ASSISTIVE TECHNOLOGY & TELECARE STRATEGY FOR THE LONDON BOROUGH OF SUTTON

2006-2009
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1. Introduction

This document sets out a strategy for the integration of assistive technology, including telecare, across Sutton’s social, health and housing services. It is produced in response to the Government’s commitment to enabling more older people and other vulnerable groups to live independently, in control and with dignity for longer.

It follows the guidance and advice set out in the Department of Health (DoH) paper Building Telecare in England and the joint DoH/Audit Commission Telecare Implementation Guide. It also describes Sutton’s proposal for the expenditure of the Preventative Technology Grant, which aims to initiate a transformation in the design and delivery of health and social care services. This includes the introduction of prevention strategies to enhance and maintain the well-being, self-esteem, independence and autonomy of individuals by using telecare to support them to live safely and securely at home. The Government’s policy is intended to increase the number of people who benefit from telecare by at least 160,000 older people nationally by 2008. In Sutton, this target equates to 526 people (based on the Government’s estimate of £500 expenditure per person and our grant allocation).

Accordingly, this strategy aims to increase the number of older and other vulnerable people benefiting from telecare in Sutton. It will contribute to a shift away from the institutional model of care and towards person-centred, community-based services and independent living, supporting other key initiatives such as Better Healthcare Closer to Home and Practice Based Commissioning. It will also support initiatives to reduce hospital admissions and facilitate hospital discharge. For example, Targeted Case Coordinators will be able to offer home-based support to people with complex needs and high-level users of hospital services. Over time, it is anticipated that integrating assistive technology and telecare with mainstream care systems will deliver savings in social, residential and health care costs, although pilot studies show that it could be unrealistic to expect to realise the savings for at least five years.

However, it must be recognised that assistive technology and telecare are not intended to replace other forms of care, but complement them. The use of technology can enable people to live independently with greater confidence and stimulate them to do things for themselves (London Boroughs’ Carelines Group Solutions Guide), which in turn supports relatives and carers. It can offer alternatives to, or delay a move into, residential or nursing care, which for many people is a difficult and unwanted choice.

What are Assistive Technology and Telecare?

“Assistive technology can be defined as any item, piece of equipment, product or system that is used to increase, maintain or improve the functional capabilities and independence of people with cognitive, physical or communication difficulties.” (Assistive Technology: Independence and Well-being, Audit Commission, 2004)
### Classes of Assistive Technology

<table>
<thead>
<tr>
<th>TYPE</th>
<th>DESCRIPTION</th>
<th>EXAMPLES</th>
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<tbody>
<tr>
<td><strong>GROUP A</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Aids to daily living</td>
<td>Devices which help a person to perform a specific task with no (or less) help from others</td>
<td>Toilet-seat raisers, tap turning adapters, kettle pourers</td>
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<tr>
<td>2 Machines</td>
<td>Electro-mechanical fixed equipment to reduce physical strain on person or carer</td>
<td>Stair-lifts, bath hoists, elevators</td>
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<tr>
<td>3 Adaptations</td>
<td>Modifications to the home environment to help with the activities of daily living</td>
<td>Grab rails, ramps, bathroom extensions, walk-in bath, level access shower</td>
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<tr>
<td><strong>GROUP B</strong></td>
<td></td>
<td></td>
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<tr>
<td>4 Remote control devices</td>
<td>Devices that enable an appliance or electronic system to be operated at a distance</td>
<td>Environmental control systems, door-openers, TV controllers</td>
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<tr>
<td>5 Automatic systems</td>
<td>Stand-alone sensor, actuator and information systems to detect and deal with specified situations</td>
<td>Security lights, sprinkler systems, intruder alarms, warning systems, sources and displays of information</td>
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<tr>
<td><strong>GROUP C</strong></td>
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<tr>
<td>6 Remote alarms</td>
<td>Sensors that link into a social alarm service and provide an appropriate response</td>
<td>Heat and flood detector, fall detector, bed absence device, movement monitor</td>
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<tr>
<td>7 Intelligent monitoring</td>
<td>Detection and analysis of movement, activities and/or medical parameters – prediction and prevention strategies</td>
<td>Lifestyle and habit monitoring for early identification of changes due to illness or other factors</td>
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<tr>
<td>8 Virtual presence</td>
<td>Innovative use of broadband communication to provide visual interaction that overcome barriers of isolation</td>
<td>Tele-consultations with health professionals, virtual view in living room, 3-D surround sound chat room</td>
</tr>
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Source: Social Services Inspectorate for Wales, October 2005

In Sutton, many of the assistive technologies described in Group A and B are available through the Integrated Community Equipment Service (ICES). ICES also employs some intelligent monitoring equipment through bespoke packages that are not linked to a response.

ICES has an overall budget for assistive technology of £1,135,800, consisting of:

- ICES Pooled Fund (£315,800) for equipment and adaptations in privately owned homes.
- Housing Revenue Account (£50,000) for funding minor adaptations in Local Authority Housing.
• Major Repairs Allowance (£200,000) within the Housing Capital Programme for major adaptations.
• London Borough of Sutton Capital Resources (£75,000) within the Housing Capital Programme for major adaptations.
• Mandatory Disabled Facilities Grant (£495,000) within the Environment and Leisure Capital Programme for minor/major adaptations.

The technologies in Group C are those that can be defined as telecare.

Our existing social alarm system infrastructure - Safecall - is ready to support telecare remote alarms and to a small extent, intelligent monitoring. We have tested our readiness through a small pilot providing telecare packages to individuals with Alzheimer’s disease and through raising awareness among health, social care and housing professionals of the potential benefits telecare can bring. Now that the foundation has been established and commitment secured to support this work, this three-year strategy will put in place the processes, workforce training and cross-agency working required to deliver integrated telecare to the community effectively.

Over the next decade, as telecare becomes mainstream and our workforce and infrastructure more able to exploit its benefits, Sutton will employ more advanced telecare solutions such as intelligent monitoring and virtual presence (using visual interaction between users and health and care professionals via broadband communication). The telecare industry is fast growing and new technologies are appearing on the market all the time. Telemedicine will begin to play a significant role in enabling people to manage chronic medical conditions in their own homes and in preventative health care. Pilot projects in the UK and other countries across Europe, such as Italy, have already proved hugely successful in reducing demands on scarce resources in health and supporting people to better health. The infrastructure to support telemedicine is not yet well developed in the UK, but within the next five to ten years we will see major investment in this type of care provision. Sutton will keep abreast of new technologies and grasp opportunities to improve the support and equipment available to our residents.

2. Aims and Expected Outcomes

Aims

This strategy aims to achieve the integration of assistive technology, including telecare, within social care, health and housing services in Sutton. It will also support the wider health, housing and social care policy agenda as described in Section 3.

The following eleven outcomes, most of which have been adopted from the Government’s guidance paper ‘Building Telecare in England’, will form the basis of the work that will be undertaken within this strategy:

Outcomes

• Integrated delivery of telecare support packages in a range of dwellings (public and private)

• Improved choice and flexibility enabling older and vulnerable people to live independently and with dignity
• Reduced need for residential/nursing care
• Unlock resources which can be redirected elsewhere in the system
• More personal freedom for carers and reduced burden placed on carers
• Contribution to care and support for people with long term health conditions
• Reduced acute hospital admissions
• Reduced falls and accidents in the home
• Increased support for hospital discharge and intermediate care services
• Contribution to the development of a range of preventative services
• Help those who wish to die at home to do so with dignity

These reflect the principle of the inverted triangle of care, to promote well-being, self-care and access to universal services in preference to dependence on intensive models of care, wherever feasible. See Diagram 1.

The strategy will therefore contribute to realising the vision described in the Social Care Green Paper (March 2005) and the recent Health and Social Care White Paper (January 2006) at a local level. Both papers highlighted the need for: better prevention services and earlier intervention; giving people greater choice and control, and supporting them to maintain independence and well-being; making better use of technology to support people; and working with a range of partners to deliver more joined up services. Assistive technology and telecare have the potential to play a powerful role in helping to achieve these outcomes for older and other vulnerable people in Sutton.
Diagram 1: The Inverted Triangle of Care

Support for Older People Today

Direct Users & Carers → Acute Care → Frail Older People → Prevention Policies → Community Strategy

Engagement: Empowerment
Environment: Safety
Housing: Learning

Public Sector
Voluntary Sector
Faith Communities

All Partners

Support for Older People Tomorrow

Citizens → Community Strategy
Engagement: Empowerment
Environment: Safety
Housing: Learning

Individuals
Families
Communities

Promotion & Well Being Policies

Public Sector
Voluntary Sector
Faith Communities

All Partners

Direct Users & Carers → Specialist Care → Health, Social Care, Housing

Source: All Our Tomorrows – Inverting the triangle of care, Local Government Association 2003
3. Key Drivers

Assistive technology and telecare are of increasing importance in Government policy on health and social care provision. This strategy supports a number of national public policy initiatives and Sutton’s aspirations for improving the health, well-being and quality of life of older and vulnerable people, and their carers, in the borough.

3.1 National Drivers

Building Telecare in England
Building Telecare in England sets out the Government’s commitment to:
• Increase the numbers of older people nationally that will be supported by telecare to 160,000 by 2008
• Reduce the number of avoidable admissions to residential/nursing care and hospital
The £80 million Preventative Technologies Grant is intended to support local authorities, in partnership with PCTs, to invest in telecare initiatives.

Audit Commission
In 2004, the Audit Commission published a series of reports on the ‘Ageing Society’ entitled ‘Older People: Independence and well-being: The challenge for public services’ which promoted the vital role assistive technology has in supporting older or disabled people to maintain or regain their independence.

The Health Select Committee Report (April 2005)
The Health Select Committee supports the introduction of new technologies that can improve the quality of life of patients through more efficient and effective treatments; enable patients to remain in their homes rather than being admitted to hospitals or care homes; make remote diagnosis and treatment possible; reduce treatment times; and enable clinicians to treat more patients more effectively.

The paper establishes telecare as central to government’s proposals to transform care services:

“Telecare has huge potential to support individuals to live at home, and to compliment traditional care. It can give carers more personal freedom and more time to concentrate on the human aspects of care and support and will make a contribution to meeting potential shortfalls in the workforce.”

The implementation of the strategy, in addition to helping meet the government’s target for provision of telecare in people’s homes, will contribute to the key adult social care outcomes identified in the Green Paper.

The Health and Social Care White Paper - Our Health, Our Care, Our Say: a new direction for community services (January 2006)
The White Paper recognises the importance of assistive technology in supporting people safely in their homes using telecare and telehealth services:

“So for people with complex health and social care needs, we plan to bring together knowledge of what works internationally, with a powerful commitment to new, assistive technologies to demonstrate major improvements in care.”
Many parts of the White Paper will have an impact on the design of future telecare services. For instance, preventative approaches and integrated working feature strongly.

**Securing Good Care for Older People, Sir Derek Wanless, March 2006**

The Wanless report gives a strong endorsement of telecare: ‘enough pilot studies have now achieved positive results for telecare to be moved into the mainstream when planning long-term care for the elderly. The Review endorses current Government policy in this regard… Funding should be deployed to realise the potential net value of telecare.’ The report also supports the notion that telecare can complement formal care rather than substituting for it.

A number of DoH strategies and policies support the development of telecare and illustrate its importance in helping to deliver better services. These include:

- NHS Improvement Plan
- National Service Framework (NSF) for Older People
- NSF for Coronary Heart Disease
- NSF for Diabetes
- NSF for Long-Term Neurological Conditions
- Social Care Long Term Conditions Model
- Expert patient and Self Care Programmes
- Carers (Equal Opportunities) Act 2004
- The Choosing Health Delivery Plan
- Delivering 21st Century IT Support for the NHS, 2002

Other Government strategies that promote the use of assistive technology and telecare include:

- Supporting People
- Quality and Choice for Older People’s Housing: A Strategic Framework
- Improving the Life Chances of Disabled People
- Opportunity Age

**Single Assessment Process (SAP)**

SAP is intended to streamline the assessment process and ensure consistent identification of user needs, and continues to be implemented across health and social services (with housing). SAP ensures a person-centred approach, where the views of the person are central to the assessment process. The addition of assistive technology and telecare to the range of available services will contribute to a more holistic and complete assessment of people’s needs.

**Direct Payments**

Advice about direct payment options will be given to users and carers who wish to purchase telecare equipment and services. Direct Payments may be made for telecare equipment and services in accordance with Sutton Council’s procedures for the use of Direct Payments to purchase community equipment.

**Occupational Therapy and Vision and Hearing Services**

Occupational therapy and visual impairment rehabilitation professionals will be able to include telecare as one of the many equipment and technological solutions they offer to clients. Occupational therapists and Vision and Hearing Services staff in Sutton will be offered general training about the equipment available and more in-depth training in telecare assessment and installation.
Day Care
A review of Day Care in Sutton is leading to improved integration across services and greater promotion of independence and community-based services for older people. The review specifically identifies telecare as an important link in helping people to continue living in their own homes (Developing a Day Services Strategy for Older People in Sutton 2005-2006, p.13). Day Care services will have a key role in promoting telecare, as they will provide information, advice and support to users and carers about services available to them.

Supporting People
Supporting People is a government programme that provides funding for housing support services. Since April 2003, the Council has received a Supporting People Grant to pay for housing support services for vulnerable people in Sutton. The Council manages this grant on behalf of a partnership with Sutton and Merton Primary Care Trust and the Probation service. The strategic vision of the programme is detailed in the Supporting People Five Year Strategy. The strategy identifies assistive technology as a priority for the next five years. The strategy states the programmes objective is: “To support the increased use of assistive technology to enable more people to live safely at home” (Sutton’s Supporting People Five Year Strategy 2005-2010, p. 49). The Supporting People team will participate in the Assistive Technology Strategy Working group to meet this objective.

Payment by Results
If telecare and related monitoring services can prevent unnecessary acute hospital admissions by supporting people at risk of accidents and falls or with long-term health conditions in the community, then it has potential to ‘save’ tariff charges. It is also possible that it will contribute further to savings by reducing the incidence of delayed transfers of care.

Practice Based Commissioning
Under Practice Based Commissioning GP practices will take on responsibility from their PCT for commissioning services that meet the health needs of their local population. All practices will be involved in Practice Based Commissioning by 2008.

Practice Based Commissioning could lead to GPs commissioning their own telecare and telehealth arrangements as practices receive their budgets and start to innovate. This could include the use of practice teams and specialist services for improved monitoring of diseases and long-term conditions. Closer working of health, housing and social care professionals may also highlight opportunities for telecare sensors to meet the needs of service users. Telecare and telehealth monitoring may provide opportunities to use local budgets more effectively.

3.2 Local Drivers
There is a high level of enthusiasm and support for the introduction of assistive technology and telecare in Sutton. It is widely recognised that a great deal of work has been undertaken to raise awareness and promote understanding of assistive technology and telecare locally. This is reflected in:

- Housing Health and Social Care Strategy for Older People 2005-2010 (p 41)
- Commissioning Strategy for Older People 2004-2009 (pp.6, 24, 53-54)
- Health, Housing and Social Care Action Plan (Priority 1)
- Supporting People Strategy 2005-2010 (p49 & p.74)
- Corporate Action Plan, Goal 2 - Promoting Social Inclusion
• Local Delivery Plan (Targets 22 & 23)
• Local Public Service Agreement (Target 12, indicators 1 and 2)
• Falls Prevention and Management Strategy (p15, p23)
• Vision and Hearing Strategy 2005 – 2008 (Action 8: People with Severe Sight and Hearing Loss)

all of which acknowledge the future role of telecare. The strategy also aims to align with those of the Sutton and Merton Better Healthcare Closer to Home programme, the Local Implementation Group of Older People priorities and the Carers’ Strategy.

Local service user groups, for example Age Concern and the Alzheimer’s Society, and the work ongoing as part of the development of the Integrated Falls Service in Sutton, are also driving forward the development of this strategy as the benefits of assistive technology and telecare become more apparent through pilot projects such as the Sutton Alzheimer’s Pilot Project.

3.3 Population Trends

The data in this section was obtained from the 2001 Census.

Population – overview
In 2003 the Borough had an estimated population of 182,800. It is projected to rise to 200,100 in 2012. 89.2% of the population is white and 10.8% are from Black or Minority Ethnic communities. Sutton has a higher percentage of its population in the very young categories – above the national average. Sutton has also a higher proportion of people over pensionable age than the rest of London.

People aged 65 or over
Most older people will continue to live an independent and productive life in their local community for much, if not all, of their retirement. However, we also need to recognise the key significance of health and social care systems for older people (particularly those aged 85 or over) who have specific needs in order to continue to live independently. Some significant changes are due to take place in the population of people aged 65 and over.

• Between 2003 and 2012, there will be a 10.6% increase in people aged 65 or over (an increase of 2800 people). This will include an increase of 7% in people aged 75 or over (an increase of 900 people).
• In 2003, people aged 65 or over represented 14.4% of the total population in Sutton, – in 2012 people aged 65 or over will represent 14.5% of the total population. By 2017, there will be 31,800 people over 65 (15.1%) of the total population) and this will rise to 34,500 (15.7%) in 2022.
• In 2003, 2.1% of the population aged 65 or over were from BME groups. In 2007 this is estimated to increase to 4.6%. It is estimated that the number of BME people over 65 will increase from 900 people in 2001 to 1200 in 2007.

People with a learning disability
There are currently 983 adults (18+) with a learning disability in Sutton (Sutton Register for People with Learning Disabilities). In 2001 there were 150 people living in Sutton aged 55 or over with a learning disability. In 2005 this had increased to 251, a 67% increase, reflecting the national trend for adults with learning disabilities to live longer. Around a third of people with Downs Syndrome are likely to develop dementia from their mid 30s, and many adults with learning disabilities develop health needs
associated with old age from their 50s onwards (Sutton’s Older People’s Commissioning Strategy 2004-2009).

In Sutton, 24% of registered people with learning disabilities live with parents/carers who are over 65 years and 12% with parents/carers over 75 years (Sutton Register for People with Learning Disabilities). Assistive technology and telecare can support some of these older carers to continue caring for their children at home and maintain their own independence.

Caring Responsibilities
- 9.0% of people living in the borough said they provided unpaid care to a family member, friend, neighbour or other person. Assistive technology and telecare can contribute to a greater level of personal freedom for carers and reduce the anxieties they experience.

People with a limiting long-term illness
- 14.8% of the households in Sutton had one or more persons with a limiting long-term illness. (15.55% for all London)
- 6.5% of people of working age had a limiting long-term illness, compared with 7.8% across London.
Assistive technology and telecare can support people to self-manage their illness and contribute to a reduction in hospital admissions.

Crime
Sutton was equal to the national average for crimes involving ‘violence against the person’ but lower than the national average for Sexual Offences, Robbery, Burglary and Theft of motor vehicles. The fear of burglary has increased, based on the MORI survey findings between 2001 and 2003. Bogus caller buttons and other telecare sensors can assist residents to feel safe and secure in their homes.

Health
- 7.1% of the total population described their health as ‘not good’. (29th out of 32 London boroughs.)
- 14.8% of the total population said they had a long-term illness. (26th out of 32 London Boroughs.)
- Attendance allowance (claimed by people aged 65 or over who need a great deal of help with personal care) is claimed by above the England average in Sutton Central and above the London average in St Helier and Wallington South.
- It is estimated that there are around 3,170 visually impaired people living in the borough.
- Approximately 2000 people in Sutton have dementia, 75 of whom are people under 65 years of age. (Sutton Alzheimer’s Society)
- 0.5% of the total population has a profound hearing loss.
- About 1,000 people in Sutton have a noticeable degree of both hearing and sight impairments; about 100 people are severely affected.
- In Sutton in 2005, 1,254 people were conveyed to hospital following a fall, and 720 were not conveyed following a fall. (London Ambulance Service)
4. Projected Impact on Services

4.1 Existing Services

To meet the needs of older and vulnerable people in the borough, a wide range of health, housing and social care services are provided. Those that have the infrastructure in place to support telecare currently are those that employ the dispersed Safecall alarm system. The Safecall service is provided to more than 650 sheltered housing tenants (including 62 people receiving extra care), 320 social services users and 860 privately funded users. However, the majority of sheltered housing schemes currently use a hard-wired community alarm system, which cannot support telecare. Sutton Housing Partnership could upgrade the alarm infrastructure at some future time to ensure all sheltered dwellings can support telecare.

4.2 Interdependent Services

The delivery of this strategy is critically linked with Safecall and a number of other service developments that will provide major components of the response infrastructure for assistive technology.

By the end of 2006, the Safecall Mobile Response Service will be implemented. It will deliver a rapid, reliable and consistent personal response to users of the service when assistance is required. Also linked to the implementation of the Mobile Response Service is the re-organisation of the sheltered housing service, which will move from a residential service to a 9-5 service in autumn 2006. The Mobile Response Service will provide an out-of-hours response to sheltered housing schemes and additional resources to supplement the core staff in the event of holidays or sickness. Both the sheltered housing officers and the Mobile Response Service will respond to telecare alarms triggered in people’s homes, facilitated through the Safecall control centre.

ICES currently provides support to over 4,000 people in the borough. The service promotes independent living and nursing care in the community. It provides a broad span of community equipment services so that care can be tailored to fit individual needs, regardless of the setting people are in. ICES aims to provide:

- Timely advice and information about equipment and adaptations.
- Individual choice in the provision of equipment and adaptations when needed.
- Easy access to equipment and adaptations services.

4.3 Projected impact on services

Community-based support services will play a key role in promoting the use of assistive technology and telecare, especially day services and occupational therapy. As the use of assistive technology and telecare grows and greater numbers of people are supported to live at home, there will be a commensurate increase in the demand for services such as home care, day care, OT, Meals on Wheels and sensory equipment. Correspondingly, there will be fewer people entering hospital and residential care. The resources unlocked by this decreased need for bed-based services should be put back into community-based services to ensure there is capacity in the system to sustain them. This will impact on future planning around commissioning services, budgets, workforce development and recruitment; the way in which community-based services are remodelled will be important for the successful integration of assistive technology and telecare.
The Social Care Services for Older People Commissioning Strategy 2004-2009 recognises this and has assessed future demand and projected requirements for these services. The impact of assistive technology and telecare will be monitored and will feed into future capacity planning.

5. Benefits of Implementing Assistive Technology & Telecare

There is a growing body of evidence about the results that can be achieved through the integrated provision of assistive technology and telecare. Wanless (Securing Good Care for Older People, 2006) states that: enough lessons have been learned from pilot studies that the emphasis should now shift to moving telecare into the mainstream; and providing an early, limited package of telecare to someone in a low-needs category can delay a move into a higher needs service band, particularly when an inexpensive telecare package can prevent a move into residential care by an older person who feels unsafe and vulnerable in the community. An overview of a number of pilot studies is given below.

5.1 Pilot Projects

There have been numerous telecare pilots in recent years across the UK that have demonstrated success in enabling people to live at home for longer, reducing hospital and residential care admissions and giving respite and peace of mind to carers and families. Sutton implemented a pilot in 2004/05 for a small number of people with dementia.

Alzheimer’s Pilot Project - Sutton

The Alzheimer’s Pilot Project was jointly delivered through the London Borough of Sutton Older People’s Services, the Sutton Branch of the Alzheimer’s Society, Sutton Community Mental Health Team Social Services and Age Concern. The purpose of the project was:

- To assess the impact of telecare sensors on the quality of life of dementia clients and their carers
- To determine whether the use of telecare sensors can contribute to the prevention or delay of admittance to institutional care
- To gather evidence to support the development of the borough’s assistive technology strategy

Feedback indicates that the telecare sensors have had positive impacts on the lives of clients and their carers. Generally clients and carers have experienced an improved sense of safety due to the presence of the equipment. For one carer/relative it was a relief to establish that their relative’s wandering was not as frequent as they had previously feared. Another client was enabled to take her medication more consistently without being prompted by her husband and one relative stated that without the equipment, her mother would have been admitted to residential care nine months ago, but she is still able to live at home now.

Lessons learned from the pilot included:

- The earlier the equipment is installed, the greater the benefits to people with dementia. Installations at a later stage can be more problematic as the equipment can be frightening and not understood.
• People with dementia who live alone would benefit from less obvious equipment and plug covers. Installation in early stage dementia enables the user to get used to the equipment before the dementia progresses.
• A greater level of support is needed when equipment is first installed. Once carers and clients are used to the equipment they tend to need less support.
• Clear instructions should be written down and given to carers to ensure they understand the importance of keeping the lines of communication open and any cost implications of the service.

The lessons of this and other pilot studies will help to determine the way in which we can most effectively deliver telecare services to people with dementia and other key target groups. Examples of other successful telecare pilots in the UK are provided below:

Opening Doors for Older People - West Lothian

“West Lothian Council has successfully integrated telecare technology into the overall care and support system provided by the health and social care team. It has been installed in 1,700 homes, and as a direct result of ongoing evaluation of the initiative, West Lothian is set to expand the initiative to a further 800 homes.

The evaluation has shown that the home safety service has saved lives in cases of fire, flood, serious falls and asthma attacks. Before the technology was installed, users described how having no means of calling for help meant that they could be left in a cold bath or on the floor after a fall until the next carer visit. Now, thanks to the home safety service, users can summon help immediately and have instant access to a network of carers and relatives.

The Opening Doors for Older People initiative is recognised as one of the most advanced social health projects in Europe and has been commended in an interim report published by the University of Stirling, which examined the impact of the home safety service. Its findings highlight the positive impact of telecare technology as part of the council’s health and social care support system, improving quality of life, alleviating worry and improving safety and security in the home.

In the interim report from the University of Stirling on Smart Technology, one resident said: “Since January I would say it’s saved my life three times. One time I accidentally left a pan on the stove and a fire started in the kitchen, and another time I had a nasty fall. The Lifeline detected the fire and the fall and sent out help for me. I wouldn’t be here today without it.”

The telecare technology - which includes a Lifeline home unit and a range of sensors to detect inactivity, intruders, falls, smoke, flooding or extremes in temperature - allows users to remain independent, safe in the knowledge that should an incident occur help will be available. Upon detection of a dangerous situation or a press of the alarm button, the Lifeline unit immediately raises a call to Careline, West Lothian Council’s response centre, where trained operators know instantly what the problem is and can speak to the user through the home unit to ascertain the most appropriate action whether it be calling a family member or arranging for a member of the mobile response team to visit.

The research carried out by the University of Stirling also highlights the strong economic benefits of telecare technology and the home safety service. Telecare solutions have reduced pressure on the health authority, allowing them to deploy resources efficiently and cost-effectively. The gross annual cost for providing one
care home place stands at £21,840, compared with £7,121 for the support in the community package, which includes the telecare technology, 24 hour response and ten hours of care.”

Results for West Lothian:

- Multidisciplinary team provides better services more efficiently
- The length of stay in nursing homes in West Lothian has dropped from approximately three years in 1999 to eighteen months by the end of 2002
- The number of hospital bed days saved was 3,400 (full year equivalent)
- Bed nights lost per 1,000 for people over 65 in west Lothian is 60 compared to 544 for Edinburgh and 247 for Scotland as a whole
- Currently West Lothian have the lowest length of stay in Scotland at nine days, compared to the average of 57 days


Safe at Home - Northamptonshire
The Safe at Home telecare pilot for people with dementia in Northamptonshire found that with telecare sensors, four times as many people were able to go on living independently in their own homes as compared to a control group. Carers reported a reduction in their levels of concern for the safety of the person they cared for and increased confidence of the service users in their ability to look after themselves safely. The technology used was generally very reliable, with a few items proving unreliable because of user interference with the device. The evaluation report found that the assistive technology was very cost effective:

- The use of assistive technology has contributed to a much smaller increase in the costs of care packages amongst Safe at Home users compared to the comparator group.
- The costs of residential and hospital provision amongst the comparator group over the evaluation period were much higher than the group with telecare: the net equivalent saving over twenty-one months was £1,504,773.
- The costs of the technology, installation and fitting were considerably less than the potential savings made.


Carlisle Housing Association Intermediate Care Project – North Cumbria
The Carlisle project aimed to develop and provide a range of community based services that prevent avoidable acute admissions and facilitate the transition from hospital to home and support continued independent living at home, utilising telecare. The project formed both an integral part of planned hospital discharge arrangements and an alternative to hospital admission for elderly and disabled people within North Cumbria.

Health staff, occupational therapists and social workers liaised closely to determine a person centred package of support for referred intermediate care clients. All the care packages included a telecare component. In nineteen months, 554 people received
care packages. 68% of these were put in place to support a transfer of care, 16% actually prevented admission to hospital and 7% monitored frail elderly people at home. Of the total number of packages, 16% were put in place to monitor clients at risk of falling. A six-week care package cost on average £205.98, in comparison to a minimum cost of £850 per week for a hospital bed.

The project yielded some very positive results:

- A planned hospital discharge support package of temporary services
- Alternative options to hospital admission (87 clients)
- Reduced NHS ‘bed blocking’ problems arising from unsupported discharges (377 people)
- Reduced number of accidents and hospital admissions/re-admissions
- Improved follow-up support in post trauma situations
- Reduced service pressure on the NHS at peak periods (90 clients)

Source:
http://www.tunstall.co.uk/splash/downloads/6_2_27Intermediate_%20care_carlisle.pdf

5.2 Economic Benefits

Pilot projects have demonstrated the considerable economic benefits that the use of telecare to enable people to maintain their independence can bring. Taking Sutton’s own pilot project as an example, over £7,500 has been saved by delaying the entry of one of the project participants into residential care for at least nine months.

The participant was prone to wandering from her home at night. Her relatives felt sufficiently reassured by the wandering client door sensor to continue supporting her to live in her own home: “It has alleviated the worry about night time wandering. Without it, she would have moved into residential care at least nine months ago.”

- The cost of the telecare equipment installed was approximately £300 and the monitoring cost for a period of nine months was £140, a total of £440 for the package.

- The cost of the remainder of the care package to support the client living at home for as period of nine months was £8,073.

- The cost of residential care for an elderly person with mental illness is £403 per week (based on local independent sector residential care provision prices). Over nine months, this totals £15,705.

- The total amount saved over nine months was £7,632

Other pilot projects have had success in saving money through the use of telecare by reducing hospital admissions, enabling people to be discharged from hospital more quickly, and reducing the length of stay in residential care.
6. Methodology

6.1 Target Groups

The work undertaken within the strategy will focus on key target groups and settings. This approach will enable clear measurement of the impact of the strategy and a controlled rollout of telecare services.

Findings from pilot projects around the UK, including Sutton’s own Alzheimer’s Pilot Project; an analysis of Safecall incident reports and London Ambulance Service figures; and consultation with stakeholder groups has demonstrated that the people identified in the table below can benefit significantly from telecare.

For some users telecare will be a preventative tool, for example people in the early stages of dementia. For others it will provide support in response to an acute need, for example people who have been discharged from hospital and need support to regain their independence. It is important to recognise carers as a group that will also benefit from telecare. Telecare can reduce the concern carers have about the safety of the user and it can prevent some of the events that carers spend a lot of time addressing, allowing them more freedom to go about other daily activities.

<table>
<thead>
<tr>
<th>Groups</th>
<th>Project methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>People at risk of falls</td>
<td>Customised telecare packages to be made available as well as stand alone AT.</td>
</tr>
<tr>
<td>People with dementia</td>
<td>Customised telecare packages to be made available to people with mild dementia who live alone or with a carer. People with more advanced dementia who live with a carer may also benefit from telecare. This project will continue the work of the Alzheimer’s Pilot Project.</td>
</tr>
</tbody>
</table>
| People with learning disabilities| Customised telecare packages to be made available to:  
  • People who live independently  
  • People in residential care who could live more independently with assistive technology  
  • Carers over 70 who still care for an adult with a learning disability |
| Settings                         |                                                                                      |
| Extra Care Housing Schemes       | Introduction of telecare to several of Sutton’s Extra Care housing schemes including:  
  • Crownbourne Court  
  • Belsize Gardens (new build opening in 2008)  
  Telecare infrastructure and referral and assessment processes to be put in place. Projects will be staged over the life of the strategy. |
| Intermediate Care                | Introduction of telecare at a bed-based service and through home-based intermediate care services. PCT has indicated interest in trialling telemedicine for patients with long-term chronic conditions such as COPD. |
| Individuals living at home       | Customised telecare packages to be made available to people living at home who could benefit from telecare. Referrals for this project will |
Section 7 describes the operational principles and delivery mechanisms that will govern the way users in these target groups and settings receive assistive technology as part of their care package.

Section 11 shows the key milestones for the next stages in the delivery of the strategy.

6.2 Delivering integrated services

The strategy 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. Health, housing and social care 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 assessments, monitoring and reviews.

6.3 Commissioning

It is proposed that joint provision and commissioning of telecare by Social Services and Health be established with London Borough of Sutton as the lead commissioner. This is with a view to ensuring an integrated service can be developed, with the potential to establish a Section 31 pooled fund in future.

6.4 Workforce Development & Training

The strategy will have implications for working practices across health, housing and social care. It may also impact recruitment patterns in some service areas over time, as the balance of care changes in response to greater numbers of people being supported to live at home using telecare. The Assistive Technology Working Group will identify workforce development requirements and work in partnership with all services and staff to facilitate changes.

A comprehensive training programme will be implemented, tailored to staff needs, to ensure they gain an understanding of assistive technology and telecare, how it is used and who can benefit from it. Staff who are to complete assessments, programming and installation will receive specialist training and know when to refer to Vision and Hearing services for specialist sensory assessments. Training will be offered at regular intervals to ensure new staff are given the opportunity to complete it. It will be delivered to a wide range of care services professionals and offered to other interested stakeholders in Sutton such as voluntary organisations and local interest groups.

6.5 Communications

A communication plan will be developed to ensure users, carers, care professionals and relevant organisations are aware that telecare is available and are informed of the potential benefits it can bring in supporting people to live independently. More detail on communications is shown in section 8.4.3.
7. Operational principles and delivery

7.1 Referral

Referrals will come to the Telecare team from internal or external sources. Clients may be referred by a social, health or housing professional, voluntary organisation, family, carer or through self-referral. Data will be collected to measure the number of people who do or don’t want assistive technology or telecare and the reasons for their choice. Analysis of this data will help identify the approaches that work best, contribute to service improvement and focus marketing support.

7.2 Assessment

Assessments will be carried out within the Fairer Access to Care Services (FACS) framework as part of community care assessments. Changes will be made to the PARIS record system to enable assessment forms and other data to be held and reviewed. Staff trained in telecare assessment will work with the individual, their family/carer and/or the relevant professionals or practitioners to choose the equipment solution that best meets their needs and wishes. The impact on the individual’s housing, care and support needs as well as their overall care package will need to be considered. The assessment will generate a personal telecare plan, which will be held on PARIS, within the overall care plan, for social services clients and on a separate database for privately funded clients.

A demonstration and assessment centre will be established to show people how the equipment works in a home setting and enable them to try out the equipment and ask questions. Portable demonstration equipment will also be made available and allocated across teams appropriately, in order to enable home demonstrations.

7.3 Installation & maintenance

Either a trained staff member or professional installer will install equipment, depending on the complexity of the telecare package. An independent provider will deliver a programme of maintenance to ensure equipment and batteries are working and repairs or replacements are carried out as required. Installations will be carried out within a pre-determined timescale, with the option for urgent installations when required, for example with home-based intermediate care packages.

7.4 Response

Response protocols underpin the delivery of telecare services. They need to be tailored to the individual. Operational principles for the development of response protocols will be established in line with industry standards and best practice.

The first point of response to a telecare sensor alarm will in most cases be the Safecall monitoring centre. The operator will establish the nature of the problem and contact the appropriate responder if further assistance is required. There will be a range of responders available including: the Mobile Response team, on-site sheltered housing/extra care staff, on-site intermediate care staff, emergency services, GP, family, carer or neighbours. Individuals will have a bespoke response protocol agreed at the assessment stage that best meets their needs. Clear protocols and procedures will ensure a swift and appropriate response to each alarm call. Follow-up procedures will ensure the user has received all the assistance they require and that their records are updated with relevant information.
7.5 Community Care Procedures

Community Care Procedures will be updated and mechanisms will be developed to ensure existing systems and processes encompass the operational requirements of a telecare service.

7.6 Monitoring and review

Monitoring and review of the impact of the equipment on the individual and their carer is required to ensure needs continue to be met, and to determine whether needs have changed over time. Beneficial impact will be measured, and where equipment is not providing support or is having a detrimental effect, staff will discuss this with the user and their family/carer and seek another care solution that better suits their needs and wishes. Care plan reviews will encompass a review of telecare. For privately funded clients, we will explore the viability and cost benefits of offering an annual review.

7.7 Ethics

“Where informed consent to the use of technology is only possible with considerable support, or where it is not possible, it is important that the use of assistive technology should take place within a therapeutic context and there must be clear and robust ethical protocols before it is used.”

(Assistive Technology in Dementia Care, ed. John Woolham)

- To provide responses and services which are accessible and appropriate to people from all ethnic and other backgrounds or cultures within the community.
- The use of assistive technology and telecare must always consider the needs, preferences and lifestyles of users and be implemented accordingly.
- Provide users with the CALDICOTT consent form to ensure they are aware and consent to the sharing of their information.
- Particular care must be taken around consent of or for people with dementia to the installation of assistive technology and telecare. The assessment process and decision to install or not install telecare should conform to the principles and guidance embedded in the Mental Capacity Act 2005 (http://www.opsi.gov.uk/acts/acts2005/50009--b.htm#1)
- Decisions to install assistive technology or telecare should be backed up by standardised assessments and eligibility criteria, particularly in bed-based settings such as intermediate care or residential care.

7.8 Links with social care, housing and health record systems

Sutton’s Social Services records system – PARIS – will be updated to enable recording of information relating to assistive technology and telecare such as:

- the number of referrals
- the number of assessments
- the take-up of the technology
- dates for reviews

The new occupational therapy stock control system currently being tested will be examined to find out if it can also manage assistive technology and telecare stock –
type, location, number of items available, battery check prompts. Links need to be established across housing and health record systems.

8. Resources and Procurement

This section summarises the financial implications of the strategy; the budgetary process; charging policy; principles for spending the Preventative Technology Grant; break down of the resources required; and top level forecast of expenditure.

The strategy is not just an investment in new technology, but also in learning about how to deliver telecare through multi-agency organisational change and ensuring equity of access to technology, for example, advocating for improved design for deafblind people as access to technology has the potential to transform their lives, making communication, information and mobility possible (Sense, 2005). The benefits to the community and to services will take time to come to full realisation, but because the technology is ready and we know that it works, some benefits will be achieved quite quickly. The service will develop over time as anticipated savings in other service budgets are realised and can be invested back into telecare.

The Preventative Technology Grant will support our initial telecare equipment investment, whilst the infrastructure and other resources required to deliver a telecare service will be supported by the existing Safecall service budget. To sustain and build on the achievements of the strategy into the future, a commitment to delivering and investing in telecare is needed from social services, health, housing and the voluntary sector. For this reason the principle of sustainability will be built into the service model and pricing structure from the outset.

8.1 Preventative Technology Grant

Sutton will receive £99,016 in 2006/07 and £163,899 in 2007/08, a total of £262,915 over two years. Councils are expected to use the grant to invest in telecare initiatives aimed at supporting individuals to live at home and thereby reduce the number of avoidable admissions to residential care or hospital. The Commission for Social Care Inspection (CSCI) is measuring expenditure of the grant through the annual Delivery Improvement Statement (DIS). The DIS will only count the number of people over 65 receiving telecare equipment, not people receiving any other types of assistive technology or people under the age of 65. Adult Social Services and Housing (ASS&H) will have financial control of the grant but will work in partnership with stakeholders to deliver the strategy outcomes.

8.2 Charging Policy

The telecare equipment charging policy and pricing structure will be consistent with that of the existing Safecall Mobile Response service, which is self-financing. Safecall’s pricing strategy is based on equity and cost-based recovery. The policy states that service provision to council tenants should not be subsidised by private clients and that management and overhead costs will be recovered from the differential between contract unit costs and the price charged to clients. However, we are concerned to ensure that the service is accessible and supports wider Council and Social Service objectives of social inclusion and enabling people to live independently and safely at home.

This self-financing model aims to pump prime telecare services while ensuring the activity can be sustained in future. Telecare users will be assessed against FACS
criteria and through a financial assessment to determine their eligibility for funding from Social Services.

Principles
• Sustainability through full-cost recovery. This will ensure future staffing needs and capital costs of equipment can be met.
• The charging policy and pricing structure will be consistent with those of the Safecall and Mobile Response services.
• The charging process will be consistent with the unit pricing method used by social services for other care services such as day care and home care.
• The cost of telecare packages for social services clients who are assessed as having a Critical or Substantial need under FACS criteria and who are eligible for funds according to their financial assessment, will be managed within the existing social services budget, although funds may be switched between service areas within the overall budget as telecare becomes a preferred care solution.

Process
A detailed charging process has been mapped in consultation with social services financial assessment, accounting and income teams, the Safecall service provider and the ASS&H General Management Team. (See Appendix 1 – Charging Process.) The mechanisms to ensure this charging process can be put into practise are being identified and the necessary system changes and developments will be built into the implementation plan.

Pricing
Short (6-8 weeks) and long term (2-5 years) rental prices will be established and recorded in a comprehensive pricing schedule. The schedule will be published to enable users, carers, and funding agencies to calculate the cost of individual telecare packages. Rental prices will include the cost of equipment (depreciated over two years in order to ensure onward investment within the grant timetable), installation, maintenance and a modest margin to cover additional overhead costs such as staffing and administration. Where a specialist or time-consuming installation is required an additional one-off installation fee will be charged. Self-funding clients, or those using Direct Payments, may opt to purchase equipment outright. For self-funded clients, the costs of installation and future maintenance will be the responsibility of the user.

Projections
Take up of a new service is influenced by many factors, so it is difficult to predict the number of new telecare users that we can expect in the first two years of the strategy. However, an estimate has been developed based on the needs of the client groups within the six identified projects and the amount of grant money available to purchase equipment. (See Appendix 2 – Example of Project Costs.) This example suggests that around 160 people will take up telecare in 2006/07, increasing to an additional 296 in 2007/08. By using the existing Safecall customer base as an indicator, it is likely that around 25 telecare users in 2006/07 and 40 telecare users in 2007/08 will be either wholly or partly funded through social services. It is expected that the remainder – 135 in 2006/07 and 256 in 2007/08 – will be privately funded.

The potential exists to develop a further project with a preventative focus to support people with low-level needs in the first year of the strategy, if it is anticipated that the total PTG funds in the first year would not otherwise be spent through the existing six projects.
8.3 Budgetary process

Telecare will have a separate cost centre within the Safecall budget, to monitor the expenditure and income of the grant and enable transparency, and a cost code for expenditure of the PTG over the first two years – 2006/08. Other service areas will be charged according to the principles set out in the charging process. Two separate income streams will be established within the telecare cost centre, one for income from social services clients and the other for income from privately funded clients. At the end of 2007/08, the telecare cost centre will be amalgamated into the Safecall cost centre, as the start up funds (PTG) will have been spent. It is proposed that the majority of the PTG is spent on assistive technology equipment, particularly telecare sensors, rather than purchasing human resources.

8.4 Infrastructure & Equipment

8.4.1 Staff

It is anticipated that in order to deliver the full programme contained within the strategy (six projects and a communications and training programme) and fulfil the contract management function for Safecall and the Mobile Response Service, two staff members will be required. Both posts are to be fixed term contracts. Once the strategy has been delivered and the projects are integrated within mainstream services, it is presumed that the ongoing staffing requirement will be one FTE post with administrative support. The key responsibilities of the two proposed posts are detailed below:

A FTE PO4 Telecare Service Development Officer role with the overall purpose of:

- Ensuring that the Borough’s Assistive Technology and Telecare Strategy and projects are agreed, implemented, monitored, reviewed and delivered within the agreed strategic direction and timeframe.
- Providing effective contract management for the Safecall Service and Mobile Response Service.
- Providing supervision and direction to the Telecare Support Officer.

A FTE PO2 Telecare Support Officer role with the overall purpose of:

- Contributing to the management of projects within the telecare strategy: provision of support and advice to project leaders; assisting with the delivery of the communications and training programmes; contributing to evaluation of projects and strategy outcomes; and providing executive support for the Assistive Technology Strategy Working Group.
- Coordinating the operational requirements of the telecare service including assessments, stock control, installations and administration.
- Providing support for the contract management of the Safecall Service and Mobile Response Service including analysis of statistical information and reports and liaising with service providers to ensure effective delivery of marketing and communications objectives and service standards.
Staffing costs are detailed below. The costs of the fixed term posts are based on an 18-month duration, however the length of the contracts is yet to be finalised.

<table>
<thead>
<tr>
<th>Year</th>
<th>Post</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Temp TSDO, April-May 06</td>
<td>£6,300</td>
</tr>
<tr>
<td></td>
<td>Temp TSDO, June – August 06</td>
<td>£11,400</td>
</tr>
<tr>
<td></td>
<td>TSDO, Sept 06 – March 07</td>
<td>£26,600</td>
</tr>
<tr>
<td></td>
<td>TSO, Sept 06 – March 07</td>
<td>£22,700</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>£67,000</strong></td>
</tr>
<tr>
<td>2</td>
<td>TSDO, April 07 – March 08</td>
<td>£45,600</td>
</tr>
<tr>
<td></td>
<td>TSO, April 07 – March 08</td>
<td>£38,900</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>£84,500</strong></td>
</tr>
</tbody>
</table>

Staffing costs will be funded from the Safecall staff budget and service development income. A percentage margin in the pricing structure for telecare equipment will also contribute to overhead costs, including staffing. This is consistent with the proposed pricing structure for the Mobile Response Service. There will be increased income from Sutton Housing Partnership in the near future as they begin to pay the true cost for Safecall services to sheltered housing tenants and a management fee. These additional sources of income will contribute to ongoing staffing costs for the telecare service. The available income and how it is intended to cover staffing costs for the strategy is shown below:

Year 1 - The Safecall staff budget for 2006/07 is £47,900. This amount covers all but £19,100 of staffing costs in Year 1. The remainder will be funded from the Safecall service development fund, which currently contains £44,400.

Year 2 - The Safecall staff budget for 2007/08 is £47,900 (this does not include inflationary increase). This will account for all but £36,600 of staffing costs in Year 2. A £25,300 balance will be available in the Safecall service development fund. However we anticipate that additional income (above costs) generated by the Mobile Response Service will be sufficient to address the £11,300 shortfall in Year 2.

A income and expenditure forecast for the next 3 to 5 years will be produced as part of the next phase of project planning with support from the Finance Team. This will ensure that an adequate margin is built into the pricing structure for future equipment and staffing requirements after 2008.

### 8.4.2 Training

An assistive technology and telecare training programme will be delivered to a minimum of 150 staff and interested external stakeholders in Year 1, with regular open sessions available to new staff and other interested participants from health, service provider agencies and the voluntary sector in Year 2. Two levels of training will be made available: general training to inform staff about the range of equipment available and how the equipment can be used for different client groups and settings; and in-depth training on telecare assessment, programming and installing equipment, and developing response protocols. A small core of staff will complete the in-depth training. These staff will then be able to conduct telecare assessments and complete simple installations. The Sutton Training Team will provide administrative support for the training programme.
8.4.3 Communications and Marketing

A communications and marketing plan will be developed to support the implementation of the strategy. Key elements of the communications and marketing plan will include:

- Informative displays to demonstrate assistive technology and telecare solutions – these will be placed in bed-based intermediate care schemes and extra care schemes and used as part of roadshows and local events
- Information on the Sutton website outlining the equipment and services available, linked with the Safecall service and Mobile Response service web pages
- Brochures and posters
- Press releases and editorial articles in local newspapers highlighting the positive impact of assistive technology and telecare for local users and carers
- The WISE home will be used to demonstrate equipment in a home setting to users, carers and professionals
- The Telecare Service Development Officer will promote assistive technology and telecare at a range of forums

8.4.4 WISE Home

A WISE home will be set up with a full complement of telecare sensors and other types of assistive technology for demonstrations and assessments for service users and their families and carers, information and advice about telecare, staff training and demonstration of new products. The WISE home will be located at the new build extra care scheme, Belsize Gardens. It will be available from January 2008.

Prior to the opening of Belsize Gardens, telecare demonstrations and assessments can also be undertaken in the existing assessment centre at Sutton West. This centre is mainly used for OT assessments at present, but already has some telecare equipment installed.

8.4.5 Equipment

Readily available assistive technology and telecare stock will be located within sheltered/extra care housing schemes and at the Sutton West Centre. A ‘just-in-time’ stock system will be used to ensure adequate supplies of equipment are always available in the borough when required.

8.4.6 Assessment, Programming and Installation

Assessment, programming and installation requirements will be met through the existing Safecall service and across other Sutton services. The training programme will establish a local pool of staff who can complete telecare assessments, programming and simple installations. For example, occupational therapists, care managers, supported living team staff, handymen within the Ageing Well service, the Alzheimer’s Society’s outreach and support worker, Community Mental Health team staff and others in the social housing and health services who demonstrate an interest and capacity to fulfill this role. Programming and installation will also be provided through the Safecall and Mobile Response service contracts.

There will be two levels of installation, the first of which is quite simple and can be done locally. The second level includes installations that are complex and/or require a specialist engineer to complete them; for example, a gas shut-off valve requires a
registered CORGI engineer to install it. These type of installations will attract an additional charge.

8.4.7 Monitoring and Evaluation

The six projects will be monitored according to targets set out in their individual implementation plans. Project leaders will be responsible for monitoring and reporting to the Telecare Service Development Officer, who will be responsible for overarching monitoring of the strategy against its targets and outcomes. An evaluation plan will be developed that focuses on continuous service improvement and progress towards outcomes.

8.5 Procurement

This strategy will help to stimulate the telecare market and give existing and future providers the confidence to invest in developments. This will ensure Sutton can expand and mainstream assistive technology services into the future with the support of a healthy and experienced independent provider base.

We plan to:

- Give recognition to independent sector providers as partners.
- Communicate what we will require, to what standard, at what cost and over what time-scale.
- Develop contracting arrangements which encourage investment, quality standards and sustainability

A number of options for procurement of assistive technology and telecare equipment have been reviewed. Sutton has elected to use a procurement agreement developed by the Northern Housing Consortium (NHC) to purchase assistive technology and telecare equipment, training and installation services. The two-year agreement enables NHC members to use an existing OJEU tested procurement process to purchase telecare equipment and services from the two leading telecare suppliers in the UK – Tunstall and Initial. The benefits of this procurement option are:

- Value for money – NHC has negotiated discounted prices for its members, currently the lowest prices in the telecare market.
- The agreement does not confine members to purchasing equipment only through NHC. If another supplier or procurement agreement offers better value for money Sutton will be able to purchase equipment or services from them.
- NHC provides a free consultancy service – Simply Telecare – to all its members. Simply Telecare offers assistance in planning and implementing telecare initiatives.
- Using the NHC agreement instead of undertaking a local tendering process saves significant time and resources.

9. Project Structures and Governance

9.1 Reporting mechanisms

The Mobile Response Project Board will be responsible for overseeing implementation of the strategy. The Executive Head of Older People’s Services will own the strategy. The Commissioning Manager will line manage the Telecare
Service Development Officer, who will line manage the Telecare Support Officer. The strategy working group members will report back to their own organisations.

The Telecare Service Development Officer will report to a range of relevant groups about the progress towards outcomes of the strategy:

- Assistive Technology and Telecare Strategy Working Group
- Mobile Response Project Board
- Older People’s Services Core Executive Group
- NSF for Older People Sutton Local Implementation Group
- ICES Executive Group
- Older People’s Services Management Group
- Users and Carers group and other interest groups for older and vulnerable people
- Department of Health and CSCI through the annual Delivery Improvement Statement

A flow chart illustrating the reporting lines for the implementation of the strategy is shown on the next page. The diagram on the following page illustrates the supporting framework that will enable the strategy’s programme of work to be delivered.
9.3 STAKEHOLDERS AND FRAMEWORK FOR SUPPORTING TELECARE

**Voluntary Sector**
- Alzheimer’s Society
- Age Concern
- Sutton Carer’s Association
- Users and Carers Group

**Other agencies, professionals and practitioners**
- Care Managers
- Occupational therapists
- Vision and Hearing Services Team
- ICES
- Targeted Case Co-ordinators
- Discharge Planning Teams
- Supported Living Team
- Community Mental Health Team
- Intermediate Care Teams
- Extra Care Teams
- Falls Service in Sutton
- Age Concern Ageing Well Project
- District Nurses & Community Matrons
- Day Care Teams
- GPs
- Social Workers
- Home Care Teams
- Staying Put Service
- Ambulance service
- Police
- Fire Service

**Strategic partners in other boroughs**
- London Careline Forum

**Telecare Service Providers**
- Safecall (Attendo/Tunstall)
- Mobile Response Service
- Telecare equipment and maintenance suppliers
- Northern Housing Consortium

**Regulations and monitoring**
- CSCI
- Delivery Improvement Statement

**Project Evaluation**
- Users and Carers Group
- Customer satisfaction (through Safecall contract)
- Continuous improvement, outcomes focused

**Project Governance**
- Reporting mechanisms
- Systems and procedures
- Ethical guidelines
- Risk management
- Service user involvement
- Use of information policies
9.4 Governance

Robust systems and procedures for governance will be put in place to safeguard individual users and carers.

9.4.1. Service user and public involvement

There is an opportunity for users to contribute to telecare service development through the working group meetings. Satisfaction surveys and focus groups will be used to review the experiences of users and carers receiving telecare services. These will be used to improve service delivery. The Telecare Service Development Officer will also seek to learn from the experiences of users and carers in other pilot projects and services across the country.

9.4.2. Significant event audit including complaints

A procedure for recording and responding to significant events and complaints will be put in place. Learnings from these will be shared across staff and agencies responsible for delivering telecare and used to improve service delivery.

9.4.3. Staff competency and professional development

There is no national competency framework for staff working in assistive technology and telecare and few accredited education and professional development opportunities. However, the Foundation for Assistive Technology has proposed the establishment of ‘National Occupational Standards for Assistive Technology’. When these are developed they will be built into staff training and development plans. Until such time, staff will receive training as described in section 8.

9.4.4. Use of information

Use of information will take account of the National Information Governance Standards, including Caldicott Guardian, Data Protection Act 1998, ISO 17799, data accreditation, local ethnic monitoring standards and professional guidelines and will conform to existing local practice around use of information. This will apply to information held by the Telecare Service Development Officer and all staff and other agencies responsible for assessment, response, installation and monitoring.

9.4.5. Risk Management

Risk assessment and procedures will be put in place at three different levels:
1) The Mobile Response project Board will identify risk at a strategic level.
2) A risk register will be managed through the Assistive Technology Strategy Working group
3) Risk at an operational level will be managed through risk assessment and procedures put in place and adhered to by all staff and agencies with a responsibility for the provision of telecare assessment, equipment, monitoring, review, installation and maintenance.

9.4.6. Audit

The inputting of accurate data onto relevant health, social care and equipment service IT systems regarding the provision of telecare is essential for the collection of management information and or potential timely product recall or regular service and
maintenance checks. Records of equipment installations will be kept to facilitate regular maintenance and servicing.

9.4.7. Procedural effectiveness

All staff involved in the multi-agency provision of telecare will have access to agreed procedures and systems.
10. Outcome Evaluation

An evaluation plan will be developed that focuses on continuous service improvement and progress towards outcomes. The diagram below demonstrates the evaluation framework:

**STRATEGY**
- Falls Project
- Dementia Project
- Learning Disabilities Project
- Extra Care Project
- Intermediate Care Project
- People at Home Project

**OUTCOMES**
1. Integrated delivery of telecare support packages in a range of dwellings (public and private)
2. Improved choice and flexibility enabling older and vulnerable people to live independently and with dignity
3. Reduced need for residential/nursing care
4. Unlock resources which can be redirected elsewhere in the system
5. More personal freedom for carers and reduced burden placed on carers
6. Contribution to care and support for people with long term health conditions
7. Reduced acute hospital admissions
8. Reduced falls and accidents in the home
9. Increased support for hospital discharge and intermediate care services
10. Contribution to the development of a range of preventative services
11. Help those who wish to die at home to do so with dignity

**CONTINUOUS SERVICE IMPROVEMENT**
- Impact on local targets, e.g.
  - PAFs C32, C29, C30, C72, D41/SL206
  - LPSA Target 12
  - No. of people conveyed to hospital after a fall
  - Incidence of delays in transfer of care
  - No. of emergency occupied bed days

**CONTINUOUS SERVICE IMPROVEMENT**
- C32 – Older People helped to live at home
- C29 – Adults with physical disabilities helped to live at home
- C30 – Adults with learning difficulties helped to live at home
- C72 - Admissions to residential/nursing care

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**D41 / SL206 - Average number of delayed transfers of care for people over 65**

**LPSA Target 12 - Improve the independence and choice of vulnerable adults.**
11. Implementation Plan

The key milestones for the next stages in the delivery of the strategy are outlined below:

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting on telecare through the Delivery Improvement Statement</td>
<td>Complete</td>
</tr>
<tr>
<td>Sutton telecare bulletin developed and distributed</td>
<td>In development phase</td>
</tr>
<tr>
<td>NHC partner agreement signed</td>
<td>Awaiting clarification from legal team</td>
</tr>
<tr>
<td>Strategy agreed by Corporate Finance</td>
<td>6/06/06</td>
</tr>
<tr>
<td>Strategy agreed by Corporate Management Team</td>
<td>14/06/06</td>
</tr>
<tr>
<td>Strategy agreed by Strategy Committee</td>
<td>10/07/06</td>
</tr>
<tr>
<td>Strategy agreed by Core Executive of Older Peoples Services</td>
<td>Strategy to be put on agenda</td>
</tr>
<tr>
<td>High level implementation plan available</td>
<td>In progress</td>
</tr>
<tr>
<td>Budget agreed</td>
<td>Costs for 6 projects and other requirements have been estimated</td>
</tr>
<tr>
<td>Risk register developed</td>
<td></td>
</tr>
<tr>
<td>Referral pathway mapped</td>
<td></td>
</tr>
<tr>
<td>6 project briefs written and signed off by Executive Head of Older and Disabled People’s Services</td>
<td></td>
</tr>
<tr>
<td>6 detailed project plans written</td>
<td></td>
</tr>
<tr>
<td>Communications &amp; marketing plan written</td>
<td></td>
</tr>
<tr>
<td>Evaluation plan written</td>
<td>In progress</td>
</tr>
<tr>
<td>Training programme prepared and trainers booked</td>
<td>Training fliers prepared, in progress</td>
</tr>
<tr>
<td>Charging procedures and mechanisms put in place</td>
<td>Procedures and mechanisms have been identified</td>
</tr>
<tr>
<td>Pricing structure established</td>
<td>Awaiting sign-up to NHC partnership agreement</td>
</tr>
<tr>
<td>Stock control system developed and tested</td>
<td></td>
</tr>
<tr>
<td>Operational procedures established &amp; mechanisms in place - forms, PARIS, SAP, Community Care procedures etc</td>
<td></td>
</tr>
<tr>
<td>Links across health and housing record systems established</td>
<td></td>
</tr>
<tr>
<td>Telecare staff employed</td>
<td>Temporary Telecare Service Development Officer employed</td>
</tr>
<tr>
<td>Launch event</td>
<td>To be held in October</td>
</tr>
</tbody>
</table>
APPENDIX 1 – Telecare charging process

SS client referred to Telecare Officer

Telecare Officer requests financial assessment

Assessment completed – package of equipment

Telecare Officer calculates cost of client’s package based on agreed pricing structure

Assessment Team completes financial assessment

Telecare Officer arranges equipment and installation

Client agrees price and package (or amendments made). Client signs agreement and provides their information to the monitoring centre.

Private client referred to Telecare team

Telecare package installed

Attendo/Tunstall invoice private clients and LBS quarterly, providing LBS with detailed schedule for SS clients showing breakdown cost of Safecall and telecare package

LBS pay Attendo/Tunstall invoice

Private client pays invoice to Attendo/Tunstall

Client required to pay a contribution to care services: agree with client level of telecare services to be received

Client eligible for full funding from social services or care package has reached maximum charge to client

Income Team calculate amount owed by individual SS client 4-weekly based on level of contribution and pricing schedule

Income Team invoice SS clients that pay a contribution towards their telecare service

Debt recovery managed by Corporate Finance

Accountancy Team journal payment for SS clients from appropriate budget - e.g. care management, learning disabilities, mental health - to Safecall budget

Telecare will have its own cost centre and budget for 2006/7 – 2007/8. Michelle Duan in the Accountancy Team will manage the telecare budget and internal invoicing.

Telecare, like Safecall, requires 100% cost recovery to be self-financing. Where a social services client is receiving other services as part of their care package, the telecare portion is to be paid in full to the telecare budget which may result in a smaller contribution to the other services in the care package.
APPENDIX 2 – Example of Project Costs

Example average package costs:

A – low level package @ £300
E.g. Safecall unit and pendant, flood detector, smoke detector and big button phone

B – medium level package @ £500
E.g. Safecall unit and pendant, bed occupancy sensor, 2 PIRs and pullcord

C – high level package @ £900
E.g. Safecall unit, pendant, property exit sensor, bed occupancy sensor, gas detector, CO detector, flood detector, temp extremes detector

Estimated balance of packages for each project:

<table>
<thead>
<tr>
<th>PROJECT</th>
<th>PACKAGE A</th>
<th>PACKAGE B</th>
<th>PACKAGE C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>70%</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Dementia</td>
<td>25%</td>
<td>25%</td>
<td>50%</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>70%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Extra Care</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Intermediate Care</td>
<td>30%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Homes</td>
<td>60%</td>
<td>40%</td>
<td></td>
</tr>
</tbody>
</table>
Examples of costings for the 6 projects:

The Government expects Sutton to provide telecare to 526 people over the next two years using the PTG. However, the Government’s estimate that each telecare package will cost £500 does not include the associated costs of delivering a telecare service such as installation, communications and marketing, training and setting up a WISE home. Therefore, Sutton is going to aim for a more realistic target of 456 based on the estimated costs for each project shown in the table below.

These costs are based upon the average package costs and the estimated balance of packages for each project shown on the previous page. They are estimates only, intended to contribute towards the budget planning process.

<table>
<thead>
<tr>
<th>Project</th>
<th>Package</th>
<th>Cost</th>
<th>Project %</th>
<th>Cost per Person</th>
<th>No. of People</th>
<th>Estimated Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Year 1</td>
<td>Year 2</td>
<td>Year 1</td>
</tr>
<tr>
<td>Falls</td>
<td>A</td>
<td>£300.00</td>
<td>70%</td>
<td>£210.00</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>£500.00</td>
<td>30%</td>
<td>£150.00</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>£900.00</td>
<td>0%</td>
<td>£0.00</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>£360.00</td>
<td></td>
<td>24</td>
<td>44</td>
<td>£8,640.00</td>
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<tr>
<td>Dementia</td>
<td>A</td>
<td>£300.00</td>
<td>25%</td>
<td>£75.00</td>
<td>24</td>
<td>44</td>
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<tr>
<td></td>
<td>B</td>
<td>£500.00</td>
<td>25%</td>
<td>£125.00</td>
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<td>44</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>£900.00</td>
<td>50%</td>
<td>£450.00</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>£650.00</td>
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<td>24</td>
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<td>£15,600.00</td>
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<tr>
<td>Learning Disabilities</td>
<td>A</td>
<td>£300.00</td>
<td>70%</td>
<td>£210.00</td>
<td>24</td>
<td>44</td>
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<tr>
<td></td>
<td>B</td>
<td>£500.00</td>
<td>20%</td>
<td>£100.00</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>£900.00</td>
<td>10%</td>
<td>£90.00</td>
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<td>44</td>
</tr>
<tr>
<td></td>
<td>Average</td>
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<td>24</td>
<td>44</td>
<td>£11,200.00</td>
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<tr>
<td>Extra Care</td>
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<td>40%</td>
<td>£120.00</td>
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<td>44</td>
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<tr>
<td></td>
<td>B</td>
<td>£500.00</td>
<td>30%</td>
<td>£150.00</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>£900.00</td>
<td>30%</td>
<td>£270.00</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>£540.00</td>
<td></td>
<td>24</td>
<td>44</td>
<td>£12,960.00</td>
</tr>
<tr>
<td>Intermediate Care</td>
<td>A</td>
<td>£300.00</td>
<td>30%</td>
<td>£90.00</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>£500.00</td>
<td>70%</td>
<td>£350.00</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>£900.00</td>
<td>0%</td>
<td>£0.00</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>£440.00</td>
<td></td>
<td>24</td>
<td>44</td>
<td>£12,320.00</td>
</tr>
<tr>
<td>Homes</td>
<td>A</td>
<td>£300.00</td>
<td>60%</td>
<td>£180.00</td>
<td>32</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>£500.00</td>
<td>40%</td>
<td>£200.00</td>
<td>32</td>
<td>60</td>
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<tr>
<td></td>
<td>C</td>
<td>£900.00</td>
<td>0%</td>
<td>£0.00</td>
<td>32</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>£380.00</td>
<td></td>
<td>32</td>
<td>60</td>
<td>£12,160.00</td>
</tr>
</tbody>
</table>

Total Number of People reached across all projects: 160 296

Total Estimated Costs across all projects: £72,880.00 £134,680.00 £207,560.00
APPENDIX 3 - Case Study - User with dementia

Mrs Mary Green (fictional name) was born 1923 and was 82 years of age at the time of referral. She lived alone after being widowed five years earlier. She lived in a large detached house which she owned, that was situated in an urban area. The house had a large garden.

Mrs Green was living in the living room at the back of the house at the time of referral. She was discouraged from going upstairs unless there was someone present who was able to help her. Mrs Green’s son and daughter both lived nearby and provided daily support and practical assistance. No other outside help was being provided although a neighbour did keep a look out for Mrs Green and administered eye drops that had been prescribed by her doctor.

Though Mrs Green lived alone she enjoyed the companionship of her pet cat, and spent much of her time reading newspapers, completing puzzle books, watching television and listening to the radio. She took pride in her garden which she managed to maintain with family help.

The referral was made by a Community Psychiatric Nurse (CPN) who confirmed that Mrs Green was suffering from dementia, though this was described as being slight to moderate. The CPN said that Mrs Green appeared to be becoming increasingly forgetful and was now experiencing some difficulty, when going out, in finding her way home. This situation was said to be causing her some distress. The CPN referred to a number of other health issues including osteoporosis, hypertension and glaucoma, all of which were being treated by prescribed medication.

The care manager’s assessment

The care manager made an initial visit at a time when Mrs Green’s son could be present for the assessment, to achieve a better understanding of Mrs Green’s lifestyle, needs and consideration of any ethical issues that might arise as a result of using assistive technology. Mrs Green’s anxiety became immediately apparent and she was concerned to know “what am I doing wrong?” It became apparent that in addition to difficulties in finding her way home, Mrs Green was sometimes forgetful in her use of her gas stove, was finding it difficult to remember how to use her telephone and was having specific problems in remembering sequences of numbers even though they were written into an address book. In Mrs Green’s case, informed consent was possible because she had some recognition of dangers arising from her memory loss, understood that technological devices might help and was willing to accept them in her home - although she remained very anxious about changes that might be entailed as a result.

Mrs Green’s son and daughter were made aware of the appropriate range of Telecare assistive technology equipment and were able to discuss the possible uses of some of these devices, for their mother, in the immediate future and as their mother’s needs changed in the longer term. Both Mrs Green’s children were keen to accept help that would enable and support their mother in her wish to remain living at home.

The plan and the installation process

In recognition of the likely anxiety that might be caused to Mrs Green during the day of installation, her daughter in law took her out for part of the time. A call button pendant, lifeline base unit, gas sensor and cut off valve, radio smoke detector and
the door alert system for the back door were installed. This involved a number of other people being present and took place over approximately three hours during the morning period.

To help Mrs Green keep in touch with others by telephone a picture phone with programmed memory buttons was also installed, so rather than remembering a sequence of numbers, all Mrs Green needed to do was to press a large button (onto which was superimposed a picture of the person she wanted to call). A medication ‘carousel’ dispenser was left and brought into use later when problems arose with the existing system of pill organisers. A fall detector was also considered but not used as there was no recent history of falls and it was felt that Mrs Green would not accept the need for, nor wear the detector.

Some time subsequently, a new assistive technology product was installed following discussions with key people in Mrs Green’s life. The product collected a range of information about movement and activity in Mrs Green’s home, using door sensors and passive infrared movement detectors, and downloaded it to a remote source via the internet. It was able to monitor Mrs Green’s movements during the evening and nighttime period because there was growing concern about her being at increased risk of falls through proximity to the stair area and steps at the back door.

Other concerns were confirmed by the technology that has been installed. For example, her cooking sometimes set off the smoke detector and resulted in the introduction of outside help in the form of a lunchtime carer.

Taken from a case study provided by Northamptonshire. Telecare factsheet: Case Studies, Integrated Community Equipment website, www.icesdoh.org/doc.asp?ID=22
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