insufficient stock available.

**Recommendations:**

a) That the high level of activity to mainstream telecare and telehealth is supported; and

b) That the telecare project outcomes, four key work areas, deliverables and project plan are supported.

**Next steps:**

Identify key deliverables for Telehealth in the same way as Telecare, engaging and involving prospective users and carers in identifying desired outcomes

Agree and implement the Service Specification for Delivery Model of Telecare with Boroughs and Districts, ensuring the ideas and input of users and carers are incorporated into service delivery and charging models.

Develop a Telecare 24 response service delivery specification in consultation with users and carers.

Develop a Telecare/Telehealth marketing strategy.

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**Sources/background papers:**
Surrey County Council's Telecare Strategy Report currently detailing mainstream Telecare and Telehealth key work streams
Telecare Project Plan