Report to: Executive Members for Health & Social Care and Housing

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Report from: Health Improvement & Development Service

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Telecare in Portsmouth- ‘Moving into the mainstream’

1. Purpose of Report

- The purpose of this report is to outline the current position of Telecare in Portsmouth and present options for developing mainstream services.

2. Recommendation(s)

- The proposal outlined in this report to expand the use of Telecare including development of an in house responder service be approved.
- Authority be delegated to SD-HHSC in consultation with SD-CRS.to implement the scheme and choose the best option for meeting customer demand
- The Financial Appraisal submitted by the SD-CRS be approved.
- Initiate discussions with Portsmouth PCT regarding joint investment into the development of Telecare.

3. Background

3.1 Current approaches to the provision of support and care in the client’s home are almost exclusively dependent on human activity. Little, if any, use has been made of emerging electronic technologies. Such technologies have now however reached a point of maturity where ease of use, price and reliability mean their adoption is both viable and desirable.

3.2 There is significant evidence behind the application of these technologies (known collectively as “Telecare”), that have been proven to have significant and far-reaching improvements to the quality of life for care clients.

3.3 The mainstreaming of telecare is likely to mean a major change in service delivery for a significant number of existing clients and offers the potential for growth into new markets. Two crucial factors are at play:- telecare represents the first genuine move to client centric services and it opens a whole Pandora’s box of demand for a 24 x 7 x 365 response service.

3.4 These factors will seriously challenge current delivery, relationship and financial assumptions across the span of all local authorities, their partners and contractors. Any organisation looking to mainstream telecare will need to recognise the implicit risks and strategic realignment required.

3.5 Central Government have responded to this challenge with cautious optimism – and have provided the Preventative Technology Grant to enable Local Authorities to implement telecare. Portsmouth's grant was £106,684 in 2006/07 and £177,000 for 2007/08. In addition to looking at the impact of telecare on users and carers, evaluation of pilot projects aims to tease out just how telecare impacts on quality, effectiveness and organisation of other services that support people to remain living independently at home.

4. Definition of Telecare

4.1 Telecare is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time, in order to manage the risks associated with independent living, using sensors and information and communication technology.

4.2 All clients will be given an informed choice about the level and type of care they receive which will include Telecare as a viable option. Telecare should not be viewed as an automatic replacement for the health and social care provided through the personal contact and interaction with a range of professionals. For the majority Telecare will enhance existing care packages, providing opportunities to provide additional support 24hrs a day. However, it is recognised that for some clients, appropriate Telecare may reduce levels of traditional contact with care providers.

4.3 An important part of the development of Telecare will be to ensure that meaningful social interaction is considered as a central part of the assessment process for individuals, clients and families. This will enable clients to access a range of provision provided through services such as HIDS and the voluntary sector. This might include services such as the 'Good Neighbour' scheme, Shopping services, luncheon clubs, and other daytime wellbeing activities. It is anticipated that there will need to be some additional investment in order to meet any growth in demand as a result of developing Telecare.

4.4 Telecare offers choice and flexibility of service provision, ranging from the familiar community alarm, to sensors that monitor and support daily living, to equipment that monitors vital signs, enabling people with long-term conditions to remain at home. It has major benefits over existing alarm services: it is passive, it does not need the user to be able to initiate the alarm call and it offers the potential to develop proactive and preventative services.

4.3 Telecare systems are tailored to individual need, complementing health and social care input. Sensors can be worn by the user and/or placed around home. They link to a control centre via a Home Hub (Community Alarm) and phone line. Sensors can monitor the person (falls, inactivity, wandering, epilepsy, night-time incontinence) and the environment (extreme heat or cold, gas, flood, smoke). Sensors may generate alerts by the user or automatically. The call centre identifies the user and the sensor. The response is generated according to individual agreed protocols.

5. Service structure, funding, customer type

5.1 The following model provides an overview of the structure of Telecare services, funding sources as well as the broad customer types (and relative demand)

structure	**Marketing and sales** *no clear structure yet – presume PCC in house lead*			
structure	**Installations** *existing PCC Community Alarms team + Homecheck ?*			
structure	**monitor** *contracted to 3rd party (currently Southampton)*			
customers	**response** *based on developing current Independent Living Service (ILS)* *(+ role for LAH Concierge and ESO standby teams)* **keyholder response**			**NHS** *specialist medical responses*
funding	**G Fund – Community Housing**	**HRA**	**G Fund - Social Services**	**NHS**
charge	**charge to client**	**Service charge**	**FAB Assessment**	**Free at point of delivery**

6. Current position & work in progress

6.1 Telecare is being built on the platform of the successful Community Alarms Service, managed by PCC Housing, who co-ordinate installation, maintenance, and payments. The contract to supply PCC alarms and telecare equipment was won by Initial Attendo (now Chubb Community Care) in Spring 2006. We still have the option to purchase equipment from other providers, if the needs of the individual indicate it, via the NHS Purchasing and Supply Agency e-catalogue.

6.2 Portsmouth City Council maintains a long-standing contract with Southampton City Council for the provision of monitoring through their call centre.

6.3 There is a range of activities being worked on concurrently that are helping to build the infrastructure of a sustainable, mainstream service in Portsmouth. In summary these include:

- There are pilot schemes for specific client groups including falls management (in place) and medication management (recruiting now). The University of Portsmouth is undertaking research into the effectiveness of Telecare interventions with the pilot groups.
- Starting gradual roll-out as mainstream service, to all user groups, managing wider range of risks and free to users until end of March 08. Currently 37 clients have Telecare sensors in addition to the home hub. We have also provided freestanding assistive technology: 14 Memo-minders, 7 Pill Dispensers
- Setting up shop front Telecare demonstration / marketing facility at Age Concern's Bradbury Centre, Kingston Road. Two year initial agreement on the lease.
- Telecare is now fitted in demonstration areas in day resources for Learning Disabilities (PDS) and Physical Disabilities (Horizon), and Community Equipment Service.
- Installing Telecare in Victory Unit (Intermediate Care facility) at Longdean Lodge
- Installing Telecare in rehab flats: 5 for older people in very sheltered housing and 1 for younger people with physical disabilities.
- On-going awareness raising with staff across Social Care, Housing and Health Service, voluntary organisations & community groups
- Telecare Assessor Training for front line staff took place on 14th Nov 07 and 14th Jan 08; 55 staff from social care, PCT and housing are now trained. Bi-monthly training programmes are being planned.
- Telecare assessments being included in more social care assessments and submission to panel.
- Ensuring Telecare is included in joint commissioning strategies and local service development plans.

7. Desk top review of existing social care clients

7.1 A desktop review has been undertaken to specifically determine the likely impact on existing social services clients. The headline results are that Telecare:-

(a) has potential beneficial impact on virtually all at home care packages

(b) costs are potentially recoverable from savings in care package costs

The review methodology was as follows. First a baseline snapshot of current care packages was obtained (as at Nov 2007) and a 5% random sample was selected (87 cases). Each of the packages in the sample was examined in detail for the theoretical

application of Telecare. Finally, the implications derived from these sample cases were scaled up to provide a theoretical model for the potential across the original baseline numbers.

The baseline revealed that:

- typically some 1,740 packages of care are distributed across 1,520 customers
- most (73%) of these packages are for personal care
- the vast majority of (75%) of customers are aged over 70
- over 11,100 hours of care are supplied each week
- each customer has an average of 2 visits per day across 7 days a week, such visits can often however be as short as only 15 minutes
- the cost of packages ranges from £20 to £560 per week with an average of £116
- on average each customer makes a weekly contribution of £13
- this leaves the balance of £103 to be paid by the council which equates to some £8.1 million per annum
- contracts for care are awarded to approximately 70 different organisations with contract values that range from £1,600 to £860,000 per annum

The review revealed that generally the current provision provides for two distinct types of visit:

(a) practical visits in which something useful is achieved and

(b) status monitoring visits (i.e. short "check up" type visits and the longer "sitting" visits).

N.B It is in this later category of status monitoring that Telecare installation has the greatest potential.

8. Gaps

8.1 The lack of a mobile response service remains the single biggest obstacle to growing Telecare as a mainstream service in Portsmouth. Many frail and vulnerable people would like the security of an alarm home hub, with the potential for sensors but are currently excluded as they cannot provide a local key holder / responder. Many caring family members would appreciate being able to share the burden of care with a 24/7 response service.

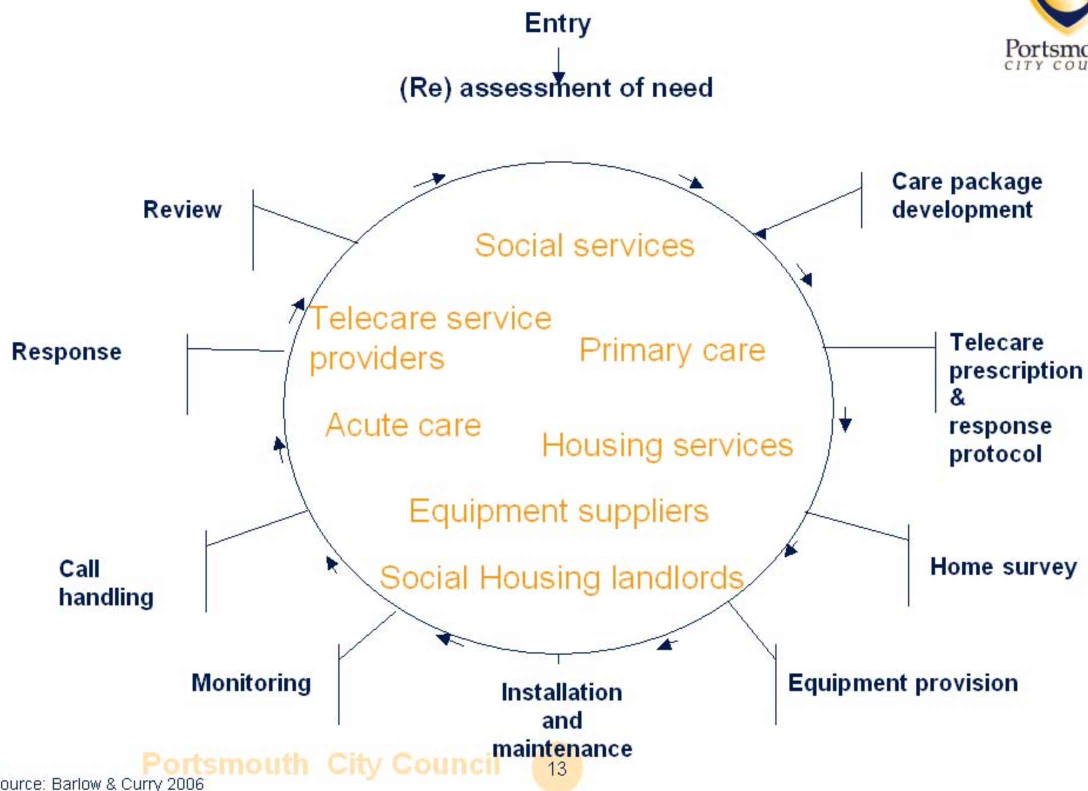
8.2 Over the last 12 months we have had several disappointments and delays with various in-house proposals to provide response service, e.g. Home Care Service, Directorate Integration Project. More recently we have been exploring the potential for purchasing this service from a third party, directly from a local provider and buying capacity in a neighbouring authority's mobile response service.

9. Mainstreaming

9.1 The diagram below shows the Telecare Steering Group's vision for the service - an integrated Telecare/telehealth service, built into both health and social care pathways. It shows the sequence of events in the Telecare process and the points where protocols are being developed to ensure that action occurs and that the communication loop functions appropriately. There is acknowledgment that a critical part of all assessments must be the informed discussion and consent of the client, carers and families regarding the use of Telecare within a package of care and support.

9.2 The outer circle of activity demonstrates the logistical and communication pathway and emphasises that the events record needs to be passed on to be integrated in the

user's health & social care records for action as necessary. The central circle identifies the key partner agencies that need to work together to provide infrastructure for Telecare as mainstream service.



10. Service options

10.1 A number of options have been considered for developing the provision of Telecare to enable us to achieve our vision for these services. The three options discussed below are being subjected to a full financial appraisal as part of the development process. It must be noted that a fourth option which explored the wholesale outsourcing to a private provider of Telecare and all related activity was considered but subsequently discounted for non-financial reasons.

10.2 **Option 1 Carry on as present.** The Telecare service will continue to grow organically as more front-line staff become aware of Telecare's potential and integrate it into their care planning. However, the absence of a response service will continue to seriously inhibit demand and limit our effectiveness to supply integrated Telecare solutions.

10.3 Continuing with the status quo would also mean remaining with Southampton City Council for call monitoring. While this agency has been effective in handling traditional alerts for community alarm users, they have proved unsatisfactory in helping us develop protocols for response to environmental alerts such as gas and smoke as well as monitors to support more complex care needs. This has so far prevented us offering the full range of sensors to our existing client base.

10.4 **Option 2 Commission mobile response from external provider**: There are a number of options for commissioning a mobile response service from a private provider. Examples include 'Chichester Care Line' – Already operating call centre with mobile response service. They have quoted £92,500 pa, to provide monitoring of dispersed alarms and out-of-hours sheltered housing alarm customers, and £401,800 pa, for a 3-year contract to provide a 24/7 mobile response service.

10.5 'The Homecare Team' – (A private domiciliary care provider), who had originally proposed providing a response service for our falls pilot. They have recently launched their own key-holding / mobile response service for which they charge customers £25 set-up fee, £18 per quarter key holding/service charge, and £25 per hour call out fee.

10.6 Southern Focus Trust: currently provides a 24/7-response service to tenants in their own properties.

10.7 **Option 3 (Preferred option) Grow in-house services**: **Responder Service:** Independent Living Service (ILS) within Social Care to provide/develop a cohort of staff to be available as responders with appropriate training in risk assessment / first aid and use of lifting equipment such as 'Mangar Elk'. This would enable a response team to be established, while demand is still low, and enable organic growth to cope with anticipated increasing demand. This ILS Response Service would be in parallel to the ILS Re-ablement Service. Funding would be needed to increase the numbers of staff to provide 24/7 x 365 cover, sufficient to provide flexibility and appropriate backfill. In addition to staff, there will be set-up costs for training and equipment. Work base and transport may be met within existing resources.

10.8 This option will also enable the 'Directorate Integration Project' (DIP) to be resurrected. This project aimed to develop a local and integrated response service to deal with a variety of environmental, housing and social emergencies while saving money by bringing in-house, various disparate out-sourced PCC services. ILS could potentially be the focus for a new DIP.

10.9 **Review call monitoring:** Explore options for enhancing call monitoring which may include the de-commissioning of existing provision and developing a tender specification for a new service provider. Any tendering process would be open for the possibility of developing an in-house alternative, the existing provider or potentially for a new service provider e.g. 'Chichester Care Line', who are recognised as regional leaders in this field. They have several years' experience of developing and handling extensive range of Telecare sensor-related alerts and have accreditation from the Telecare Services Agency (their professional regulatory body) for call handling skills. This would also deliver a modest cost saving.

10.10 **Co-ordination, training and marketing:** There is a need to maintain the existing co-ordination function beyond the lifespan of PTG (currently a secondment arrangement) and further develop the workforce development role. A Marketing strategy including branding, information and resources will need to be developed. Additional investment into Telecare technology will also be required .

11. Cost / investment plan

11.1 A Financial Appraisal approved by the SD-CRS is attached. The front sheet shows the assumptions used for the three in the appraisal which are (copy options descriptions from the FA here). The summary on page two shows clearly that the implementation of Telecare in Options 2 & 3 would show savings of over £3 million over 5 years compared to the "Do nothing" Option 1. Given the possible synergies between the Telecare proposals and other parts of the Council's services (see list on page 1 of the appraisal) it is recommended that the adoption of Telecare be approved & authority delegated to the SD-HHSC to implement in the way best able to meet customer demand.

11.2 These figures currently exclude the potential savings and income to be derived from exploring other customer markets. More work is needed to firm up these estimates but the areas with the largest potential impact include:

1. There are potential savings to be derived from joint investment with the PCT into a single Telecare infrastructure and related services for the city. There are large numbers of potential clients where a Telecare solution would provide mutual benefit e.g. through non-conveyed ambulances, emergency admission to hospital and early and appropriate discharge. The development of a single infrastructure would also offer health partners the platform to develop specialist telehealth solutions.
2. Offering enhanced services to the existing 1000+ existing community alarm customers would generate additional income. Initial research indicates that a significant number of customers would pay an additional charge for the provision of a 24hr response service alongside/instead of existing key holder arrangements.
3. Services to date have been grown with minimal marketing. Evidence from elsewhere demonstrates that large numbers of customers can be generated through targeted social marketing focussing on specific groups including carers and families.

12. Challenges and risks

12.1 A range of challenges and risks associated with mainstreaming have been identified and a full risk management matrix is being developed. Key risks include:

- Promoting the widespread use of Telecare will require a cultural shift from both clients and professionals.
- The single biggest risk to mainstreaming is not developing any responder solution.
- Lack of management capacity to implement recommendations.
- Growth in year 1 may be restricted due to minimum guaranteed income in current contracts with care providers
- Savings not realised due to a lower take up of services than anticipated
- Savings realised but diverted away from Telecare
- Failure to integrate Telecare solutions into social care practice.

13. Consultation Undertaken

13.1 The development of Telecare has been a partnership process involving a range of internal and external partners. There is a well-established multi-agency steering group which has been integral to the work to date including shaping up the options for mainstreaming. Further work with social care and housing will help to shape these plans further. All heads of service within HHSC are aware of the developments in Telecare.

13.2 The PCT is one of the most significant partners involved in Telecare. They have operational representation within the steering group and are aware of the developments. Further work is now required to firm up business case and funding proposals and take these proposals forward within the PCT.

13.3 A range of voluntary sector partners, service user and care groups have been involved in developing many aspects of Telecare provision throughout the PTG funded phase. These mechanisms need to be enhanced and users and carers fully engaged in the process of moving to mainstream delivery.

Signed: ____

Margaret Geary

Strategic Director, Health, Housing & Social Care

The recommendation(s) set out above were approved / approved as amended / deferred / rejected by the Executive Member on 18 March 2008

Signed