Agenda Item 8

OVERVIEW AND SCRUTINY BOARD

8 FEBRUARY 2011

SOCIAL CARE AND ADULT SERVICES SCUTINY PANEL FINAL REPORT – TELECARE

PURPOSE OF THE REPORT

1. To present the findings of the Social Care and Adult Services Panel's review of Telecare.

AIM OF THE SCRUTINY INVESTIGATION

2. The overall aim of the Scrutiny investigation was to look at the current level of take up of telecare in Middlesbrough, to look at the reasons as to why take up may not be as high as desired and to explore what action can be taken to address this issue.

TERMS OF REFERENCE OF THE SCRUTINY INVESTIGATION

3. The terms of reference for the Scrutiny investigation were as outlined below: -

   (a) To consider the current level of investment in telecare/telehealth in Middlesbrough and the future funding arrangements.

   (b) To examine examples of good practice nationally and how Middlesbrough compares with neighbouring authorities.

   (c) To consider the charging policy for telecare in Middlesbrough and the impact the policy is having on the level of take up.

   (d) To consider the accessibility of telecare and how telecare is marketed and promoted in Middlesbrough.

METHODS OF INVESTIGATION

4. Members of the Panel met formally between 7 October and 9 December 2010 to discuss/receive evidence relating to this investigation and a detailed record of the

topics discussed at those meetings are available from the Committee Management System (COMMIS), accessible via the Council's website.

5. A brief summary of the methods of investigation are outlined below: -

   (a) Detailed officer presentations supplemented by verbal evidence

   (b) A site visit to the Independent Living Centre for a demonstration of the different types of telecare equipment

   (c) Comparative evidence received from the officers responsible for the delivery of telecare within the four other local authorities within the Tees Valley

   (d) Evidence received from the Assistant Director of System Reform at NHS Middlesbrough

   (e) Best practice evidence received from officers at Sunderland City Council

6. The report has been compiled on the basis of this evidence and other background information listed at the end of the report.

MEMBERSHIP OF THE PANEL

7. The membership of the Panel was as detailed below: -
   Councillor P Purvis (Chair), Councillor F McIntyre (Vice Chair), Councillors S Biswas, D Davison, E Dryden, B Hawthorne, A Majid, J Walker, M Whatley and E Briggs (co-opted member).

BACKGROUND

8. In its recently published Vision for Adult Social Care the Department of Health states that new technology opens up new horizons for care. From community alarms to sophisticated communication systems, telecare can help people stay in their own homes and live independently for longer.[1] Not only is the focus on helping people to live independently for as long as possible but the aim is to achieve this in the most appropriate and cost effective way.

9. The Department of Health highlights that self-evaluations from three councils indicate that adult social care departments could save at least 1.5 per cent per annum of their home and residential care spend by introducing integrated telecare support to people.[2] North Yorkshire Council are cited as leading the way in embedding telecare services into its social care provision, with savings of around £1m per annum generated as a result. In 2009/10 Middlesbrough Council spent approximately £20million[3] on residential and home care. A 1.5 per cent saving would equate to savings in the region of £300,000.

[1] A Vision for Adult Social Care, Department of Health, November 2010

[2] Ibid

[3] [3] Total spend on residential / residential element of free nursing placement and personal care in 2009/10 = £20,539,132 (excluding CHC/FNC/Joint Finance). Residential / residential element of free nursing placement purchased £13,923,740, residential / residential element of free nursing placement in house £2,300,491, Personal Care £4,314,901

10. In 2004 the Audit Commission advised that, ultimately the largest benefits may lie in preventative mode (p-mode) telecare. This implies a service that is large both in scale and scope, and consequently more complex to implement. It was stated that this may be some way away but local strategies should have a development trajectory to enable them to move from small scale and scope response-mode (r-mode) telecare[4] to large scale and scope preventative-mode telecare.

11. National research has also shown that as many as 35 per cent of people living in residential care could be supported to live at home or in extra-care housing schemes through the incorporation of telecare technology in their customised package of care.[5] One case in North Yorkshire County Council's pilot was to support an elderly couple in their 80s, one with terminal cancer. They were supported with a telecare technology enhanced package of care which enabled them to spend the last eight weeks of the husband's life at home together, which was what they wanted. Telecare technology also has huge potential to reduce unnecessary hospital admissions and improve people's quality of life.[6]

12. Despite this positive portrayal of the benefits that telecare can provide there appears to be a real hesitation at both a national and local level around mainstreaming telecare provision and investing in the use of telecare as part of a preventative approach. The Department of Health notes that robust evidence on how to target telecare and telehealth to ensure both cost-effectiveness and successful outcomes is lacking.[7] In an effort to address this issue the previous Government launched a two-year Whole Systems Demonstrator programme, which is believed to be the largest randomised control trial of telecare and telehealth anywhere in the world. Within the trial over 6,000 people across Kent, Cornwall and Newham are involved in the testing of assisted living services. The evaluation by six of the UK's leading academic bodies is due to report their findings in spring 2011.

13. Given that there appears on the one hand to be a very strong case for mainstreaming telecare provision and yet on the other questions abound in respect of the evidence base for achieving cost savings the Panel decided to undertake an investigation in respect of this topic. Through its review the Panel has sought to examine the level of take up of telecare in Middlesbrough, how this compares with neighbouring authorities and what benefits have been gained by those authorities who have successfully mainstreamed telecare provision.

SETTING THE SCENE – GAINING AN UNDERSTANDING OF TELECARE

14. Prior to agreeing its terms of reference for the review the panel wished to gain a better understanding of telecare and how assistive technology is currently being used in Middlesbrough to enable people to remain in their homes for longer and prevent them from going into hospital or residential care. The Service Manager and Project Officer

[4] Response mode telecare is defined by the Audit Commission as providing basic reassurance to users and a uniform, straightforward response service….it will be implemented as an extension to the existing Community Alarm System, mainly because the response service currently provided only needs to be extended. It was advised, however, that a telecare service can be much more than that, serving a wider user group and offering both supportive services and preventative services.
(Audit Commission – Implementing Telecare, Strategic analysis and guidelines for policy makers, commissioners and providers, September 2004)

[5] Building Telecare in England, Department of Health, July 2005

[6] http://communityhealthsupport.org/2010/p_09_north_yorkshire_county_council.php

[7] A Vision for Adult Social Care, Department of Health, November 2010

for Telecare within the Department of Social Care attended the panel's first meeting to provide this overview.

15. The Panel was informed that telecare was specifically endorsed by the Health Select Committee in July 2002. The report recommended that the Department of Health establish a national strategy to promote the systematic development of telecare solutions as part of a spectrum of care at home.

16. In March 2007, a Service Development Officer and two Telecare Officers were appointed in Middlesbrough, through the Preventative Technology Grant, to develop Telecare, implement the Department's Telecare Strategy and mainstream Telecare, as required in the Government's Concordat for Social Care Putting People First. A multi-agency Telecare Strategy for Middlesbrough was also developed in 2007.

17. The vision outlined in the Telecare Strategy states that local people are to have access to both Telecare equipment and an effective response service allowing them to stay safely in their homes for as long as possible.

18. In respect of the difference between the Carelink service (basic telecare - lifeline unit and pendant), telecare and telehealth it was noted that Carelink currently provides a wide range of services. In summary these are;

- Housing related support for people in tenancies with housing associations (generally funded by Supporting People) and private landlords
- Housing related support for people in their own homes (paid for by service users)
- Emergency response service for all people to deal with falls, accidents and emergencies
- Overnight planned care

19. Carelink uses technology to enable this service to work. In simple terms, a lifeline unit is installed in a property which links to the control room via a telephone line. In the event of an emergency, a person has the ability to either 'pull a cord' or 'press a button' on a pendant to send a signal to the control centre. Verbal communication is then commenced through an intercom system. Over recent years, technology has been advancing and there are now a whole range of sensors and detectors that can link to the response unit in the property. This is known as telecare.

20. The Panel heard that although telecare and telehealth are both forms of assistive technology designed to enable health and social care to be delivered 'remotely' within the home environment, the two are quite distinct:

- **Telecare** is the remote or enhanced delivery of health and social care services to people in their own home by means of telecommunications and computer-based systems. Telecare is characterised by continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living. Examples include sensors that can detect movement, falls, and bed occupancy.

- **Telehealth** is the remote exchange of data between a patient at home and medical staff at hospital to assist in diagnosis and monitoring. Among other things it comprises home units to measure and monitor temperature, blood pressure and other vital signs for clinical review at a remote location (for example, a hospital site)

using phone lines or wireless technology. Examples of telehealth devices include: blood pressure monitoring and blood glucose monitoring.[8]

- With regard to the benefits that telecare can provide it was advised that,

Telecare can:

- Support professionals in making risk and care assessments by providing them with objective data about the person's real level of activity, vital signs and circumstances within the normal environment of their home.
- Give people greater control of their lives by reminding them of tasks they wish to complete or providing information about developing risks.
- Enable care professionals to shorten the time period between the occurrence of an event and the delivery of appropriate care interventions.
- Enable people to remain in their own homes with increased safety, confidence and independence.
- Support carers by giving them peace of mind whilst away from those they care for.

21. It is estimated that there is currently 1.6 to 1.7 million people in England using some form of telecare. These are primarily lifeline units and pendant alarms, although it is thought that some 300,000 of these installations are sensor-based systems using personal and environmental monitors. About 5000 people currently benefit from home-based telehealth remote monitoring – mainly for heart failure, diabetes and COPD.[9]

22. The Panel heard that in Middlesbrough Carelink was identified as the most appropriate service to deliver on the Telecare agenda. A review of the service in 2006 recognised the future impact of Telecare and as a result a 24 hour, 7 days a week waking service was established to enable a quick response to individuals.

23. With regard to the level of take up of Telecare in Middlesbrough the Panel was advised that the level of take up is as follows;

• Total referrals for Telecare at 16/9/10	655
• Current active cases	282
• Case closed	186
• Non activation (often cost related)	187
• People in Middlesbrough Intermediate Care Centre who have had Telecare	264

24. The Panel heard that the number of people taking up the option of Telecare is growing, but slowly. Feedback from service users and referrers suggest that this is due to the cost. At present the charge is based upon the response provided and not the equipment. It was advised, however, that this is only the case for those who meet the FACS criteria. For private service users there is an additional charge based on the number of sensors.

25. The Panel was informed that although Telecare can enable people with differing needs to remain supported in their own home for longer there are significant challenges that need to be addressed to maintain the capacity needed to continue and develop the service. These challenges are summarised below:-

[8] http://www.kingsfund.org.uk/topics/technology_and_telecare
[9] Ibid

- That adequate funding is in place to purchase new equipment
- Telecare is constantly on the radar for social worker assessments
- Publicity and marketing in appropriate places and include the 'worried well'
- The impact on the health economy is addressed
- The charging arrangements are reviewed – consultation is taking place on service levels which will have an impact on the future of telecare
- Telecare is mainstreamed to meet Putting People First expectations

TELECARE – HELPING PEOPLE TO REMAIN INDEPENDENT FOR LONGER

26. A number of examples were provided as to how Telecare is being used to help people remain at home for longer, as well as giving people greater control over their lives. A number of examples are detailed below:-

Medication dispenser

27. Reference was made to the medication dispenser, which reminds people to take their medication at a set time. If the individual fails to access their medication, an alert is raised with the monitoring centre. It was highlighted to the panel that if an individual regularly fails to take their medication this can, over time, lead to the individual going into care.

The Just Checking system

28. An effective mechanism for identifying when a person needs residential care is the Just Checking system. The Just Checking system provides data on the activities of a person to identify more clearly the capabilities of that person in their own home. It can be effectively used to support the assessment of people with dementia. The tool gives a good indication as to whether an individual is able to remain at home or not.

29. It was explained that although an individual may say that they are preparing meals at home, the Just Checking system would highlight how often the individual is moving around their own home. It helps to prove whether an individual is going to be safe at home or what issues need to be addressed. It could be the case that additional support or monitors could be installed or the Just Checking system may highlight that an individual may be seriously at risk if they remain at home.

Supporting People with Dementia

30. The Panel heard that one of the main areas that the provision of Telecare can help with is in helping to support people with dementia to remain at home. It was highlighted that this has been one of the big success stories of Telecare and the Panel heard how one of Middlesbrough's first Telecare customers in 2007 is still living independently at home, as a result of Telecare.

31. Prior to finding out about Telecare the lady had considered moving into residential care. Three years later the lady is still living independently in the community. It was stated that a number of people with early on set dementia in Middlesbrough are in receipt of Telecare. The Panel queried how many people with dementia are benefiting from Telecare. The Panel heard that 63 people with dementia are currently in receipt of Telecare, which equates to 26.25% of current active Telecare cases.

32. In 2009 the Health Scrutiny Panel completed a review of Dementia Care in Middlesbrough. During the course of its review the Panel was provided with the following statistics in respect of the number of people in Middlesbrough with dementia, as well as the anticipated increase in these numbers over the next 20 year period. The Strategic Commissioning Manager – Mental Health, Middlesbrough PCT and Redcar and Cleveland PCT[10] advised that from national research, they had estimated that there are;
    - 1,671 people over 65 with dementia in Middlesbrough.
    - 239 new people being diagnosed with dementia each year
    - 45 younger people with dementia in Middlesbrough
    - the figure is set to rise to approximately 1,840 in 2010
    - there will be an estimated increase of 20% over the next 20 years.

33. Given the significant number of people with dementia in Middlesbrough and the future projections, as well as the benefits that Telecare can provide the Panel believes that more people with dementia in Middlesbrough and their carers could benefit from the provision of Telecare.

34. The Just Checking System referenced above also has the potential to generate cost savings. Birmingham City Council has introduced a policy whereby there will be no admission to residential care for people with dementia without a period of assessment using the Just Checking system. Birmingham has calculated that the cost of purchasing and running the Just Checking system for a year is covered if residential care is postponed for just 14 days.

Fall detectors

35. Another area where Telecare can play a key role is in relation to falls and the Panel heard that the fall detector, which is triggered automatically if a person experiences a fall offers a number of benefits. The following case study was provided.

    Mr Smith had constant falls due to his medical condition, however he did not want to be 'wrapped in cotton wool'. He and his wife realised the risks of falling, but Mr Smith was a keen gardener and wished to continue gardening as long as he could. Mrs Smith did not like to go out shopping or leave her husband in case he fell and was left for any period of time. Telecare provided a falls detector. The equipment provided Mrs Smith with the freedom and peace of mind to go out safe in the knowledge that her husband could go about his daily activities without any restrictions, knowing that in the event of an incident, help was immediately at hand.

36. It is widely recognised that falls are more likely to happen in older people and are also more likely to result in serious injury. Approximately one in ten falls result in serious injury and 10% of visits to hospital emergency are as a consequence of falls. The consequences of the fall itself maybe also be made more serious by a delay in discovery. If the person stays on the floor or ground for a long time this can lead to hypothermia (especially in winter) or dehydration from lack of fluids. The time from injury to discovery maybe the difference between life and death.[11]

[10] Dementia Ad Hoc Scrutiny Panel, 9 February 2009
[11] Effects of falls, Department of Work and Pensions

37. The amount of time older people spend within their own home is also considerable. The over 65's spend over 80 per cent of their time in their homes, and this figure rises to 90 per cent for over 85 year olds.[12] Highlighted below is some further data on falls and the often hidden impact that a fall can have on an older person.

- In 2007, in England and Wales there were 3,318 deaths as a result of falls
- Falls are the leading cause of injury deaths among people 65 and older; half occur in their own home
- 30% of people over 65 and 50% of those over 80 fall each year
- Older adults who fall are two to three times as likely to fall again within a year
- Approximately 10% of United Kingdom ambulance service calls are to people over 65 who have fallen. About 60% of cases are taken to hospital
- 20 - 30% of those who fall suffer injuries that reduce mobility and independence and increase the risk of premature death.
- Loss of self-confidence as well as social withdrawal, confusion and loneliness can occur, even when there has been no injury
- A non-injurious fall can still be fatal if the person is unable to get up from the floor and cannot summon help. Lying on the floor for more than 12 hours is associated with pressure sores, hypothermia, pneumonia, and death.
- Almost 50% of people who fall require help to get up after at least one fall, but only 10% of falls result in a lie of greater than one hour.[13]

38. North Yorkshire County Council has calculated that every hour spent on the floor equates to one day in hospital.

39. The Panel was interested to find out how many Middlesbrough residents have been admitted to hospital, as a result of a fall at home over the last three years and whether the majority of these falls were experienced by older people. The Panel was also interested to find out what the costs associated with such admissions to hospital were and how long on average a person who experiences a fall at home subsequently spends in hospital as a result of their fall.

40. The following information was provided by South Tees NHS Trust in respect of this request;

South Tees Hospitals FT: Admissions by Middlesbrough residents because of falls at home

	Age at admission						
	00-14	15-44	45-64	65-74	75-84	85+	Grand Total
2007/8	91	41	57	48	91	67	395
2008/9	106	51	61	58	110	84	470
2009/10	108	38	73	61	110	100	490

2010/11 forecasts							
Admissions	81	29	69	69	110	110	461
Average length of stay	1.6	2.6	5.7	9.1	12.8	13.9	9.01
Total bed days	126	75	394	628	1,407	1,524	4,154
Average tariff	£1,063	£2,115	£2,959	£3,105	£3,092	£2,626	£2,592
Total tariff value *	£86,103	£61,328	£204,196	£214,234	£340,078	£288,880	£1,194,819

[12] Lifetime homes, Lifetime Neighbourhoods; A National Strategy for Housing in an Ageing Society

[13] What are the main risk factors for falls amongst older people and what are the most effective interventions to prevent these falls? World Health Organisation, 2004

* Total tariff value is the crude mandatory tariff value without adjustments for short stay cases, excess bed days, specialist procedures or market forces factors. It is intended as a very rough guide to the cost of the activity to Middlesbrough PCT.

41. From the evidence received it is clear that the forecasted admissions for Middlesbrough residents in 2010/11 are highest in the 75-84 and 85+ category. The average length of stay for residents over 75 is also significantly higher than the average length of stay for those under the age of 75, particularly when compared with the average length of stay for those under the age of 65. South Tees NHS are forecasting an annual expenditure in 2010/11 of £1,194,819 on admissions to hospital as a result of falls at home and over 50 per cent of that expenditure will be on residents over the age of 75. Those aged 75-84 will spend on average 12.8 days in hospital and those over the age of 85 will spend on average 13.9 days in hospital.

42. South Tees NHS advised that the average length of stay for those over the age of 75 is higher owing to the prevalence of other medical conditions and / or there not being anyone at home to help care for the individual if they were discharged from hospital. Given the evidence provided it is clear that falls at home are a major issue for older people particularly those over the age of 75.

43. It is clear that the provision of telecare can help to ensure that in the event of a fall the alert is raised and assistance is provided in the shortest time frame possible. The Panel acknowledges that the provision of assistive technology does not prevent a fall from occurring, in the same way that the fitting of a smoke alarm does not prevent a fire. Both pieces of equipment only serve to provide an alert. Yet raising the alert and the provision of assistance can help to prevent both injury and death.

44. In terms of the number of falls at home the Panel heard that analysis of the calls received by the Telecare service has shown that in the six months leading up to July 2010, 586 people accessed the service due to falls:

    - Of those 437 people lived alone and could therefore have been on the floor for some time had the alarm not been raised.
    - A further 149 people who had fallen, lived with someone else but the person with whom they lived with had been unable to lift the person up.
    - On 80 of these occasions an ambulance was called and 56 people were taken to Accident and Emergency.
    - In total 530 out of the 586 people who accessed the service remained at home following their fall.
    - If these people had been unable to access the Telecare service there could have been a greater number of hospital admissions, with the associated cost implications.

45. In terms of the cost effectiveness of telecare interventions the Panel heard that it is difficult to prove the cost savings associated with the provision of telecare. However, in terms of the savings generated by reducing hospital admissions due to falls at home the Panel heard that significant savings could be made on A&E admissions alone. It was also advised that Paramedics are often called out to assist people who've experienced a fall at home. Whereas if the individual were in receipt of telecare staff at the control centre could arrange for the response unit to undertake a visit or a family member / carer could be contacted to provide assistance (where appropriate), thereby generating additional savings for the PCT. The Panel was advised that in the period

April to December 2010 the Carelink / Telecare service received 792 fall related calls, 71 per cent of those calls were from people who live alone. Through the support provided by the Carelink / Telecare service 85% of those people (673) were able to remain at home and 15% (111) were taken to A&E.

46. Owing to the fact that the officers involved in the delivery of the Carelink / Telecare service had expressed the view that inappropriate 999 calls could be prevented through the use of assistive technology and financial savings could be generated the Panel was keen to obtain some data from the North East Ambulance Service (NEAS) in respect of the following:-

- The number of falls at home NEAS have attended for residents over the age of 65 in Middlesbrough in 2009/10
- On how many occasions the faller was transferred to hospital
- How many fallers required assistance only
- How much attending to fallers in Middlesbrough cost NEAS in 2009/10

47. The information received from NEAS is presented below and supports the evidence detailed above, which indicates that about 60 per cent of ambulance service calls to people over the age of 65 who experience a fall at home are taken to hospital. The cost to NEAS for providing assistance only is marginally less expensive than the cost of transferring a faller to hospital. This evidence helps to support the claim that savings could be generated for the PCT if unnecessary 999 calls can be avoided. In 2009/10 Middlesbrough PCT spent £124,302 on providing paramedic assistance to people who experienced a fall at home. A total of 39 per cent of that spend (monetary equivalent £48,450) was on cases where ambulance transportation was not required, with 23 per cent (monetary equivalent £29,070) of that sum spent on providing assistance to people over the age of 65.

Incidents and transportations in Middlesbrough PCT during 2009/10 where a fall is listed on the patient report form

Cost of transported Cases	£196.00
Cost of Cases not requiring transportation	£170.00

Fall Type	Age	Total Cases	Percentage transported	Total Cost - transported Cases	Total Cost - cases not requiring transportation	**Total Cost**
> 2 metres	<65	*42*	*74%*	*£6,076*	*£1,870*	***£7,946***
	65+	*51*	*63%*	*£6,272*	*£3,230*	***£9,502***
	unknown	*2*	*50%*	*£196*	*£170*	***£366***
		95				**£17,814**
< 2 Metres	<65	*234*	*59%*	*£27,048*	*£16,320*	***£43,368***
	65+	*330*	*54%*	*£34,888*	*£25,840*	***£60,728***
	unknown	*13*	*54%*	*£1,372*	*£1,020*	***£2,392***
		577		£75,852	£48,450	**£106,488**
Grand Total		672		£75,852	£48,450	**£124,302**

48. The panel heard that in respect of developing Telecare there are a number of Regional Improvement and Efficiency Partnership (RIEP) projects in progress and these are being led locally by the Middlesbrough Telecare Development Officer, although the contract for this post is due to terminate at the end of March 2011;

    - **Purposeful walking** – This project is looking at the use telecare and GPS (Global Positioning Satellite) devices to enable clients with dementia diagnosis to safely walk from and return to their home more independently.

    - **Unsettled accommodation** - The aim of this project is to provide the capital funding to purchase 80 telecare units (20 in Middlesbrough) to support people with learning disabilities who are due to return to the Tees area from unsettled or out of borough placements. In excess of £15.5 million per annum is spent in the Tees area on out of area or unsettled placements for over 300 people with a learning disability.

    - **Over 85's** – This project aims to provide low, level preventative support to 250 people over the age of 85 in Middlesbrough through the use of telecare.

    - **Recurrent UTI's** – This project uses lifestyle monitoring technology, including bed sensors and passive infrared sensors to assist people who have a history of recurrent urinary tract infections (UTI's). The overall aim of the project is the use of technology to identify changes in behaviour, such as increased visits to the toilet. This would enable early identification of a possible UTI, ensuring prompt treatment and thereby reducing hospital admissions, the risk of falls and the provision of inappropriate services. As part of the project, 20 individuals will be provided with the technology

    - **Telehealth monitoring** – Telehealth monitoring supports individuals to 'self care' by allowing them to measure and record their vital signs measurements. They can take more responsibility for proactively managing their condition and help reduce anxiety for them and their relatives / carers.

    - **Hospital Inreach Project** – The aim of this project, based in Middlesbrough, is to provide inreach from professional telecare staff to an acute hospital setting. The project has integrated a telecare specialist into hospital services to promote telecare as a preventative service and to assess individuals for appropriate telecare to support quicker and safer hospital discharge.

49. In terms of installing Telecare the panel was informed that 98% of the equipment is installed within a week of the initial enquiry being received. It was acknowledged that property exit sensors could take a little longer to install. A Member of the Panel queried whether Telecare is installed in new build properties that are designed for older people and it was acknowledged that this would be a sensible solution.

50. It was highlighted that the Telecare response service is available 7 days a week, 24 hours a day and it can also be used on a temporary basis. Telecare is provided as part of the rapid response service, which provides care free of charge for a 10 day period following discharge from hospital. The Telecare equipment is installed free for a period of six weeks, however, at the end of the six-week period, service users then make a decision whether to continue with the service or have the equipment removed. It was confirmed that 22 per cent of people are currently keeping the service compared with 8-9 per cent last year. It was noted that many people still view the service as something

for older people and even at the age of 84 some people do not feel they are old enough to need the service.

51. It was emphasised that Telecare is not meant to be a replacement for care and support, it is used to assist and complement the support that is already in place. The Panel also heard that the provision of telecare is also about supporting carers and that telecare and reablement are also very inter linked. Many carers have commented that without Telecare their family member would have been unable to remain at home. It was advised that the impact of Telecare on Carers should not be underestimated.

52. The Panel heard that the aim of Telecare is to enable service users to maintain their independence in their own home in a safe and controlled environment. Initially telecare was focused on older people. The Telecare team has, however, been trying to encourage more young people to take up the option of Telecare. As a result Telecare is now helping to support a number of people with physical and learning disabilities. The Panel queried whether any data was available on the number of people within each of the different client groups currently benefiting from Telecare. It was advised that at present there are 203 older people, 49 people with physical disabilities and 34 people with learning disabilities benefiting from Telecare. It was acknowledged that the Telecare service needs to be rebranded and a better marketing and pricing strategy devised to publicise the service and attract a wider range of service users.

53. Members raised the issue of the impact of Telecare on the health economy and the point was made that by next year a shadow GP consortium should be in place locally. The Service Manager stated that to date it has proved very difficult to engage with GP's and despite contacting every GP Practice Manager in Middlesbrough to highlight the benefits of Telecare only one response from a GP Practice was received.

54. Upon receiving this initial evidence the Panel expressed the view that there would be little to be gained in questioning the benefits that the provision of telecare delivers. The real issue relates to the cost of the service and the future financing arrangements, as well as the level of investment in the service by the Council. Another key question is how many people in Middlesbrough could benefit from the service, as well as how the Council can ensure that those people who could benefit, particularly as part of a preventative approach, can access the service and pay for it privately. The issue of publicising the service is also a key issue and Members are concerned that people generally are unaware that this service is available.

TO EXAMINE EXAMPLES OF GOOD PRACTICE NATIONALLY AND HOW MIDDLESBROUGH COMPARES WITH NEIGHBOURING AUTHORITIES

55. Following discussion at the initial meeting Members of the Panel requested that a site visit to the Independent Living Centre (ILC) be undertaken to give Members the opportunity to see the Telecare equipment in operation. The Panel was informed that the Independent Living Centre, situated within the Lansdowne Centre, provides free and impartial expert advice on products designed to assist people in maintaining or increasing their independence. The centre provides a resource for service users, carers and professionals to view and try the different types of equipment available. Members of the public are able to self-refer to request an independent assessment of their needs, and the service informs people of their entitlement for the provision of equipment locally. The centre also signposts individuals towards suitable sources of funding including self and charitable funding.

56. A site visit to the Independent Living Centre was undertaken and Members were provided with the opportunity to see a demonstration of the various types of Telecare equipment including a fall sensor, bed sensor, flood detector, temperatures extreme sensor and the telecare home unit and pendant. Members were impressed by both the facilities and equipment available at the Independent Living Centre and expressed the view that more people need to be made aware of what is on offer and that the centre is open to members of the public. Various types of equipment are on display at the Centre and people are able to find out about what type of aids and adaptations would be best suited to meet their needs.

57. An issue that came to light during the visit was that older people often have difficulty in getting out of the bath. One piece of telecare equipment that the Panel was shown was a wireless button that is placed in the bath and enables an individual to raise the alert if they are unable to get out of the bath. This appeared to be a very simple piece of equipment but one that would provide reassurance to an older person that assistance could be reached if they experienced difficulty.

58. Another piece of equipment the Panel was interested to find more out about was the smoke detector. This offers greater protection than a normal smoke detector, as it raises both a local alert to warn the user and a remote alert to the monitoring centre if it detects dangerous levels of smoke. This means that even if the user does not hear the alarm the monitoring centre is alerted and will contact the user as well as call for additional help if required.

59. With regard to how referrals for Carelink and Telecare are received the Panel heard that the majority of referrals are received from Occupational Therapists and Social Workers. It was stated that very few referrals are received from GP's. Reference was made to efforts to distribute Independent Living Centre leaflets and posters to GP practices across Middlesbrough. The Service Manager advised that only one GP practice in North Ormesby has agreed to display the leaflets and posters.

60. It was emphasised that Carelink and Telecare are social care services and the officers responsible for the delivery of these services stated that they are really passionate about Telecare and believe it can make a huge difference. In terms of finding out about Carelink and Telecare it was confirmed that anyone who receives a social care information pack from Middlesbrough Council would find information on both services included within the pack.

61. The officers advised that their hope would be for people to be able to access Telecare before their level of need becomes substantial or critical and for Telecare to be used as part of a preventative approach. However, it was acknowledged that at present a preventative model of Telecare has not been developed in Middlesbrough.

62. Another area highlighted by Members, as being worthy of consideration, was the way in which telecare is delivered by neighbouring authorities and those authorities considered to be demonstrating best practice at a national level. In respect of this request contact was made with the four other local authorities within the Tees Valley. Information has also been obtained from their respective Council websites and details of the work undertaken by the other local authorities in respect of this agenda is attached at Appendix 1.

63. Outlined below is some comparative data on the levels of uptake of the basic lifeline and pendant service, as well as enhanced Telecare (additional monitors and sensors) within the Tees Valley. Data on the level of take up in Sunderland, which is viewed as a leading authority nationally on the delivery of Telecare, is also provided.

	Darlington	Middlesbrough	Stockton	R&C	Hartlepool	Sunderland
Population	101,000	139,200	192,900	139,000	91,900	280,000
Active Telecare Installations	**65**	**282**	**370**	**435**	**615**	**2,000**
Basic lifeline / pendant	over 2000	3,500	6,500	5,500		23,000
Charge for lifeline / pendant / response (per week)	£4.64	£4.60	£3.60	£4.20	free	£3.20
Charge for Telecare (per week)	min £6.14	£9.13	£7.70	free	free	£3.20
Numbers subscribing to lifeline / pendant service		1033	2200		NA	1500

64. A summary of the overall findings gleaned from this exercise is provided below: -
    - Each LA within the Tees Valley has developed its own approach to the delivery of Telecare
    - 2 LA's have commissioned local housing providers to deliver elements of the service (Hartlepool and Redcar & Cleveland)
    - 2 LA's have no charging policy for Telecare - where people meet the FACS criteria (Hartlepool) or where people meet the FACS criteria of critical or substantial or would be expected to meet that criteria in the next 6 months if not provided with a service (Redcar & Cleveland)
    - 3 LA's have introduced charges for Telecare ranging from £6.14 to £9.13 per week
    - The number of people in receipt of Telecare in each LA ranges from 65 to 615
    - 3 LA's have secured PCT funding to deliver telecare ranging from £23,000 to £150,000
    - The delivery of telecare throughout the country varies significantly

65. Nationally some authorities have adopted a very proactive approach and Sunderland is an example of an authority that has invested significantly in Telecare. As a result there is a high level of take up as follows:-

    - Sunderland has 18,000 households, with 23,000 people connected to their basic package (lifeline and pendant)
    - 2000 of those people are in receipt of an enhanced telecare package
    - Residents are charged £3.20 per week regardless of the number of sensors they have fitted or the level of service they receive – a single tier-charging model has been introduced.
    - Anyone in receipt of a care package in Sunderland receives the service for free.

66. The Panel queried why the cost of Telecare is more expensive in Middlesbrough than in neighbouring authorities. It was advised that a paper was submitted to the Executive Member for Social Care on 13 October 2010 recommending that the Carelink and Telecare charges be revised and that a 3 month consultation exercise be undertaken in respect of the proposed new charges.

67. In relation to the consultation the Panel heard that the proposal is to rationalise the service levels for people paying privately for the service and for new people entering the service who are funded by the Supporting People team. It is proposed to provide 3 service levels as follows, with a view to enabling telecare to become a mainstream activity:-

Level 1	• Provision of Lifeline Unit and Pendant • Physical response provided by family/friends/neighbour • Call out charge if care link requested to visit	Cost : £2.70 Cost : £20.00
Level 2	• Provision of Lifeline Unit and Pendant • Response provided by Carelink staff or others	Cost : £4.60
Level 3	• Provision of Lifeline Unit and Pendant plus additional sensors/ detectors as required. (TELECARE) • Response provided by Carelink staff or others.	Cost : £5.70

68. Reference was made to the many benefits that Telecare can offer in terms of reducing hospital admissions and supporting people to remain independent at home for longer. However, the officers acknowledged that evidencing the cost savings that Telecare can generate is more difficult. The Council's Strategic Accountants require specific information to prove Telecare can generate efficiencies and although a lot of research papers have been published advocating the benefits when looking for the evidence in financial figures it is very difficult.

69. Given the difference in cost throughout the sub region for receiving the basic lifeline, pendant and response service, as well as Telecare, the Panel queried whether there is any difference in the equipment or level of response that is provided to people within the sub region. The Service Manager advised that all local authorities within the Tees Valley offer a very similar service and that there is very little difference in the equipment provided.

70. The officers accepted that the charge has to be low enough for people to feel they can afford the service. The Service Manager advised that there are two elements to that. If the costs are reduced the service can operate as a self-funding business model and if the right cost can be achieved more people will be able to benefit from the service. It was explained that another element involves attracting external funding, particularly from health, on the premise that Carelink and Telecare can generate efficiency savings for health.

71. Reference was made to the level of charges introduced by other local authorities and it was advised that similar to Sunderland, Gateshead has introduced a single tier charge for the service, whether the user receives the basic pendant and lifeline unit or a full telecare package.

72. It was noted that if the level of uptake is increased in Middlesbrough there maybe a need to increase the level of staffing. It was stated that this is an unknown at present, as it could be the case that although more people are in receipt of the service the contact centre may receive a similar amount of calls and requests for assistance. The Panel queried whether the Carelink / Telecare service has the capacity based on its current resources to deliver the service to significantly more people. It was stated that this would very much depend on the needs of the people taking up the service. It was explained that at present a large amount of time is taken up carrying out calls and visits to people funded by Supporting People but the provision of appropriate Telecare to these people could maintain their safety and support them without the need for these calls and visits. Many are already in receipt of a care package and receive support from home care staff and a reduction in the amount of visits from Carelink / Telecare staff

would free up capacity in the service to deliver it to more people. The Project Officer stated that it would be wonderful if Middlesbrough could increase the level of uptake significantly.

73. A Member of the Panel queried how much the current charge is for the monitoring only service. It was advised that at present the charge is £1.70 per week. Reference was made to the proposed Level 1 monitoring only service and it was explained that although it was a monitoring service only a response would be provided for a £20 call out charge if staff were required to undertake a visit.

LOCAL AUTHORITY BEST PRACTICE – MAINSTREAMING TELECARE

74. At a national level Sunderland City Council has been highlighted as demonstrating best practice in terms of mainstreaming telecare provision and promoting the benefits of telecare to the whole community. A DVD interview with Sunderland City Council's Director of Health, Housing and Adult Services, in which he details Sunderland's approach to the delivery of telecare was produced by Tunstall[14] and a copy of the DVD was shown during a meeting of the Panel.

75. The Director of Health, Housing and Adult Services at Sunderland City Council advises that:-

- The provision of Telecare on a large scale is part of Sunderland's vision to create a "virtual care village" within the city.
- The technology provides a less intrusive way to provide support to people in their own homes whilst also generating efficiency gains for the Council.
- Investing in preventative services plays an important role in generating efficiencies in more intensive services and Telecare is a key part of that strategy.
- On it's own Telecare can not do the job and is not a replacement for care and support.
- Health and Social Care Assistants in Sunderland are trained to NVQ Level 3 standard and undertake a greater range of responses, which are pivotal to people feeling safe and secure.
- The provision of telecare gives people more confidence
- Local authorities need to be bold and brave to invest in Telecare – if you're looking for that last iota of evidence you're looking for something that doesn't exist.

76. The Panel heard that in Sunderland the aim is to provide a response visit within 15 minutes and the Council is looking to create hubs of extracare around the city. At present 23,000 people benefit from the lifeline/pendant service and 2000 of those benefit from telecare.

77. The Project Officer confirmed that in Sunderland the response service is provided by health and social care workers, who take on tasks normally undertaken by a district nurse thereby saving capacity in health.

78. Following the viewing of the DVD an invitation was extended to the officers responsible for the delivery of telecare at Sunderland City Council to attend a meeting of the Panel

[14] The world's leading provider of telecare and telehealth solutions

to discuss their Council's approach and current funding model. Peter Oliver, Community Support Manager and David Dalkin, Team Manager for Care and Support attended a meeting of the Panel and provided the following information.

79. The Panel was informed that Sunderland has a population of 280,000, is the largest city in the North East and has one of the lowest council tax rates in the region. Sunderland Telecare service is entrenched within the Care Management structure and Sunderland is one of only two local authorities in the country to operate all 4 bands of the Fair Access to Care (FACS) Guidance. Middlesbrough operates 2 FACS bands, substantial and critical. As a large city Sunderland is facing significant demographic challenges and the Council is also undertaking a lot of work with GP's and the PCT to help tackle deprivation and health inequalities.

80. In terms of the demographic challenges Sunderland is facing it was advised that over the next fifteen years;
    - Over 65's will rise by 30% to 59,500
    - Older people with functional dependencies will be 22,400 (28% rise)
    - 4,100 people with Dementia
    - Number of people with learning disabilities will be 1,500

81. It was stated that the increase in the number of people with Dementia will be especially challenging and that assistive technology will act as a great aid in supporting people with Dementia to live in the community.

82. The Panel was advised that the Sunderland Telecare service is made up of three elements:

    - The Contact Centre – Managed by the Customer Service Network, providing a 24/7 call handling service, 365 days a year.

    - The Technical Team – Responsible for managing all referrals for equipment. Also responsible for carrying out environmental risk assessments, installations and reviews.

    - The Response Team – Social and Health Care assistants trained to NVQ Level 3. Also responsible for providing a 24/7 Mobile Response Service, 365 days a year.

83. Sunderland Telecare currently has 18,000 connections covering 23,000 people, 2000 of the Telecare users have enhanced Telecare equipment fitted, which includes numerous sensors. In 2009/10 the service responded to over 300,000 calls, nearly 6000 calls per week. Comparatively in the period January to December 2010 the Carelink and Telecare Service in Middlesbrough received 137,279 calls, an average of 2639 calls per week. In terms of the number of visits it was advised that in the same period a total of 8630 visits to provide support were undertaken, as well as 6108 visits related to equipment demonstration, assessment, installation and collection.

84. The Panel was advised that Sunderland carry out regular customer satisfaction surveys by contacting 100 service users per month to ascertain their views. Customer feedback indicates high levels of customer satisfaction in respect of the Telecare service;

    - 95% of the people rated the service they received as either as good or excellent

- 96% of people indicated a high level of satisfaction with the quality of response they have received following an activation of an alarm
- 92% of service users thought the service made them feel safer in their own home

85. Sunderland City Council currently charge £3.20 per week for the lifeline/pendant service or Telecare, unless the service user lives in a RSL property, is in receipt of housing benefit or is in receipt of an assessed home care service, in which case the service is free. Sunderland has opted to introduce a single charge for either the lifeline/pendant or Telecare, as the advice received from their Finance Department indicated that the mechanisms involved in introducing a charging structure for the 23,000 people in receipt of the service would not be cost effective.

86. The officers stated that Telecare is at the heart of Sunderland's approach to delivering its vision of an all-age, all-ability city, where everyone has the choice to remain living independently with dignity and respect and to retain control over their lives. It was advised that Telecare is as much about the philosophy of dignity and independence as it is about equipment and services.

87. It was explained that telecare is not an emergency response service and that needs to be made clear to people. However, good partnership working has been developed in Sunderland with the emergency services. The Telecare staff meet with representatives from the emergency services on a monthly basis and the Fire Service has provided telecare smoke alarms free of charge to over 85 year olds, who are linked to the Telecare service. The Telecare team also work with the Police and service users to provide a domestic violence and witness protection service. Alarms are fitted within the homes of victims and Telecare staff alert the Police if the alarm is activated by the victim.

88. In terms of the benefits that Telecare offers the officers advised that Telecare is a highly-flexible care tool which can be adapted as users' needs evolve. When used as part of a holistic package of care services, it can make an enormous contribution to independent living and the quality of life for people and their family or carers. It was stated that generally people do not want residential care and local authorities need to be creative in how they can achieve this given the current resource position. It was advised that Telecare is a very cost-effective way of providing support.

89. Resources need to be deployed cost-effectively and Sunderland has focussed on spending the right money, in the right way, in order to optimise outcomes across the community. For Sunderland, that has meant a preventative approach with telecare at the core. In the last three years Sunderland has seen a drop in the number of people admitted to residential care from 110 per 10,000 to less than 80 per 10,000 and as the cost of residential care is the biggest and most expensive expenditure faced, this has realised significant cost savings.[15]

90. The officers from Sunderland advised that residential care is obviously a very expensive care option and Sunderland Council decided to look at the three areas where Care Managers were referring service users to residential care admissions;

[15] Telecare at the heart of preventative healthcare in Sunderland, May 2009, The British Journal of Healthcare Computing & Information Management

(a) People with terminal illnesses in receipt of end of life care, suffering from pressure sores where they required to be turned over in their bed regularly
(b) People with high levels of incontinence management
(c) People with a diagnosis of dementia who potentially put themselves at risk by leaving their property during the night

91. Case management work was undertaken to establish whether a residential placement is warranted, for example, for high levels of incontinence, and it was decided to put in a night care service to support people at home to deliver better quality and greater dignity. It was advised that Sunderland's new Planned Care Service, which works with Occupational Therapists, Telecare staff and people in their own homes has been running for over a year and has saved Sunderland City Council £860,000 in its first year of operation. The service currently carries out 70 visits per night, 7 days a week. The service has received further funding to employ 8 more members of staff to enable 100 visits per night to be undertaken.

92. The Panel was informed that the Sunderland Telecare Service currently costs £2.8m per annum to operate. In total 1,500 people pay for the service privately and 18,000 people receive the service for free. The Telecare Service receives £1.3m in funding from the Supporting People fund. A total of £180,000 is received in income and £10,000 is received from housing associations for handling calls on their behalf, the remainder is funded through mainstream funding. The Telehealth service in Sunderland is jointly funded with the Primary Care Trust.

93. With regard to the cost of delivering the Carelink and Telecare service in Middlesbrough it was advised that in 2009/10 the service was delivered at a cost of £674,206. This excludes the cost of providing the call centre element of the Carelink / Telecare service, which is provided by Mouchel and for which the estimated cost to the department of Social Care is £260,000 per annum. This is recharged to the department as part of the overall service charge. When taking into account this element of the service the cost of delivering the Carelink / Telecare service in 2009/10 was £934, 206.

94. In 2009/10 the Carelink / Telecare service received £412,596 in income from the Supporting People fund, £271,046 from people paying for the service privately, £90,086 from the Social Care Reform grant and £11,462 from heath. In 2009/10 the Supporting People (SP) fund contributed an additional £111,000 to help meet the cost of providing the service. The total SP funding received in 2009/10 was £523,596. Without the SP fund's additional contribution an overall funding shortfall for the service of £149,016 would have resulted. The additional contribution reduced the funding shortfall to £38,016 and the department's resources were used to meet this pressure. It is important to note that the above costs do not take into account any of the capital costs associated with purchasing Carelink / Telecare equipment.

95. It was highlighted that Supporting People funding is due to come to an end. The officers at Sunderland advised that although the funding format is changing Sunderland's Cabinet has made the investment in Telecare a priority and has indicated that support should be continued. Cabinet is aware that the system has saved £1.2million in non-hospital admissions. It was advised that Sunderland is also looking to secure health funding, as health has recognised the benefits in alleviating hospital admissions.

96. When asked to comment on the revised charging proposals for Middlesbrough reference was made to the proposed call out charge of £20 for those paying for the monitoring only service. The representatives from Sunderland expressed the view that the call out charge could act as a deterrent to service users using the facility even when in genuine need. It was explained that other mechanisms have been introduced in Sunderland to address the issue of repeat callers including close working with Care Managers.

97. The officers from Sunderland felt that they were unable to comment on the proposed new charges suggested by Middlesbrough Council, as the Telecare service in Sunderland receives mainstream funding, whereas in Middlesbrough Telecare is a self-funding service. The Head of Older People and Physical Disabilities advised that the suggested fees contained in the document currently out for consultation are illustrative at this stage. It was suggested that Middlesbrough Telecare would require a client base of 5000-6000 users to make the service economically viable.

98. The Panel was advised that Sunderland City Council Care Managers are very proactive in promoting the service. The service is also marketed to the 'worried well' and students, moving away from home for the first time, to provide reassurance in the home.

99. The Panel queried what Sunderland considers to be the key factors to achieving success in the delivery of Telecare and the following response was provided;

- Ensuring it is part of the mainstream service;
- Make Telecare usable and creative and ensure it has the right financial structure behind it;
- Good Marketing campaign;
- Good staffing structure;
- Tailoring Telecare package to suit the individual;
- Achieving savings in other areas as a consequence of providing Telecare.

100. Reference was made to a pilot scheme carried out in Sunderland, involving 50 people in receipt of Telehealth who have suffered from falls. Of the 50 people who took part in the scheme, no one has been readmitted to hospital. Over £1.2m has been saved on admissions to hospitals as a results of falls. It was highlighted that Sunderland has also recently launched a Safer Walker Campaign aimed at people who suffer memory loss or dementia. The Telecare staff work with Care Managers, the Alzheimers Association and a service user's family to carry out a risk assessment. A Vega bracelet is secured to the service user's wrist and if required a member of staff can be dispatched to bring the service user home safely.

101. A query was raised regarding the number of service users within each FACS band who are in receipt of the lifeline / pendant service and Telecare in Sunderland. The Head of Planning and Performance advised that this could be important in seeing how Middlesbrough can go forward. **The officers at Sunderland advised that they would find out if this breakdown can be provided.** It was also queried whether people in Sunderland could purchase Telecare from their personal budget. It was confirmed that they can and Sunderland are looking to develop this further.

102. The Head of Older People and Physical Disabilities advised that it has been suggested that Middlesbrough could have up to 9000 Carelink / Telecare users, based

on demographics. The Head of Planning and Performance stated that the service is aware that the current charge is prohibitive but that the question remains, as to how low the Council can go with the charge to recoup costs and run the service economically. It was advised that there is probably a need to increase the number of Carelink/Telecare users by 1500 to 2000 and that achieving 6000 users is viewed as realistic, whereas 9000 users is probably overly ambitious.

103. A Member of the Panel queried whether the Council could operate the service more effectively in partnership with another local authority. The Head of Planning and Performance expressed the view that Middlesbrough is of a sufficient size to operate its own provision.

104. With regard to attracting additional funding the Head of Older People and Physical Disabilities advised that securing reablement funding from health is a possibility. It was stated that pursing the issue of a health contribution is important, as the provision of Carelink and Telecare can generate savings for health on hospital admissions, as part of a preventative approach.

105. The Panel queried how Sunderland has evidenced the efficiency savings generated through their investment in Telecare and some financial data was provided in response to this request. This evidence is attached at Appendix 2.

106. The Panel is very grateful for the information provided by Sunderland and Members of the Panel stated that they were very impressed by the level of commitment shown by Sunderland to the operation and development of telecare, as well as the outcomes that have been achieved.

TO CONSIDER THE CURRENT LEVEL OF INVESTMENT IN TELECARE/TELEHEALTH IN MIDDLESBROUGH AND THE FUTURE FUNDING ARRANGEMENTS

107. At the panel's initial meeting on the topic reference was made to the challenges that need to be addressed in order to mainstream telecare provision in Middlesbrough. Future funding was highlighted as a key issue and Members expressed concerns in relation to the sustainability of the service if the necessary funding cannot be identified.

108. The Panel requested that the Department of Social Care provide further information in respect of the current level of investment in Telecare in Middlesbrough and the future investment plans. A paper detailing this information was prepared by the Department of Social Care and is provided below.

109. The initial funding for the development of Telecare was provided by Central Government in the form of a Preventative Technology Grant (PTG). Middlesbrough Council received an allocation of £226,480 over 2 years (2006/7 and 2007/8). This funding allowed for the purchase of a new contact centre system and a reorganisation of Care Link (to become a 24/7 service) in preparation for being able to be a very responsive service.

110. Two telecare project officer posts and a Telecare project officer were funded through the Social Care Reform Grant in 2008/09 and 2009/10. The telecare officer posts were key in the installation of equipment and understanding the available technology. In 2010/11 the project officer post was funded using funding provided by Middlesbrough Primary Care Trust.

111. Funding of £150,000 was also received from Middlesbrough PCT at the end of March 2008. This was used to invest in Telecare equipment and other capital expenditure.

112. The utilisation of Telecare has been incorporated into the Care Link service since its inception and continues to be integral to the range of services Care Link delivers.

113. The Panel heard that the Care Link service historically has always been a 'chargeable service'. It relies on income directly from service users and the Supporting People fund. However, with the introduction of Telecare the Social Care Department introduced a new policy. This implies that anyone requiring Telecare is likely to be in the critical or substantial need band of the FACS (Fair Access to Care Services) criteria. As such, the majority of service users no longer pay for the Care Link service, following an individual financial assessment. For anyone wishing to pay privately for Telecare, where they do not meet the FACS criteria the charge is over £9 per week. This has resulted in almost no take-up of Telecare privately.

114. In 2008, following the expiry of the Preventative Technology Grant a bid was made for Capital Funding for Telecare from Middlesbrough Council. £300,000 was allocated. This was originally given for 3 years but due to prudent use of resources this will now last up to 5 years, until 2013.

115. Successful funding bids were achieved from the Regional Improvement and Efficiency Partnership (RIEP) as a result of the proactive work by the Telecare Project Officer, in partnership with Middlesbrough Primary Care Trust. This funding is ring fenced and non-recurrent. A total of £145,160 has been received and the projects being funded are detailed at paragraph 47.

116. The Panel was advised that in order to secure future development in Telecare consideration needs to be given to the efficiencies that can be made to both health and social care through the preventative agenda. The Head of Older People and Physical Disabilities advised that the PCT is becoming more attuned and welcoming of investing in preventative services and this is something that the local authority needs to capitalise on. It was stated that if the PCT is willing to invest resources in the preventative agenda over the next 2 years, with a view to embracing the health and financial benefits that can be achieved, it is much more likely that GP commissioners will continue that investment from 2013 onwards.

TELEHEALTH PILOT IN SOUTH TEES

117. In addition to the above Members indicated at the initial meeting that they were interested in finding out more about the telehealth initiatives taking place in Middlesbrough, as well as how the PCT has supported the Council in the development of Telecare and what future support the PCT can provide. The Assistant Director of Service Reform at the PCT and Telecare Project Support Officer attended a meeting of the Panel to provide this information.

118. The Panel was advised that the overarching aim of Telehealth is to enable patients with Long Term Conditions (LTC) to remain living independently for longer by empowering them to better manage their health condition through self-care.

119. With regard to the Telehealth pilot it was explained that the pilot has been designed to assist in the management of patients with long term conditions, educate patients to become managers of their personal health, promote independence and reduce costs associated with hospital admissions.

120. It was advised that the Telehealth pilot works by placing a small portable touch screen unit in the patient's home. Each unit is similar in size to a laptop computer and comes fitted with a number of external peripherals which allow patients with long term conditions to monitor their vital signs i.e. blood pressure, heart rate, weight, temperature and glucose levels. The units require minimal training and patients are supported by a technician during first the first 2 weeks of installation.

121. The vital sign information is then collected and uploaded via an Internet connection allowing health professions to review the data and at another location during the next working day. The original project consisted of 12 units with a further 12 units added from the RIEP project using a different provider. Across Tees a further 12 units were used again with a different provider giving a total of 36 units. In terms of funding the Panel heard that NHS Tees has secured £200k non-recurrent funding in 2010/11 to be used to purchase telehealth equipment.

122. The Assistant Director of Service Reform at the PCT advised that she and the Telecare Project Support Officer are working across Middlesbrough and Redcar and Cleveland on the telehealth projects and that the aim of telehealth is to help facilitate early discharge and prevent unnecessary admissions to hospitals. This is particularly the case for people experiencing respiratory problems and also the case for older people, for whom admission to hospital can lead to deterioration in health. It was emphasised that what is needed is an integrated health and social care approach.

123. The panel heard that an evaluation of each of the telehealth projects is currently being undertaken to establish which would provide the greatest gains in order to inform where the PCT would want to invest in the longer term. The Assistant Director of Service Reform explained that the PCT would be working to take forward the concept of a "virtual ward" over the next few years and that telehealth involves proactively monitoring patients' vital signs in the same way as if a patient was in a hospital ward. The Assistant Director of Service Reform confirmed that she is working quite closely with the Practice Based Commissioning groups in terms of taking this agenda forward.

124. In response to a query from the Panel the Assistant Director stated that what is needed is a single vision in respect of the "virtual ward" project. The Assistant Director advised that it needs to be a Tees wide project with a NHS Tees wide vision. It was confirmed that telehealth is not means tested and is part of the NHS treatment a patient received. Patients do not have to contribute to the cost.

125. Reference was made by a member of the Panel to the Government's decision to take £1billion from the NHS budget and invest it into social care. At the Panel's final meeting on the topic the Head of Service for Older People and Physical Disabilities informed the Panel that this investment would equate to a £2.1million transfer of funds in 2011/12 from the PCT to the Council's department of Social Care. The Head of Service for Older People and Physical Disabilities stated that this new funding stream could have a real impact on Telecare. It was explained that the Government has stipulated that this funding has to be used for social care projects, which generates

benefits for the health service and part of this funding could be directed at the Carelink / Telecare Service.

126. The Assistant Director for Service Reform had previously confirmed that specific funding was due to be received this year, from the Secretary of State for Health, for investment in social care reablement services. Nationally £70 million of funding has been identified, with Middlesbrough set to receive £227,000.[16] The Head of Older People and Physical Disabilities advised that £20,000 of this funding would be spent on installing Telecare equipment as part of the Rapid Response service.

127. In addition to the funding sources outlined above the Panel was also informed that the Department of Health has recently identified a further £162 million through a successful efficiency drive, which it is making available to PCT's to spend this financial year on front line services. The extra money is to be spent on helping people to leave hospital more quickly, get settled back home with the support they need, and to prevent unnecessary admissions to hospital. It is also intended to enable local services to respond to pressures this winter. The money will be allocated to PCT's, for them to transfer to Councils to spend on social care support. Examples of the kind of services that could be invested in include, "more capacity for home care support, investment in equipment, adaptations and telecare."[17] It was stated that Middlesbrough's share of this funding equates to approximately £500,000.

128. Reference was also made to the Joint Commissioning Group and a Member of the Panel queried whether it is anticipated that the funding received would be directed via this group. The Assistant Director of Service Reform explained that when the joint investment programme was put in place funding had been identified between the Council and PCT to invest in rapid response.

129. When discussing future models of Telecare and Telehealth the Assistant Director made reference to the Sunderland model and expressed the view that their model represents the way forward and is modelled around the needs of the patient.

130. It was advised by the Assistant Director for Service Reform that the difference in approach with regard to charging arrangements for Telecare between Middlesbrough and Redcar and Cleveland Council does cause issues for NHS staff across the South Tees when making referrals for Telecare and advising patients. It was stated that there would be benefits in something that resulted in less of a post code lottery across the Tees Valley.

TO CONSIDER THE CHARGING POLICY FOR TELECARE IN MIDDLESBROUGH AND THE IMPACT THE POLICY IS HAVING ON THE LEVEL OF TAKE UP

131. In relation to the provision of Telecare it was confirmed that Telecare is means tested but that people can purchase it privately. The current charge for the service is £9.13 per week plus an additional charge for sensors, if the individual does not meet the FACS criteria. This could mean that an individual is charged £15 per week for Telecare depending on the number of sensors they require if they don't meet the FACS criteria. At present the Panel heard that in line with the FACS criteria only those who

[16]Department of Health - 2010/11 funding for reablement linked to hospital discharge - http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_121017.pdf
[17]Department of Health - Extra money to help people leaving hospital - http://www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_123223

are assessed as having critical or substantial needs qualify for Telecare. In line with the Council's Fairer Charging Policy a financial assessment is undertaken to determine whether an individual who meets the FACS criteria qualifies for financial assistance or whether they must pay for the service.

132. It was queried whether the charges for Telecare are published and it was confirmed that the charges are published.

133. The Service Manager explained that Telecare is incorporated into the Care Link service and that Telecare sits underneath. In response to a query the Service Manager confirmed that in Middlesbrough there is only one person paying privately for Telecare, although there are people who take up the Care Link service privately.

134. Reference was made to the over 85's project and it was advised that 140 people have been provided with a lifeline and pendant and 12 of those are also in receipt of Telecare. The Project Officer explained that she had recently attended a Dementia Carers Group and met a couple aged 88 and 89, the gentleman has dementia. The couple are currently not in receipt of any social care services and do not wish to be assessed. They were, however, very enthusiastic about the benefits that Telecare could provide for them. The Project Officer explained that because of their age and the fact that this project is in place she was able to arrange for telecare equipment to be installed for them for free for a period of a year.

135. If after that year the couple decide that they would like to keep the equipment but don't wish to undergo a social care and financial assessment the service would currently cost them in excess of £9.13 per week or over £475 per year. Under the new charging proposals the charge would be £5.70 per week or just over £290 per year. It's questionable, however, as to whether this level of charging would be deemed affordable for many people, particularly older people in Middlesbrough.

136. The Panel queried whether the service has any data on the number of people who have turned down telecare because they do not qualify for financial assistance and feel the charges are too expensive. The Telecare Project Officer advised that some data had been collected in respect of the Hospital In reach Project and the following information was provided:-

Telecare refusals due to cost - Hospital In reach Project

	March to Oct 2010	Declined or Care link only – reason cost	Percentage
Telecare Referrals	138	49	35.5%
Telecare Assessments	107	43	40.18%

137. Members made reference to the lack of uptake with regard to telecare in Middlesbrough and queried whether this was purely as a result of the charging policy or was it also because of lack of advertising / promotion of the service. The Service Manager confirmed that the department is aware that the charges are too expensive and although Social Workers do discuss telecare with service users the reason people

don't take up the service is to do with cost. It was stated that service users are interested until the cost is mentioned. The panel heard that people who meet the FACS banding criteria of critical and substantial needs but who don't then qualify to receive the service for free, following a financial assessment, opt not to receive the service because of the level of charges. It was acknowledged that service users may take up the service if it was seen as more affordable.

138. The panel queried whether any research had been undertaken to find out from service users what level of charging they feel would be affordable. It was advised that no research of this nature has been undertaken, although anecdotal evidence from discussions with Social Workers suggests that £3 to £4 a week would be viewed as affordable. The panel heard that the new charges are being consulted on at present.

139. The Project Officer explained that when highlighting the benefits that telecare could provide to community groups people have stated that it's 'brilliant' and 'wonderful' but the next question they inevitably ask is how much does it cost? The Project Officer advised that a number of people in attendance at community events have also stated that they think the Carelink Service is too expensive.

140. Whilst acknowledging and welcoming the fact that the proposed charges do represent a reduction compared with the current charges the Panel is concerned that in drawing up the proposals consideration has not been given to the affordability of these charges. If the new charges are still viewed by service users as unaffordable there will be no significant increase in the level of take up, as well as no increase in the level of income generated, which will impact on the sustainability of the service.

141. The panel queried whether any cost analysis work has been undertaken with regard to potential savings to the Council that are being realised through the provision of Telecare. The Project Officer advised that some cost analysis work has been undertaken, although the difficulty is always in establishing how you've prevented someone being admitted to hospital. The evidence presented below, however, does demonstrate how investment in telecare can generate savings for the Council in reducing the amount of money the Council spends on other more costly social care packages.

142. The Project Officer explained that a piece of retrospective work has been undertaken, as follows;

TELECARE SAVINGS 2009-10

For 47 people who have had Telecare in for over 1 year, Social workers where asked, "if the Telecare service was withdrawn tomorrow, what would this individual require immediately": -

- 15 people would require immediate residential care
- 2 people with learning disabilities would require the support of overnight staff
- 1 would require a sitting service
- 151 hrs care would be required per week for 13 people
- 16 people would require no additional services, however telecare supports the individual / carers and maintains safety

Projected saving to the local authority of £324,075.28 per annum

143. It was acknowledged that the above figures represent a notional saving but do help to indicate where Social Workers feel that without the provision of Telecare additional services would need to be provided by the Council to help people live independently within their own homes.

144. The Project Officer stated that nationally it's been calculated that an average saving of £4000 per person per annum is achieved for those people who benefit from Telecare. It was stated that some Local Authorities have committed significant resources to Telecare. In terms of evidence based cost savings the panel heard that the Whole Systems Demonstrator (WSD) is collating evidence at present, which will lead to a better understanding of the level of financial savings associated with advanced assistive technology such as telecare and telehealth. However, their report is not due to be published until May 2011.

145. The Panel queried whether any consideration has been given to the level of upfront investment that would be needed to deliver Carelink and Telecare in Middlesbrough to an equivalent number of people to those in receipt of the service in Sunderland. Given that Sunderland's population is just over double that of Middlesbrough's (280,000 compared to 139,000) 8000 people would need to be receipt of the Carelink service in Middlesbrough, with 1000 in receipt of Telecare. At present there are approximately 3,500 people in receipt of Care Link and 283 active installations of Telecare in Middlesbrough. It was advised that no work of this nature has been undertaken.

146. Members of the panel queried the parameters of the provision of the service and whether there would be merit in establishing one contact centre for the sub region. The Project Officer confirmed that every local authority within the Tees Valley had its own contact centre and benefits could be gained from consolidating those.

TO CONSIDER THE ACCESSIBILITY OF TELECARE AND HOW TELECARE IS MARKETED AND PROMOTED IN MIDDLESBROUGH

147. It was advised that what needs to be determined is where Telecare is placed in the range of options that help to manage risk for vulnerable people and their carers, and help to support them to stay safe, independent and well.

148. The Panel heard that in North Yorkshire Adult and Community Services Department Telecare is now embedded as one of the first considerations in helping people to live independently at home. Similarly Sunderland City Council have advised that they, "didn't make the mistake of considering telecare a separate service." Derek Law, Corporate Director of Adult and Community services at North Yorkshire County Council is very proud of the county council's achievements in embedding telecare into its care service provision. He is equally frustrated by the lack of progress in other parts of the country.

149. Mr Law states, "I can't understand why other councils aren't achieving the results that we have achieved. Telecare ticks many boxes. For the person using the technology it provides choice, dignity, empowerment and independence. For the carer or family member it offers reassurance and peace of mind 24 hrs a day. For us it offers cost effective, person centred care. For the health service, it enables earlier discharge, reductions in hospital admissions and a more joined up service with social care."

150. The Panel queried how the Council markets and promotes Telecare, as documented throughout the report a number of mechanisms are used. Leaflets and brochures have been produced and these are included in the social care information pack. The brochures explain what the Carelink (lifeline and pendant) and Telecare service offer and how to access the service. Articles and advertisements have been featured in the Middlesbrough News and other Council publications and presentations have been given to community groups on the benefits that Telecare can provide. Social Workers and Occupational Therapists also discuss the benefits of Carelink and Telecare with service users.

151. The panel was informed that Telecare is viewed positively by the public and is recognised as a marvellous service by service users but that the pricing strategy in Middlesbrough needs to be revised. It was acknowledged that a huge customer base could be accessed if the charging policy was better developed. Although it was stated that at present the service has an uncertain future.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions and recommendations arising from the panel's investigations, for inclusion in the final report, will be discussed at the scrutiny panel meeting.

152. Based on evidence given throughout the investigation the Panel concluded :

a) No one can doubt that putting in a system which allows an older or vulnerable person to access professional help and support 24/7 at a touch of a button cannot be of benefit to the individual, their family and the wider community. The question that needs to be answered is how the cost of providing such a service can be best financed to enable significantly more people within Middlesbrough to benefit from both Carelink and Telecare.

b) From the evidence the Panel has received it appears that at present the Carelink and Telecare service is in need of new vision. Clear parameters need to be developed detailing what the Council wants to achieve through the provision of the Carelink and Telecare Service, where it sits within the Care model – is it viewed as a 'first priority' or 'supporting player', how many people the service projects can be supported in the next 3-5 year period, how those people who would not meet the FACS criteria but who could benefit and pay privately for the service can be reached, how people can use their personal budget to purchase basic or enhanced Telecare and how the Council's finite resources can be targeted most effectively.

c) With regard to the current pricing structure it is evident that the charges for Telecare at present are resulting in people refusing the service. This is even apparent in cases where individuals have undergone a Telecare assessment and have met the relevant FACS criteria (i.e. their care needs have been assessed as critical or substantial) but they then don't qualify for financial assistance. In such cases individuals have opted to receive the Carelink service only, owing to the additional cost of receiving Telecare. The Department of Social Care has recognised this as being a key issue and a consultation exercise is currently underway in respect of a proposed new charging structure.

d) The Panel acknowledges that the proposed new charge for Telecare does represent a significant reduction when compared with the current charge. However, Members are concerned that the new pricing structure will serve only to sustain the service at its current level or lead to a relatively small increase in the number of people in receipt of Telecare. The Panel does not envisage that the proposed new charges, as documented within the report, will result in a significant increase in the number of people subscribing privately to Telecare or the Carelink service or enable the service to grow by an additional 1500-2000 users, as is deemed feasible.

e) As a business model Carelink and Telecare operate on a similar premise to a vehicle breakdown company. People who choose to subscribe to the service privately do so in the hope that they don't need to actually use the service but they're prepared to pay for the peace of mind that assistance is available to them 24 hours a day 7 days a week should they require it.

f) One of the key factors in determining whether an individual subscribes to such a service is inevitably the cost. This needs to be attractive, affordable and seen to represent value for money. It is the Panel's view that the proposed new charges are still relatively expensive when considered on an annual basis (level 1 = £140.40 + call out charge, level 2 = £239.20 and level 3 = £296.40 (for Telecare). It is also the Panel's view that when subscribing to a service where one of the key benefits is that assistance is available 24/7 providing a monitoring only option (level 1) but then introducing a £20 call out charge, if the individual requires assistance (as a family member/friend cannot be contacted) is effectively a penalty charge. As the Officers at Sunderland City Council alluded to the introduction of such a charge may also inhibit someone from calling for help when in genuine need. The Panel has reservations about such a charge being introduced.

g) From the Council's point of view maximising membership numbers and enabling people who would benefit from both the Carelink service and Telecare to be able to access the service at an affordable cost is key to the success and sustainability of the service. Overheads in terms of providing a contact centre and the appropriate number of response teams comes at a minimum cost. Through increasing membership numbers and the income generated from private subscribers that cost is effectively driven down, particularly if the service can attract a higher proportion of subscribers with low / medium level needs who place less demands on the service.

h) At present Telecare in Middlesbrough and to some degree the Carelink service is not viewed as affordable or representative of value for money so as to attract a wide range of people (those with low and medium level needs, as well as those with critical and substantial needs) to subscribe to the service privately. At present only those assessed as having critical or substantial needs are in receipt of Telecare, other than one individual who pays privately. This will need to change if the Carelink and Telecare service is to attract 5000-6000 users and operate as a sustainable business model in the long term.

i) It is clear that the Department of Social Care is keen to increase the number of people benefiting from Carelink and Telecare but in order to do so the way in which the service is financed through income generation, grant subsidy and

external funding needs to finely balanced to achieve a break even position. On 18 November 2010 the Overview and Scrutiny Board received the 2nd Quarter Revenue Budget Projected Outturn report and was informed that take up of the Carelink service is improving following last year's service review but is still below the budgeted levels and a pressure of (+£129,000) is predicted. The pressure is partly offset by staffing savings of (-£44,000) resulting in a net pressure of (+£85,000). It is therefore imperative that the optimum charge for the provision of the Carelink service and Telecare be established, in consultation with both strategic finance and service users, in order to secure the future of the service.

j) It is the Panel's view that the feasibility of introducing a one tier charging structure for either the Carelink service or Telecare irrespective of the equipment that the individual needs and the level of response required should be explored, against the merits of introducing a three tier charging structure. The Panel believes that if a single affordable charge was introduced that is easily understood and clearly communicated by everyone working within Social Care and the NHS within Middlesbrough, as well as by the Voluntary and Community Sector, there would no doubt be a significant increase in the level of take up of both services. Particularly if an effective advertising campaign promoting the benefits of Carelink and Telecare was also developed. Proportionally the majority of people in receipt of Telecare nationally are weighted heavily in favour of the basic package (lifeline and pendant) and this would remain the case in Middlesbrough even if the numbers were increased substantially.

k) Throughout the course of the review everyone the Panel has contacted has been extremely positive about the benefits that can be achieved through the provision of both basic and enhanced Telecare packages. Despite this it would appear that it takes a certain degree of what Sunderland have deemed 'a leap of faith' to invest in the provision of a lifeline / pendant service and Telecare, and that to reap the benefits the Council would need to be 'bold and brave' to increase investment. The department would also need to ensure that Telecare is not considered as a separate service. Based on the evidence received it is apparent that in Middlesbrough Telecare has yet to be mainstreamed. Reference has on a number of occasions been made to fact that there is a need to mainstream Telecare provision and the view has also been expressed that at present Telecare remains a 'separate service'.

l) The Panel is acutely aware of the financial challenges facing the local authority both as a direct result of the announcements made within the Comprehensive Spending Review, as well as the ever-increasing costs associated with rising demographic pressures. The Panel is mindful that putting forward the case for increasing investment in Carelink and Telecare at this time may well be regarded as aspirational. The Panel is unable to present a case that demonstrates that increased investment in Carelink and Telecare will generate guaranteed savings of 1.5 per cent of the Council's annual spend on residential and home care, which in 2009/10 would have to equated to £300,000. What is clear, however, is that authorities that have invested mainstream funding in the delivery of a Carelink and Telecare service, as part of a preventative Telecare model are reporting financial savings, as well as high levels of satisfaction from both service users and their families.

m) Nationally the Whole Systems Demonstrator Programme is collating evidence on the financial savings that can be achieved through investment in Telecare and Telehealth and their report is due later this year. Sunderland City Council has advised, however, that if you're looking for that last iota of evidence you'll be looking for something that doesn't exist. Owing to Sunderland City Council's significant investment in a preventative Telecare model the PCT in Sunderland has recognised the benefits and are exploring ways in which they can work with the local authority to help provide the necessary resources. Middlesbrough would also need to attract further investment from health to help develop the service.

n) Another key issue, which has been highlighted in a number of documents and raised by the Care Quality Commission, is the lack of extra care provision within the town. Given the current economic climate and significant levels of capital investment that is needed to develop an extra care scheme it is unlikely that Middlesbrough will be in a position to develop further provision in the short to medium term period. Given the potential of the Carelink service and Telecare to help support people to live independently, when coupled with other packages of support, investment in the service could help contribute to what the officers from Sunderland City Council referred to as a "virtual care village" within the town.

o) Telehealth is still in its infancy in terms of development but the Panel shares the view expressed by the Assistant Director of Service Reform for the PCT that a single vision for the Tees Valley for the development of the Tees telehealth projects would be beneficial.

p) Finally, the Panel acknowledges that as indicated by a research fellow at the Kings Fund it is likely that sustaining innovation in home based telehealth and telecare services may prove problematic in the face of financial realities. In an article entitled, 'Will telecare and telehealth thrive or perish in a cold financial climate' the research fellow states, "of course, this represents a curious paradox as it will be through schemes such as telehealth and telecare that the necessary strategic objective of developing care support strategies within the home environment has the most potential."[18] The Panel is of the view that having reviewed the evidence Telecare should be supported to thrive in Middlesbrough, rather than perish, even in this cold financial climate.

RECOMMENDATIONS

153. That the Social Care and Adult Services Scrutiny Panel recommends to the Executive:

a) The Panel recommends that an updated vision for the service be developed, which contains a clear trajectory detailing the scale and scope of what the Council is aiming to achieve through the provision of Carelink and Telecare in Middlesbrough. The strategy should also detail how the Council can ensure that those people who could benefit from Telecare, particularly as part of a preventative approach, can access the service and pay for it privately and how the service will be financed over the next 3 year period.

[18] Will telehealth and telecare thrive or perish in a cold financial climate, Journal of Care Services Management, January 2009

b) It has been stated that despite the importance of developing an evidence base to inform decision-making, the future reality is that the development and survival of local telehealth and Telecare innovations will rely as much on local 'champions' (such as medical directors and councillors who have the power to earmark commissioning resources). The Panel recommends that the Executive Member for Social Care and Executive Member for Public Health and Sport champion and promote the development of Telecare in Middlesbrough within both the local authority and the health sector, with a view to increasing the current level of financial investment in Telecare by both bodies.

c) To enable more people to benefit from Carelink and Telecare the cost of the service must be affordable. The Panel recommends that a joint piece of work be undertaken between the Department of Social Care and Strategic Finance to establish the optimum pricing strategy for increasing take up of the Carelink service and Telecare by an additional 1500-2000 service users over the next 2/3 year period, whilst ensuring the service is delivered cost effectively. The merits of introducing a single tier pricing structure versus a stepped pricing structure to also be explored.

d) Following agreement on the new pricing structure the Panel recommends that a marketing campaign be developed and promoted within the town. Investment will need to be made in the campaign to generate an income return and marketing expertise within the Council will need to be maximised to develop the campaign. A targeted campaign that promotes the benefits of Carelink/Telecare to those with low and medium level needs will be an important aspect and the Love Middlesbrough branding could be used to promote a 'Love Life', 'Love Independence', 'Love Carelink/Telecare' campaign. Within the marketing and promotion campaign renewed efforts to also be undertaken to increase the public's general awareness of the facilities on offer at the Independent Living Centre.

e) The Panel recommends that the Social Care department seek to secure continuing investment from the PCT and that the PCT supports the Council in developing a preventative model of Telecare. The Panel is mindful of the joint work undertaken in Sunderland between the Council and the PCT to develop a bespoke training programme for Health and Social Care Assistants, who are trained to NVQ Level 3 standard, and provide the response service for Telecare. The Panel recommends that the Council and PCT invest in developing a similar training programme in Middlesbrough.

ACKNOWLEDGEMENTS

154. The Panel is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

Phil Dyson, Head of Older People and Physical Disabilities
Fiona Hewison, Service Manager
Polly Wright, Project Officer Telecare
Peter Oliver, Community Support Manager, Sunderland City Council
David Dalkin, Team Manager, Sunderland City Council

Anne Greenley, Assistant Director Service Reform, Middlesbrough PCT
Kate Eastwood, Project Support Officer, Middlesbrough PCT
Sue Renvoize, Adult Social Care, Redcar and Cleveland Borough Council
Jill Walton, Lifeline Services Manager, Darlington Borough Council
Stephen Thomas, Modernisation Lead for Older People, Hartlepool Borough Council
Shaun Taylor, Telecare Officer, Stockton Borough Council
John Cundy, Performance Analyst, South Tees Hospitals NHS FT Trust
Mark Cotton, Assistant Director of Communications and Engagement, North East Ambulance Service

COUNCILLOR PETER PURVIS
CHAIR OF THE SOCIAL CARE AND ADULT SERVICES SCRUTINY PANEL

December 2010

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BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:

(a) Audit Commission – Implementing Telecare, Strategic analysis and guidelines for policy makers, commissioners and providers, September 2004
(b) Building Telecare in England, Department of Health, July 2005
(c) What are the main risk factors for falls amongst older people and what are the most effective interventions to prevent these falls? World Health Organisation, 2004
(d) Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society, Communities and Local Government, February 2008
(e) The Bow Group -Telecare: a crucial opportunity to help save our health and social care system, 2009.
(f) Will telehealth and telecare thrive or perish in a cold financial climate, Journal of Care Services Management, January 2009
(g) Telecare at the heart of preventative healthcare in Sunderland, The British Journal of Healthcare Computing & Information Management, May 2009
(h) A Vision for Adult Social Care, Department of Health, November 2010
(i) Technology and Telecare, The Kings Fund, November 2010
(j) Effects of falls, Department of Work and Pensions - http://www.dwp.gov.uk/publications/specialist-guides/medical-conditions/a-z-of-medical-conditions/falls/effects-of-falls/