

OVERVIEW AND SCRUTINY BOARD

FINAL REPORT OF THE SOCIAL CARE AND ADULT SERVICES SCRUTINY PANEL

Assistive Technology
How New Technology Can Transform Care

6 JANUARY 2015

PURPOSE OF THE REPORT

1. To present the findings of the Social Care and Adult Services Scrutiny Panel's review of Assistive Technology – How New Technology Can Transform Care.

BACKGROUND

2. The challenges facing health and care services are immense and with reductions in public spending are set to continue for the next few years. With growing pressure from an increasingly old and unwell population, promoting independence has become central to public policy in recent years. New assistive technology can not only support the ways in which people maintain or regain their independence, it also has the potential to redesign the way in which many aspects of health and social care are delivered¹.
3. As a consequence, the scrutiny panel's aim was to investigate the role of assistive technology in transforming the care system and providing preventative interventions that reduce demand on health and social care services.

TERMS OF REFERENCE OF THE SCRUTINY INVESTIGATION

4. The agreed terms of reference, for the review, are outlined below:
 - a) To explore the purpose, benefits, impact and limitations of using assistive technology products and services.
 - b) To examine the current range of assistive technology products and services available to Middlesbrough's residents, including associated costs.
 - c) To explore the processes in place to identify people who could benefit from gaining access to assistive technology products and services, including how devices and systems are marketed and promoted in Middlesbrough.
 - d) To examine research and development work relating to assistive technology.
 - e) To explore measures and strategies that could be implemented to further improve and develop assistive technology.

METHODS OF INVESTIGATION

5. The scrutiny panel investigated this topic over the course of 5 meetings held on 4 September, 30 September, 16 October, 6 November and 27 November 2014. A Scrutiny Support Officer co-

¹ Audit Commission 2004 – Assistive Technology, Independence and Well-Being

ordinated and arranged the submission of written and oral evidence and arranged witnesses for the investigation. Meetings administration, including preparation of agenda and minutes, was undertaken by a Governance Officer.

6. A record of discussions at scrutiny panel meetings, including agenda, minutes and reports, is available from the Council's Egenda committee management system, which can be accessed via the Council's website at www.middlesbrough.gov.uk.
7. This report has been compiled on the basis of information submitted to the scrutiny panel, this included evidence submitted by the Council's Department of Wellbeing, Care and Learning and the South Tees Hospitals NHS Foundation Trust. At part of its investigation, the scrutiny panel also visited the Council's Independent Living Centre (ILC).

MEMBERSHIP OF THE PANEL

8. The membership of the scrutiny panel was as detailed below:

Councillors M Thompson (Chair), F McIntyre (Vice-Chair), E Dryden, D G Loughborough, T Mawston, M Saunders and J A Walker

THE SCRUTINY PANEL'S FINDINGS

9. The scrutiny panel's findings in respect of Assistive Technology – How New Technology Can Transform Care, are set out in this report. Due to areas of overlap between the terms of reference, the scrutiny panel's findings are not set out against a specific term of reference. The panel's findings are as follows:

BACKGROUND INFORMATION

10. To meet the needs and aspirations of disabled and older people, the government is recognising the 'importance of innovation, of thinking differently and of finally harnessing the power of technology for the improvement of patient care and patient experience.'²

The Term 'Assistive Technology'

11. The scrutiny panel received an overview of assistive technology from the Council's department of Wellbeing, Care and Learning.
12. The scrutiny panel was advised that 'assistive technology' is a broad term with a range of definitions, including:
 - An umbrella term for any device or system that allows individuals to perform tasks that they would otherwise be unable to do, or increase the ease and safety with which those tasks could be performed (The World Health Organisation 2004).
 - Any product or service designed to enable independence for disabled and older people. (Kings Fund 2001)
13. Members heard how Assistive Living Services (ALS) could include the following:-
 - Low tech devices including aids such as walking sticks etc.
 - High tech devices such as special purpose computers, computer hardware, keyboards and pointing devices and computer software such as screen readers or communication software.
 - Hardware such as prosthetics, attachment devices (mounting systems), and positioning devices.

² Gov.uk: Health Secretary, Innovation in the NHS and social care (March 2013)

- Electronic devices, wheel chairs, walkers, braces, educational software, power lifts, pencil holders, eye gaze and head trackers.
 - Telecare and Telehealth products and services.
14. It was explained that a narrow definition, generally used by health and social care is “Assistive Living Technologies” as defined by “Skills for Care” 2010. Their definition includes the following:
- Telecare /Telehealth - The use of technology, including monitors and sensors, to promote independent living and support to people in need of care to live longer at home, in homely environments and in their communities. It can include both simple and more complex systems and equipment.
 - Digital participation services - To educate, entertain and stimulate social interaction to enrich the lives of people in need of social support.
 - Wellness Services - To encourage people to adopt and maintain a healthy lifestyle, to prevent or delay the need for support.

ASSISTIVE TECHNOLOGY PRODUCTS AND SERVICES

15. The scrutiny panel heard that assistive technology can support people to maintain or increase their independence and can provide support and reassurance to carers. However, assistive technology may not be the answer for everyone, people have different needs, abilities and preferences so careful assessment, and including people’s views in the choice of assistive technology, is very important.
16. The scrutiny panel heard that assistive technology covers a wide range of equipment and services. It was explained that some of these are assessed services for which individuals need to meet eligibility criteria to qualify, others are provided by the voluntary sector and are free to the user, and others are available for people to purchase privately.

Just Checking Tool

17. Members heard that the Council uses “Just Checking” as an assessment tool for up to 6 weeks, particularly with people with dementia. It was explained that Just Checking consists of door contacts, and passive infrared movement detectors, positioned around the person’s home to monitor movement. Members noted that this enables assessors to build a picture of the person’s lifestyle, allowing them to determine whether the person is able to manage at home or whether there are significant concerns. The tool can also ensure that support is provided at the correct times. It was highlighted that following assessment using Just Checking, Telecare may be prescribed to keep the person safe. Members heard that recent developments can allow telecare devices to continually monitor individuals and alert the Connect service if their behaviours are outside normal parameters, allowing early intervention.
18. The scrutiny panel was advised that the system consists of small, wireless sensors which are fitted in the key rooms of a house. The sensors are triggered by movement. Data from the sensors is gathered by a control box and transferred by an integral mobile phone to the Just Checking web-server.

The Connect Service and Telecare Technologies

19. Members were advised that individuals living in Middlesbrough, who met the Council’s Fair Access to Care Services (FACS) criteria, are eligible for free Telecare equipment. Telecare equipment is available from Tees Community Equipment Service (TCES). Specific service needs are identified by a social care worker or Occupational Therapist (OT), the service is then prescribed and installed.
20. Middlesbrough Council decided that the provision of the Telecare would be subject to an assessment process, to ensure that the service is targeted.

21. It was highlighted that Telecare monitoring covers a wide range of needs, and is intended to support people and enable them to continue living in their own home, independently or with the assistance of carers, for as long as possible. It also supports carers and families by providing additional help and support with caring responsibilities and all-important peace of mind.
22. It was conveyed to the scrutiny panel that one of the simplest forms of telecare is a personal alarm. This alarm consists of a button- in the form of a pendant worn around the neck and a base unit that works with the service users' telephone system. When the pendant is pushed, a call goes via the telephone line to the Connect service, which is staffed by trained operators who will answer the alarm call on any day of the year, 24 hours a day.

Telecare Sensors

23. Members heard that for many families the environmental risks in their relatives home are a significant worry, leading to stress and ultimately their decision that the person is unsafe in their own home. It was highlighted that managing these risks through telecare can lead to a reduction in stress and the person being able to continue to live at home.
24. Members were advised that sensors can also provide a number of support mechanisms, for example providing an alert that someone has not returned to bed and may have fallen, that someone has fallen and needs help, is having a seizure etc. It was explained that alerts can go to the contact centre or to a family member. It was highlighted that the provision of these sensors ensures that the person gets help when they need it and is not, for example, left on the floor following a fall.
25. Members were advised that telecare sensors include environmental devices such as smoke, carbon monoxide and gas detectors and sensors such as fall detectors, bed sensors and epilepsy sensors and GPS tracking devices.
26. The provision of Telecare sensors can provide all the support an individual needs or can form part of a bigger support package. Targeting the provision of telecare with good assessment is crucial in ensuring that the service is cost effective and meets the needs of the person.

GPS Tracking Devices

27. The scrutiny panel heard that GPS tracking devices are provided as part of a telecare package, there are a number of limitations to these devices as the device needs charging daily and has to be carried by the individual, therefore, good assessment and working with the individual and their family, are key.
28. Members were informed that initial costs for GPS devices are £300 with additional revenue costs of £360 per device per annum GPS tracking service and £207 per person monitoring and response service. Devices have a life span of approx 3 years, therefore, total cost per person per annum for the device, GPS tracking and monitoring and response service equates to £667. Currently the equipment and monitoring costs are funded by South Tees Clinical Commissioning Group (CCG).
29. It was highlighted that the full cost of the GPS service is £55 per month per person, equivalent to one hour of care per week.
30. It was explained that requests for the GPS are increasing as more families struggle to cope, particularly with dementia and acquired brain injury. It was conveyed that whilst it is difficult to quantify the costs that may be incurred, should this service not be available, the reassurance and peace of mind provided to families and the ability for an individual to continue to go out in their community and remain in their own homes it is reasonable to expect that additional costs would be greater than those of providing the service.

Smoke Detectors

31. It was highlighted that the provision of telecare smoke detectors has saved a number of people's lives when they have caused a fire. It was explained that the department has an information sharing protocol with the Fire Brigade who carry out Fire Safety checks and refer for telecare where appropriate.

Telecare Costs

32. The Connect service, comprising of a pendant alarm and unit, is provided free for people on pension credit guaranteed credit, funded from the Supporting People budget.
33. The service has a significant number of private clients. It was conveyed that equipment is funded through capital bids and the service as a whole is expected to be an income generator for the Council. It currently generates an income of approx. £100,000 per annum.
34. It was conveyed that the mainstream telecare service is a chargeable service, which costs the individual a maximum of £3.99 per week dependent on their means. It was explained that under fairer charging guidance, equipment cannot be charged for, therefore, this cost is for the monitoring of sensors and the response service provided by Connect.
35. It was explained that in addition to the chargeable telecare service, individuals can also use a personal budget to purchase equipment and / or assistive technology to meet their needs.

Telecare Service and Discharge from Hospital

36. The scrutiny panel heard that the Telecare service is provided for a 6 week period, free of charge, for people leaving hospital - who are assessed as requiring additional support or receiving intermediate care services. It was explained that following the initial provision of Telecare services, some patients choose to continue receiving the service as a preventative measure.
37. It was explained to the scrutiny panel that the South Tees CCG funds a Telecare Officer, based in James Cook University Hospital. The officer assesses patients prior to discharge to ascertain if they require Telecare services.
38. The scrutiny panel was advised that advanced assistive technology services are available to people with complex physical disabilities in the form of environmental controls - such as door/window openers or controlled combs and these are assessed for and provided by the NHS free of charge.

Supported Living Scheme

39. Reference was made to the Council's supported living scheme for people with disabilities, which is based in Amersham Road and provides support for 28 people with disabilities. It was explained that the provision of Telecare, which is designed into the scheme has a significant impact on the number of staff required to support people. The Telecare system allows 21 people to be supported by one waking member of staff, negating the need for several sleepover staff members. Members were informed that residents could also use the Telecare system to alert staff when they are needed, which enables residents to be more independent during the day. The provision of Telecare and the reduction in the number of staff required, has reduced the costs for each resident.

Aids and Adaptations

40. Members heard that the Council also provides a range of equipment through Tees Community Equipment Service (TCES), which is also classed as assistive technology, to people who meet the FACS (Fair Access to Care Services) criteria. TCES is jointly funded by Middlesbrough, Stockton and Redcar and Cleveland Councils and South Tees Hospitals NHS Foundation Trust.

41. The scrutiny panel was advised that the TCES provides all the equipment and the service maintains a log of equipment that has been issued. Wherever possible, once it is no longer needed, equipment is collected, refurbished and re-issued. There is no charge for equipment hire. The TCES is based at Riverside Park and provides equipment to the four local authorities, two hospitals and two clinical commissioning groups. Approximately 80,000 pieces of equipment are issued per year.
42. It was explained that the Staying Put Agency and TCES assist with the provision of grab rails, bath lifts, stair lifts and various other small pieces of equipment to enable people to support themselves to eat and prepare meals, make drinks and navigate around the home which can result in eliminating the need for a care package.
43. In response to a query from a Member, the scrutiny panel was advised that the Council, through the Staying Put Agency, administers disabled facility grants for aids and adaptations for disabled people. It was explained that an initial assessment is carried out by an OT to ascertain which types of support aids and adaptations are required. An application will then be made for a disabled facilities grant to fund these requirements.

The Independent Living Centre (ILC)

44. As part of the scrutiny panel's investigation, Members visited the Independent Living Centre (ILC).
45. It was conveyed to the scrutiny panel that the Independent Living Centre (ILC) is a resource and advice centre providing open access to a showroom of daily living equipment. It is designed to assist people who have difficulties with every day activities to increase or maintain their independence, improve their quality of life or to assist their supportive carers.
46. Members heard how the centre offers free and impartial expert advice on information and products. It enables people to compare and contrast a range of products, provides individual assessments (carried out by an Occupational Therapist), and informs people of their eligibility for provision of equipment locally and alternative sources, including private purchase. Where the centre is unable to resolve a need presented by a service user they are referred onto to a more appropriate agency/service.
47. Members noted that no referral is required by a health or social care professional i.e. self referrals are accepted. Members of the public are able to self-refer and request an independent assessment of their needs. 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.
48. Staff at the ILC advise customers on the most suitable equipment available to meet their needs. The equipment available includes manual and electric wheelchairs and scooters, walking and bathing aids, grab rails, stairlifts and furniture etc.
49. The scrutiny panel was informed that the Independent Living Centre (ILC) had previously been located at Lansdowne Centre, Marton Road, for approximately eight years. It was conveyed that the ILC used to operate on a clinical basis, by appointment. The ILC had originally been located on Marton Road because it was close to James Cook University Hospital. It was explained that the idea was that people would call in on their way to, or from, the hospital. Whilst the clinics had worked successfully, the ILC had not been used by members of the public seeking advice or information on a drop-in basis - as had been envisaged.
50. In light of the above, it was highlighted that the ILC has therefore been re-located to a town centre location. It was explained that some of the regular clinics will continue and hopefully it will be easier for people to drop-in. Members heard that the Lansdowne Centre had consisted of one large room, whereas the new ILC has several separate rooms. This provides privacy when

undertaking individual assessments. The new ILC also has a separate room for providing holistic therapies for carers.

51. It was explained that although the ILC is not yet officially open, some clinics have already taken place. People have also been in to try the equipment that is available. It was conveyed to Members that it was better for people to be able to try it, and see whether they could use it, rather than just explaining how it works. It is also important to ensure that any equipment issued is safe for the user.
52. Members were impressed by both the facilities and equipment available at the ILC 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. The scrutiny panel heard that the official launch of the ILC will take place in January 2015 and a DVD advertising the ILC has been produced and will be played on community television in doctors' surgeries and the Cleveland Centre. Leaflets have also been produced and information will be available on the Middlesbrough Matters website.
53. Members heard that a bathing clinic is held weekly. It was explained that there is also a monthly seating clinic where people could test rise and recline chairs to see whether they have the functionality they required. Blue Badge clinics are held three times per week and assessments are done either face-to-face or by telephone. The ILC aims to increase the number, and type, of services on offer.
54. At the moment, the majority of people using the ILC have been referred. However, it was hoped that more resources will be made available from Central Government, through the Care Act, to increase capacity and develop the drop-in facility. The main purpose of the re-location to the town centre was to improve access.
55. It is anticipated that greater use of the ILC will reduce the number of home visits that are required. Historically, people have needed to be assessed in their home environment but now this is not always necessary.
56. Members heard that the current waiting time for the service is about nine weeks. Earlier in the year the waiting time was two weeks and it is hoped that this will be achievable again in the near future. Members noted that four new posts have been advertised to increase the team of Occupational Therapists.
57. Members of the scrutiny panel were given a tour of the ILC and received a demonstration of the different types of equipment available.

Housing Associations

58. It was highlighted to Members that two of the Occupational Therapists, employed by the Council, work with Thirteen, the group responsible for the management of the Council's former housing stock. It was explained that Thirteen are currently reviewing the scale of adaptations carried out to the housing stock.
59. A Member queried whether developers, building properties to accommodate elderly people, should be required to install facilities such as handrails and wheelchair accessible doors. The scrutiny panel was advised that the issue of 'Lifetime' homes is very important, although many housing associations are moving away from building homes to lifetime standards because of the costs involved and the fact that there was no statutory obligation to build homes to this standard.

Other Assistive Technologies

60. A range of assistive technology is now available through smartphones/tablets e.g. apps and simple technology such as reminder devices and Passive Infrared (PIR) lights. These are available for direct purchase online and in shops.

61. It was highlighted that voluntary organisations also have web services to help individuals identify assistive technology and purchase it. It was explained that a number of charities provide advice and support on computer access and the most suitable funding routes, including financial assistance to buy computers or signposting to charities that recycle old computers.
62. Personal budgets can be used to purchase a wide range of assistive technologies, for example using a personal budget to purchase an ipad and a communication app for someone with communication needs can be significantly cheaper than purchasing a communication aid, and is less stigmatising. It was explained that people in receipt of personal budgets can use funds to access assistive technology to meet some of their care needs, which can result in a decrease in their physical care requirements.

RESEARCH AND DEVELOPMENT WORK PERTAINING TO ASSISTIVE TECHNOLOGY **NATIONAL RESEARCH AND DEVELOPMENT WORK**

63. Members were informed that there is a vast amount of research and development work pertaining to assistive technology, covering a wide range of equipment and services.
64. It was highlighted that the Department of Health commission an annual report to provide an overview of research and development work for professionals. The document entitled "Research and Development Work Relating to Assistive Technology" is produced by the Foundation of Assistive Technology and provides details of many projects.
65. The scrutiny panel received information on key research papers (detailed in alphabetical order by title), which:
- Assess the impact of assistive technology on health and social care services.
 - Establish whether assistive technology is cost effective.
 - Evaluate the impact of assistive technology on service users and carers.
 - Highlight areas of development and improvement.

Care and Support at Home: An Audit of Telecare Services in England – A Report from the Good Governance Institute

66. The scrutiny panel heard that the report and the analysis was compiled following a number of requests under the Freedom of Information Act 2000. The requests were sent to all upper-tier and unitary local authorities in England who have responsibility to provide social care services.
67. Members heard that the purpose of this audit was to increase understanding of how telecare services are being delivered today and to make recommendations for how these services can be improved, against the backdrop of the recent Care and Support White Paper.
68. It was explained that the role of telecare services in improving the outcomes delivered, and savings achieved, by adult social care services is significant and well recognised. It was highlighted that the audit does identify clear evidence of good practice where councils are investing in telecare services, which is translating into savings and a better quality of life for users. This reinforces the existing evidence base in the absence of the findings from the Whole System Demonstrator programme (see paragraphs 89 – 92).
69. The scrutiny panel was advised that despite this, what the audit does find is that the availability of these services is fragmented and poorly understood. The audit also finds that, despite significant funding being made available to councils to go towards re-ablement services, proportions of this funding are not going to local authorities despite the key role they play in delivering this agenda.

Variations in service provision

70. It was conveyed that there is significant variation in the number of people using telecare services, by local authority, across England.

71. Members heard that the number of people reported to be using telecare increased by 18% over the last three financial years.
72. It was highlighted that findings indicate a poor understanding amongst local authority commissioners about what telecare services are and how they should be incorporated into the council's social care services.
73. The scrutiny panel was advised that the amount of money being spent on telecare services over the past three years increased by 15%.
74. It was conveyed that only 4% of the funding allocated to local authorities, by the NHS, to support social care services in 2011/12 went towards funding telecare services.

Assessing need and measuring outcomes

75. Members heard that the audit found that access to telecare services varies greatly across the country. 80% of local authorities who responded to the audit confirmed they had an eligibility criteria or assessment process in place for the provision of telecare services. However, these criteria or processes were inconsistent across the country.
76. It was explained that the audit confirmed that some local authorities have chosen to make telecare services universally available – including Leicestershire County Council and Walsall Council
77. It was highlighted that nearly half of local authorities who responded to the audit confirmed they had undertaken an assessment of the outcomes being delivered by their telecare services. These assessments demonstrate the potential of telecare services to deliver improvements in the outcomes of service users and the quality of life for carers.
78. The scrutiny panel heard that one third of councils confirmed they had carried out an assessment into the savings delivered by telecare services. 60% denied carrying out an assessment, while 8 councils confirmed assessments were currently being undertaken. Information about assessments which had been carried out demonstrated the potential of telecare services in reducing the financial burden on care budgets.

Supporting re-ablement and an integrated model of care

79. It was conveyed to Members that one in five councils who responded to the audit reported having received no re-ablement grant from their local primary care organisation in 2011/12. This is of concern given national guidance set out by the Department of Health and the important role local authorities play in delivering the reablement agenda.
80. It was highlighted that 89 councils who responded to the audit were able to provide information about the amount of funding they received from their local primary care organisations. However, there was clearly confusion amongst councils between the different funding allocations being made available to them which had been designed to promote the better integration of services.
81. Members were advised that over half of local authorities confirmed they were working with their local PCTs to commission joint telehealth and telecare services.

Bringing care home for 3 million people - service integration to improve patient care and outcomes

82. It was explained that following the launch of the Department of Health's 3millionlives initiative in December 2011, nearly three-quarters of local authorities denied having received any written information from the Department of Health or their local NHS organisations about the campaign.

83. It was indicated that while some local authorities were able to flag other sources where they had received information about the campaign, awareness of the 3millionlives initiative was, overall, limited. However, 65% of local authorities confirmed they had plans or internal guidance for the future use of telecare within their social care services.

Delivering Assisted Lifestyles at Scale (DALLAS)

84. The scrutiny panel received information on DALLAS (Delivering Assisted Lifestyles at Scale). DALLAS is a government funded project aimed at delivering assisted lifestyles to 50,000 people over a three year period, the project is being fully evaluated and aims to push the development of assistive living technology and its acceptance by the general public. It was conveyed that their initial report into the economic benefits of assistive technology highlights lack of awareness and information on products and services as the main barrier for uptake by the general public. It was highlighted that further reports will detail the impact both for individuals and the wider economic benefits, these reports are expected to be available late 2015 – early 2016

Demonstrating How the Dudley Telecare Service can Reduce the Length of Stay in Hospital

85. The scrutiny panel heard that the aim of the telecare reablement project in Dudley was to promote the availability of telecare solutions. A “try before you buy” approach was taken, offering a free comprehensive telecare service for six weeks, to facilitate either a diversion or supported discharge from acute hospital care or intermediate care setting.
86. It was explained that the original start date of the pilot was 1 September 2010 for the duration of 3 months, with the end date of 30 November 2010. This was extended for a further 3 months to the end of February 2011. The pilot has continued until the full evaluation is completed.
87. It was highlighted that the pilot demonstrates that the Dudley Telecare Service can reduce length of stay in hospital, or prevent hospital admission entirely.
88. Members heard that there has been a positive take up of the service as a result of the pilot. Referrals have been received from staff teams across health and social care. A large proportion have been received from reablement teams who now promote telecare as a matter of course and use it as a confidence builder when working with service users, to maximise their independence on discharge from hospital. Often telecare is now left in place when care is withdrawn after the six week reablement period.
89. Total efficiency savings were conveyed as £61,170.
- 3 service users avoided hospital admission - £1,770 efficiencies.
 - 3 service users had a shorter stay in hospital - £600.
 - 1 service user avoided admission to a step down bed from hospital, instead returned home with telecare - £500.
 - 52 service users avoided readmission to hospital within the 30 days - £30,680.
 - 15 service users required no care after 6 weeks, they were left with telecare to continue to support them to live independently at home.
 - 63 service users experienced a supported hospital discharge with the use of telecare - £12,600.
 - 7 service users experienced a supported discharge from an intermediate care setting - £1,400.
 - 15 service users experienced a supported discharge from residential reablement settings - £3,000.
 - 18 service users were supported in terms of falls management. All felt able to return home with telecare as they had the reassurance that they could summon help if they experienced a fall when returning home - £10,620.
 - 83% of all service users requesting to keep telecare were private tenants generating an increased annual income for the council of £6,478.
 - The initial investment £20,000 – current spend on equipment is £15,642 (£4,357 remaining).

Effect of Telecare on the Use of Health and Social Care Services: Findings from the Whole Systems Demonstrator (WSD) Cluster Randomised Trial

90. The scrutiny panel heard that the objective of the controlled trial was to assess the impact of telecare on the use of social and health care. A total of 2,600 people with social care needs were recruited from 217 general practices in three areas in England.
91. Members were advised that the report concludes that "Though our analyses were limited, we were able to test the claim that telecare reduces admissions to hospitals or care homes. Based on the findings of this trial alone, there is no convincing evidence to justify the public sector to invest in telecare from purely cost saving perspective".
92. It was conveyed that of the participants monitored using telecare, 46.8% were admitted to hospital within the 12 months of the trial, compared with 49.2% of the control group. It was reported that the difference between the groups was not significantly significant.
93. However, Members were asked to note that:
 - The evaluation of the results have been mired in controversy as the results focused primarily on health and looked at individuals with a small number of health conditions rather than the more generic older, frail or disabled people who have been found to benefit most from telecare.
 - A spokesperson for Newham Council (one of the Whole System Demonstrator sites) has stated that when they prepared to bid for the WSD they were encouraged to establish their telecare credentials by installing large numbers of telecare users prior to the trial. Before the trial started they had therefore installed telecare for over 3000 people and particularly for those at highest risk or most frail, this equated to 1% of the total population of Newham. This led to the trial excluding those who were expected to benefit most from telecare, therefore, leading to a biasing of the results against showing significant benefits from telecare.
 - The trial also used standard installations rather than telecare targeted at the needs of the individual and focused on specific health conditions, this meant that the trial did not capture many of the savings and benefits that targeted telecare delivers.

Evaluation of the Telecare Development Programme

94. Members were advised that the York Health Economics Consortium (YHEC) was commissioned by the Joint Improvement Team (JIT) to evaluate the Telecare Development Programme (TDP).
95. It was explained that the aim of TDP is to help more people in Scotland live at home for longer, with safety and security, by promoting the use of telecare in Scotland through the provision of a development fund and associated support.
96. It was highlighted that Telecare provides opportunities to promote independence and improve the quality of life of service users and carers.
97. Members heard that to date, older people (including those with dementia) have been the main beneficiaries of TDP funds. However, telecare equipment has also provided significant benefits to people with long-term physical conditions and learning disabilities.
98. Telecare equipment offers considerable potential to reduce the use of care home beds and the numbers of home care check visits and sleepovers required.
99. It was conveyed that Telecare also appears to have a beneficial impact on the use of acute hospital beds. However, it should be noted that it is difficult to measure the extent to which telecare contributes to 'non-events'. Moreover, the achievement of such beneficial impacts may also require other community-based services to be available.

100. It was highlighted that during the period of 2007/08:

- It was estimated that the number of unplanned hospital admissions was reduced by 1,220 (and by 13,870 bed days)
- It was estimated that the number of discharges facilitated by TDP funds was 517, with accompanying saving of 5,668 bed days.
- The number of bed days saved for each facilitated discharge appears generally to be between 7 and 16 days.
- It was estimated that the number of care home admissions was reduced by 518 (and by 61,993 care home bed days)
- About three-fifths (60.5%) of questionnaire respondents felt their current quality of life was either “a bit better” or “much better” than before they had their equipment; about a third (34.6%) thought it had “stayed the same” and less than one-in-twenty (4.9%) thought it was worse.
- About half (49.3%) of the respondents felt they were “a bit less stressed than before” the installation of the telecare equipment and a quarter (25.0%) were “much less stressed than before” – therefore three-quarters (74.3%) of the respondents felt that telecare equipment had reduced the pressures on them by reducing their stress levels.

	Estimated monetary saving	Per cent of monetary saving (%)
Increase speed of discharge from hospital	£1,731,944	15.5%
Reduced unplanned hospital admissions	£3,343,467	30.0%
Reduced care home admissions	£3,421,621	30.7%
Reduced nights of sleepover care purchased	£557,119	5.0%
Reduced home visits	£1,796,039	16.1%
Locally identified efficiencies, namely reduced waking nights	£301,000	2.7%
TOTAL	£11,151,190	100.0%

Havering Health and Wellbeing Board

101. The scrutiny panel was advised of a paper that had been submitted to the Havering Health and Wellbeing Board, which provides statistical information in respect of social care service users that receive assistive technology and home care and those that receive home care. The information indicated that those service users that had received both services are less likely to be admitted to hospital after a period of 18 months by a margin of 25.02%.
102. The data measured the admissions due to falls and the correlation with those service users using a pendant and there was a reduction of 44% in 2013 compared to 2011. There was also a reduction in admissions to nursing/residential homes by 5.9% for those receiving both services compared to those in receipt of home care only. The statistics also demonstrated that of those who were admitted there was a significant delay in the elapsed time from when they started to receive services, until admitted, of at least 3 months but this was likely to be significantly longer. The delay in admittance to nursing/residential could result in financial savings of £6k per person.

Self Care in the Digital Age

103. The scrutiny panel was advised that self-care and assistive technologies and digital services are being introduced to the UK, laying out the urgent need for a wider debate on the role technological and digital innovation should play and the importance of greater uptake in the health and social care sectors.

104. Members heard that the research was commissioned by Dallas and conducted by OnePoll, surveying 2,000 UK adults during March 2014.
105. It was explained that assistive technology and digital services are now widely available than ever before in the UK, to allow people to live more independent lives as they get older. However, there is a real need for greater awareness and understanding of the very basic elements of these offerings.
106. Members were advised that awareness of relevant technology is still low and those who have heard of telecare and telehealth and other technologies are largely unaware of their benefits. Despite those problems, interest in new technology among patients is high because of the convenience and speed of access to personal health data.
107. It was conveyed that traditional care delivery methods are no longer as affordable or desirable from a governmental perspective and while there will always be a need for intensive and institutional care, new methods of care at home for the chronic sick and those with social care needs has to be properly developed through guided collaboration to ensure people receive the support they need.
108. It was advised that there are still challenges ahead while public awareness remains low.
109. The scrutiny panel heard that even those people who claim awareness of these technologies are not fully aware of their benefits. 38% of people said they did not understand the benefits for both self-care technologies and for health and care apps for smartphones and tablets. Similarly, while many respondents had an idea of telecare and telehealth benefits, many were labouring under misapprehensions – confusing either with television –based advice services or 24/7 access to doctors, for example.
- More than two-thirds (67%) of respondents said they would use or would like more information on health technology.
 - Of that 67% of people, there was an almost equal split between respondents who would use health technology (52%) to people who would like further information about the use of those technologies.
 - Of the people that had experienced telehealth, telecare or self-care, almost two-thirds of people (64%) would definitely recommend their experience to family or friends.
 - The benefits they enjoyed were the speed of information about their well-being (38%) and an ability to manage health before it became urgent (33%).
 - The most important benefit was that of convenience (59%) – the ability for the user to stay at home and enjoy their health and care in an easy, safe place.

Telecare for People with Dementia 2007 – 2012

110. Members heard that the University of York Health Economics Consortium also carried out a study in Renfrewshire following 325 people with dementia from 2007 to 2012. The following savings were achieved:

	Number Avoided	Average length of stay	Cost per admission	Saving
Hospital admissions	114	19.5 days	£6,552	£0.75 million
Care home admissions	88	606 days	£49,998	£2.55 million
Other savings				£0.59 million
Gross savings				£3.89 million
Less costs of telecare				£1.08 million
Net savings				£2.81 million

Telecare – Making a Difference to People’s Lives in North Yorkshire

111. Members heard that North Yorkshire conducted postal surveys and research to establish the efficiencies in Telecare.
112. It was explained that Telecare produces not only cost efficiencies but significant benefits in the management of risks associated with carers and vulnerable people’s health and daily living. Telecare helps to manage risk but not control behaviour as it enables people to choose how their care needs are met and gives control in how they want to be supported.
113. The scrutiny panel was advised that Telecare is now one of the first considerations to manage risk for vulnerable people and their carers, and help to support them to stay safe, independent and well.
114. It was conveyed that postal surveys were carried out throughout 2008 and 2009.
115. It was highlighted that 2009 results showed:
- 87% confirmed telecare helped them to carry on living at home.
 - 95% confirmed telecare equipment has given them more confidence/peace of mind.
 - 95% confirmed telecare equipment helped them to feel safer.
 - 92% confirmed they were happy with the installation.
116. Members heard that during 2008, a sample of 131 new users of telecare were analysed to identify what their traditional care package would have been if telecare had not been available, and what the actual telecare enhanced packages of care were:
- 60 cases would have been residential, EMI (Elderly Mentally Infirm) or nursing.
 - 71 cases would have been care at home, requiring decreased levels of domiciliary care.
 - 38% reduction in care costs (annualised analysis = net average efficiency £3,654/person countrywide).
117. It was explained that during 2009 a further sample of 122 new users during a different two month period were analysed.
- 48 cases would have been residential, EMI or nursing.
 - 74 cases would have been care at home requiring decreased levels of domiciliary care.
 - 33% reduction in care costs (annualised analysis = net average efficiency £3,180/person countrywide)
118. The scrutiny panel heard that for 2009, a count of days of service for all users of telecare (greater than seven days and less than or equal to 365) was analysed. This resulted in just over 877 weeks of care multiplied by £3,180 indicating a cashable saving of £2.789 million.

The Role of Telecare in Older People’s Daily Lives: Experiences, Practices and Attitudes. Telecare and Older People’s Social Relations

119. The AKTIVE (Advancing Knowledge of Telecare for Independence and Vitality in Later Life) project was set up to put the spotlight on one of the central issues in the creation of an assisted living sector – that of understanding users’ needs and developing telecare products and services that meet these requirements.
120. It was conveyed to the scrutiny panel that the Aktive project produced a number of papers between 2011 and 2014. In paper 3 they looked at the role of telecare in meeting the needs of older people and noted:-

- “Recent policy statements have highlighted the potential of telecare to provide support, reassurance and peace of mind to both people with disabilities and carers, helping the former to maintain their independence and the latter to sustain their caring and other roles. The available empirical evidence from studies of service users and their carers lends considerable support to this view”.
 - “A key theme in the literature is that telecare provides a sense of security and confidence for service users, particularly those with dementia, as well as for their carers. Carers in a range of studies have reported benefits in using telecare, including: increased independence; greater peace of mind; improved health and well-being; reduced pressure on carers; and improvements in their relationship with the person they look after.”
121. The scrutiny panel heard that one paper examined the processes AKTIVE (Advancing Knowledge of Telecare for Independence and Vitality in later lifE) research participants had experienced in making telecare part of their everyday lives, with a particular focus on the role of social relationships in these developments.
122. It was highlighted that people in the older person’s social network need enough information and support to feel empowered to support the use of telecare. Their openness to telecare as part of the support system surrounding the frail older person can support or hinder its use. Telecare is installed to support safety and independent living, which were important concerns for many research participants. However, while the telecare equipment allocated often met this need, limited social interaction and loneliness were even more pressing concerns in the everyday lives of many. To them, telecare seemed separate from these and had no impact on these problems.
123. It was explained to Members that findings reported in this paper suggest older people’s social relationships could play a more prominent role in supporting their use of telecare at every stage, from when information about telecare is initially received, through early views about it, acquiring and installing the equipment, and helping the older person to view positively their experiences of using it (whether for emergencies or in case of false alarms). By engaging the support of everyone involved with the older person, their different social contacts could help them through the process of ‘domesticating’ telecare into their routines of everyday life.

Transforming Integrated Care with Telecare in Wakefield

124. The scrutiny panel was advised that upon deployment in 2007, and following the subsequent mainstreaming of the service in 2009, Wakefield Council conducted a three-year evaluation, which aimed to show how successful telecare has been in supporting a wide number of people. It also looked at how telecare is promoting independence and wellbeing and deferring admittance to hospital or residential care, providing cost effective care and support.
125. It was explained that Telecare is proving to be an excellent tool for giving greater choice, independence and dignity to service users, especially those with learning disabilities. The success of the service also demonstrates a positive impact on the lives of carers, who find they too have gained independence and increased well-being.
126. It was highlighted that the cost efficiencies are crucial when considering the future of telecare and, with significant savings made over a relatively short period, the potential for future investments is a significant factor for the continuing delivery of excellent services.
127. Members heard that the most significant result to emerge was the substantial financial saving made as a result of using telecare; £1.3m over 6 month period based on the cost of the current care-plans, deducted from the allowable residential care admission costs.
128. It was conveyed that an average of 23 people deferred from entering residential care each month and average cost efficiencies per person per year £9,843.

Using Assistive Technology to Support Personalisation in Social Care

129. Members were provided with an overview of social care's success and how the lives of people, of all abilities and ages and their families, have improved as a result of assistive technology.
130. The scrutiny panel heard that assistive technology does not replace human contact or caregiving. However, it is flexible enough to suit a wide range of people with varying abilities and needs and can be used in different care settings, from residential placements to community living. It is unobtrusive and increases independence. Technology has a vital place in modern social care, complementing and enhancing traditional human care and support and contributing to increased independence of vulnerable people. Put simply, technology is part of today's modern landscape. It is used for work, leisure, at home and on the move. It makes people's lives easier. People with lifelong disabilities or age related conditions should share that experience, benefitting from the advantages that tailor-made technological support can bring.

Hft's Virtual Smart House

131. Members heard that the Virtual Smart House is an attempt to increase the understanding about what support someone needs and how technology might help them.
132. It was explained that Hft's web-based Virtual Smart House is an online interactive demonstration of the kind of technology that can be used to support people at home, helping to improve their independence and safety.
133. The scrutiny panel was advised that the walk through experience – you essentially click through the various rooms of a cut away house – brings a raft of technologies to life. Technologies include gadgets to boost security, set reminders or alerts to help communication. There are also environmental controls to make it easier to switch appliances on or off, sensors to increase safety and electronic dispensers to help people take control of medication.

Sensors boost the independence of older people in care – Belong, Cheshire

134. Members heard that the sensor system helps monitor and check movements, falls and routines, all of which helps to inform individual care plans and it is useful with issues like staff resourcing.

Wireless systems support a child with autism: Staffordshire County Council

135. It was explained that monitors located in all the rooms of the house and by the front and back doors, which alerts parent of child's whereabouts (child wears a unobtrusive pendant around his neck which is linked to the monitors).
136. It was highlighted that monitors are seen as an effective investment which supports quality of life for all of the family and reduces risk.

High-tech supported housing encourages adults with disabilities towards independent living: Brandon Trust

137. The scrutiny panel heard that the scheme accommodates 10 people aged from 18 to 45 (most are under 25) with mild to moderate learning disabilities to live in their own homes with Brandon Trust providing personalised support.
138. Members were advised that each flat has its own assistive technology "hub", including a button which allows tenants to speak to guests and release the main front door from their flat. Tenants can also contact staff using an integrated or remote call button with a two-way speech channel from their flats or the communal areas of the complex.

139. It was conveyed that another useful item is a key fob system which lets tenants who can't manage a key to open their own doors. Simply being able to hold a fob up to a reader gives tenants privacy and ownership as well as the freedom to come and go as they please.
140. It was highlighted that the use of assistive technology provides an opportunity for people to develop the skills and gain the confidence to live independently whilst providing an invisible safety net. The presence of this safety net was pivotal in giving the reassurance and confidence that individuals and families needed to take this significant step towards independence.

Digital communication helps older people stay connected with family: Somerset Care

141. The scrutiny panel heard that installing the video call system Skype, in care homes, can help people use different digital methods to maintain relationships, family networks and add to their care experience.

Technology-led 'social care triage': Nottingham Community Housing Association (NCHA)

142. Members heard that Nottingham Community Housing Association (NCHA) provides supported housing to older people, individuals with learning disabilities and people with mental health issues, women and children escaping domestic violence and single young people. The SMaRT call centre was launched 10 years ago to help with support whilst delivering person-centered services. The project is among the reasons that the housing group is considered a sector leader and is a member of the European consortium Impact (Improve the Person Centered Technology).
143. It was highlighted that SMaRT is essentially a new take on the traditional call centre used to monitor alarms in supported living schemes for vulnerable people. The approach delivers personal support tailored to individual needs and wants whilst increasing their choice and control.

Multi-agency pilot to trial assistive technology in social care and health: Improvement and Efficiency West Midlands (IEWM)

144. The scrutiny panel was notified that 250 people with a range of conditions – dementia, visual impairments, mental health issues, Parkinsons and people with learning disabilities – tried using an automated pill dispenser for medication.
145. It was explained that not only do people who fail to correctly take prescribed drugs risk their health and independence, research shows the costs of such patients is between £36m and £197m (2006-7 figures).
146. Members were advised that the West Midlands project involved a GP prescribing the device or a social worker assessing a patients suitability, then a pharmacist dispensing it and social care staff advising and embedding the scheme into care plans.

Utilising GPS Tracking Technologies

154. The scrutiny panel heard that evidence from a Regional Improvement and Efficiency Partnership funded project in 2010 -11, utilising GPS tracking technology, demonstrated significant improvements in quality of life for people with dementia and their carers and a potential reduction in admissions to residential care.
155. Members were advised that the equipment allows individuals with dementia to maintain life in the community supporting social inclusion and health and wellbeing and supporting client safety.
156. It was highlighted that the initial project was expanded to support people with acquired brain injury and learning disabilities.

157. For 18 client's pre and post questionnaires were sent to the clients and their family carers, responses to the post questionnaire were received in March 2013. Professional staff involved, also provided feedback. Of the 72% who responded to the survey:
- 67% were male, 31% lived alone, 38% live with a spouse and the remainder live with other family members.
 - All used the device every day.
 - 92% said that having the device helped them to safely leave their home and keep more active.
 - 84% felt that the device had helped them to feel less isolated, safer and gave them greater peace of mind.
 - 92% of family carers said that the person they care for carrying the GPS device, reduced their stress levels and enabled them to continue their own lives.

Who Cares? The Role that Entrepreneurs can Play in Improving Informal Care in the UK

158. Members were advised that Nesta Impact Investments is a fund that is committed to investing in life-changing innovations that help tackle the major challenges faced by older people, children and communities in the UK.
159. It was conveyed that in May 2014, Nesta Impact Investments published a document entitled 'Who Cares?' which focuses on the role that technology can play in improving informal care in the UK.
160. It was highlighted that the document states:
- The UK's population is aging, and with this shift comes a growing demand for care services. Informal carers are the largest source of social care support in the UK.
 - Informal care, provided by older people's friends and family, helps maintain well-being and can prevent or delay a person's transition to expensive professional care. With demand for informal care growing substantially, there is a need for new tools and services to encourage greater supply of informal care and greater support for informal carers. In many cases, technology is the most crucial delivery tool for such innovations.
 - Technology is a powerful tool and can make a real difference in people's lives. Care will always need to be delivered by people but technology is the tool to bring together individuals, communities and healthcare professionals to build 'networks of care' – putting the individual at the centre and building effective support around them.

Engagement of potential informal carers from the community

161. Members heard that technology is creating new marketplaces for people to give and receive support and informal care.
162. It was conveyed that building and sustaining a network of support from the community to provide practical help enables a person to live a higher quality of life and to stay independent for longer.
163. The scrutiny panel was advised that ultimately, individuals and communities need to be open to new ways of building networks of care to provide vital support.

Examples

164. Casserole Club - is a great example of enabling informal care from the community. It links people online who are willing to share a plate of food with neighbours less able to cook for themselves. This isn't just food delivery; it is about creating community networks, connecting people to provide support and addressing the massive problem of loneliness among the older population³. It now

³ <http://www.theguardian.com/social-care-network/2014/may/06/new-technology-transform-elder-care>

has more than 4,000 volunteer cooks nationwide and is growing. Further information can be accessed at <https://www.casseroleclub.com/>.

165. My Support Broker (MSB) – recruits and trains people to become support brokers. Brokers use MSB technology to support people in need of care to develop a personalised care plan and to access local services. Further information can be accessed at <https://www.mysupportbroker.com/>.

Increasing meaningful connections, increasing social interaction and reducing isolation

166. The scrutiny panel heard that technology has the potential to radically improve communication between family and friends living apart, particularly intergenerational communication. Simple communication tools, such as video calls, messaging and photo sharing, can make it easy for loved ones living apart to have regular and meaningful communication.
167. It was explained that improving meaningful communication between networks of family and friends can reduce loneliness and improve well-being.

Examples

168. Breezie – is a simple tablet-based interface that makes it easy for people to get online and stay connected with family and friends. It responds to the user's level of ability. By using simple icons and prompts, it makes social media accessible to older adults who are not familiar with technology. Further information can be accessed at <http://www.breezie.com/>.
169. Mindings – is available on any tablet or web device and enables easy communication between families. The user can send personal text messages and captioned photos, which Mindings links with existing social media content. Further information can be accessed at <http://www.mindings.com/>.
170. The Silver Line - is a confidential, free helpline for older people across the UK, open every day and night of the year. The Silver Line's specially trained helpline staff:
- Offer information, friendship and advice.
 - Link callers to local groups and services.
 - Offer regular befriending calls.
 - Protect and support those who are suffering abuse and neglect.
171. Further information can be accessed at <http://www.thesilverline.org.uk/>.

Care management tools that build networks of support and enable effective management and coordination of care.

172. Members were advised that improved communication and coordination between carers helps to manage care tasks and improves quality of life for the carer and quality of care for the recipient.
173. It was conveyed that technology has the power to offer accessible and personalised solutions to help to coordinate and manage care tasks.

Examples

174. Jointly – is a simple app developed by Carers UK to help take the stress out of caring. It enables multi carers to share a calendar, task lists and group messaging, and it stores information, for example, on medication. Further information can be accessed at www.jointlyapp.com.
175. HomeTouch – is a digital service with a tablet-based interface for care recipients. It offers simple communication tools such as messaging and video call, and a care dashboard for carers including a shared calendar, medication reminders, mood and activity tracking, access to

specialist advice and emergency carer call. Further information can be accessed at www.myhometouch.com.

Tools that improve integration between individuals, informal care providers and formal care providers to improve quality and continuity of care

176. The scrutiny panel was advised that improved information and communication between health professionals, carers and care recipients enables better self-management of health and more proactive specialist intervention.
177. Members heard that private and secure communication and information sharing can enable improved communication, but cross-agency communication is difficult and sharing of private information must be treated with caution.

Examples

178. Patients Know Best – has developed electronic personal health records. Linked into this, it has also developed 'Circles of Care'; a tool that enables patients or carers to invite anyone they wish to join their network, including family, friends and healthcare professionals, such as GPs. It has been integrated into the NHS secure system, meaning it is approved for use by all NHS employees. It offers a safe place for carers to communicate and share personal information. Further information can be accessed at www.patientsknowbest.com.
179. How are you – uses personal health records to help patients self-manage their health. It connects patients to specialist condition-specific information, creates personal health plans, and enables patients to share information and communicate with health professionals. Further information can be accessed at en-gb.howareyou.com.

LOCAL RESEARCH

180. The scrutiny panel received an outline of key findings and data that the Council holds pertaining to assistive technology, particularly:
 - Case studies - experiences of service users, informal carers and health and social care professionals
 - Assessments
 - Evaluations
 - Research
181. The scrutiny panel was advised that a number of evaluations had been carried out when Telecare was first introduced in Middlesbrough to determine the effectiveness of the service.
182. Members heard that following the outcome of the evaluations, feedback from assessors and the results of similar evaluations in other authorities and government policy, a decision was taken by Middlesbrough Council to mainstream the Telecare service and not subject the service to further evaluations. This has also been policy in the majority of other authorities, hence the shortage of evaluations post 2012.

Telecare Evaluations

183. The scrutiny panel was advised that an evaluation was carried out in 2010-2011 on 47 people who had had Telecare installed for 12 months. It was explained that the case holder was asked to identify for each individual, "if the Telecare service was withdrawn tomorrow, what would this individual require to immediately to replace the telecare." The results highlighted:
 - 15 people would have required an immediate move to residential care @£428.00 per week, £22,256 per annum. An annual cost of £333,840 – their current care costs, including telecare of 114,543.00 = an additional budget pressure of £219,297.00.

- 2 people would have required a waking night @ £88.00 per night x 365 = £64,220.00.
 - 1 would require a sitting service – 4 x 52 @ £11.00 per hour = £2,288.
 - 13 would have required additional care hours totalling 151 additional hours of care @£11.00 per hr = £86,372.00.
 - 16 would have required no additional services, however case holders noted that for each of these individuals telecare supported the individual to feel less vulnerable and helped to maintain safety. Without telecare it was felt that their quality of life would have been diminished.
184. It was highlighted that the total additional annual costs for these individuals if telecare had not been in place, would have been circa £372,177.00

Hospital Telecare Service

185. It was conveyed to Members that a pilot project, carried out in 2010/2011, demonstrated that of 150 people provided with Telecare, 95% of patients felt more confident about going home; 75% thought Telecare had helped them to be discharged earlier and 62% felt the use of Telecare had prevented re-admission to hospital.
186. It was explained that the Telecare Officer based in the hospital has proved valuable to ward staff, OT's and the case management team in the provision of up to date and detailed information and advice on telecare and associated technology.
187. The scrutiny panel was advised that between March 2013 and March 2014, 491 patients had been seen by the Telecare team. Of these patients, 308 had Telecare equipment installed and accessed the Connect service for 6 weeks in Middlesbrough and the equivalent in Redcar and Cleveland. 272 of these referrals were for people admitted to hospital following a fall and 126 patients declined the service. 28% of patients were able to be discharged earlier with Telecare which saved 3 beds per day per person which equated to approximately 258 bed days. The Telecare Officer who was funded through South Tees CCG also offered advice and information on services provided by Middlesbrough's Staying Put Agency.

Case Studies

188. The scrutiny panel was advised that assistive technology can have a significant beneficial effect for the service user and for their family / carers, this effect is best demonstrated by case studies detailing the needs / risks for the person and how assistive technology helped to support them.

Case Study 1 - Barbara

189. It was conveyed that Barbara was in her 80s with moderate dementia and lived alone. Members heard that she had a care package in place, receiving four calls a day. Barbara's neighbour was so concerned about her that she had begun to feel that she couldn't go out, as she had to look out for Barbara leaving the house to make sure she was safe, this was starting to affect her health.
190. It was explained that her family were under a great deal of stress and felt she needed to be admitted to residential care. Professionals involved in her care also thought this may be the only option.
191. It was highlighted that Barbara's OT suggested that before residential care was agreed telecare should be tried. A telecare package including smoke detectors, gas detectors, heat sensors and a property exit sensor was installed.
192. Following the installation of telecare, Barbara's neighbour felt that she could get on with her life - if she was home she would be called to help Barbara, if she was out then the Connect service would respond.

193. The scrutiny panel was advised that the gas detector showed that Barbara was not leaving the gas on, evidencing that there was no additional risk to Barbara.
194. It was explained that Barbara continued to live at home for a further 3 years following the installation of telecare realising savings of approx. £28,000 in residential care costs after the deduction of the cost of the telecare service and Barbara's care package. This equated to an approximate saving to the department of £10,000 per annum for one individual.

Case Study 2 - Charles

195. Members heard that Charles has a diagnosis of dementia and his only family is a daughter who lives in France. Since Charles diagnosis he had managed to continue living at home on his own with a care package and going to a day centre a couple of days a week, however his daughter was becoming increasingly concerned about her father when the carers were not there or he was not at the day centre.
196. It was explained that Charles had the response service provided by Connect for several years and it was agreed that a range of telecare sensors should be added to this. Following the installation of telecare Charles' daughter felt that Charles was now safe when he was on his own and that he could always press his pendant for help if he needed it.
197. It was conveyed that Charles continued to live on his own for another 9 months, when his daughter became worried that her father was going out and getting lost, as there had been a couple of instances when Charles had not been there when his carers arrived and was missing for several hours, once being returned by the police.
198. It was highlighted that a "buddi" GPS tracking device was suggested. The scrutiny panel was advised that the "Buddi" helped to find Charles on several occasions. The "Buddi" and telecare sensors gave Charles and his daughter confidence and enabled him to continue to live independently for a further 16 months. Without telecare it is likely that Charles would have required residential care which, as demonstrated in the previous case study, would potentially have cost the department an additional £10,000 per annum.

Case Study 3 - Vi

199. Members were informed that Vi is an elderly carer for her daughter who has complex learning and physical disabilities. It was explained that Vi very much wanted to carry on caring for her daughter but constantly worried that she may become very ill or die in the night and no one would know and be able to assist her daughter. A bed sensor was installed that alerted the contact centre if Vi didn't get up by a certain time in the morning. She also knew that if at any time she needed help she was able to press her pendant and get support, this removed worry and stress for Vi enabling her to continue caring for her daughter.

Case Study 4 - Keith

200. The scrutiny panel heard that Keith is in his 40's, he has a physical disability and uses a wheelchair, however he transfers and walks short distances within the house. He had suffered a number of falls and his wife was worried about leaving him alone in the house. Since Keith was provided with a fall detector, he says he has felt safer and more confident when he is on his own at home and his wife says the fall detector has made a big difference to her as she is no longer afraid of leaving Keith.

Case Study 5 - Michael

201. Members were advised that Michael is 37 and following a road traffic accident has significant short-term memory problems.

202. It was explained that Michael often could not remember how to get home when he went out, but wanted his independence and did not want to be accompanied by his wife.
203. It was highlighted that Michael was referred for a GPS device in 2012 as his wife was struggling to continue to support him. The GPS device allowed Michael his freedom as he could once again participate in activities, including going to the gym. Michael has also travelled the country with his wife, and with carers, who are confident that he will not get lost in unfamiliar places.
204. It was explained that without the GPS tracking device and service Michael's wife feels that she would struggle to continue to support Michael. In this, as in many other cases, the provision of telecare supports our duty to carers which will become a statutory duty in April 2015 as the Care Act is implemented.

The Views of Social Work Teams on the Use of Assistive Technology

205. The scrutiny panel received a summary of the views of Social Work Teams on the use of assistive technology.
206. Members heard that the Integrated Community Health Team (CMHT) for older adults in Middlesbrough is at the forefront with regards to the use of assistive technology to support people with dementia. The team offers comprehensive assessment, intervention and support to clients over age of 65 experiencing enduring mental health problems. It was explained that clients have a diagnosis which can include dementia, depression or anxiety. The team consists of psychiatrists, psychologists, community mental health nurses, occupational therapists, social workers, care managers and support workers. The integration of the team supports work across health and social care services.
207. The scrutiny panel was informed that the Connect/Telecare and Just Checking systems are used on an ongoing basis within the CMHT team. All of the professionals view the use of the Just Checking system as an aid to the assessment process. They have at times had a waiting list for its installation in a client's home. Members heard that the Connect/Telecare service has also been invaluable in providing professionals with further options to complement a care package or decrease the need for such a package to be put in place.
208. A number of case studies showing the benefits of the Just Checking System were conveyed to the scrutiny panel. The benefits included:
- The ability to monitor an individual's regular routine and movements over a 24 hour period and provide real time data through access to a web site.
 - Assistance with the planning of appropriate care and supporting an individual's independence through analysing information regarding a person's routine and installing appropriate Telecare equipment.
 - Providing carers and relatives with reassurance that their relative's needs were being met and that there was no risk to the individual's health and well-being.
 - The ability to access up to date data to be able to respond to an individual's changing care needs as and when required and adjust care plans as appropriate.
 - The ability for relatives to check on service users remotely and prompt service users regarding any appointments.
209. The scrutiny panel was advised that the view of social care teams across the department is that Connect /Telecare and Just Checking provide an invaluable service to clients in Middlesbrough and is another valuable tool at a professionals disposal, it provides excellent value for money for clients and social services and can be used as a preventative measure facilitating positive risk taking. It was explained that this simple to use equipment can help a person to remain in their own home, alleviate the concerns of family or carers and assist professionals in providing the most appropriate care package to a client. It was highlighted that the Connect services is an unobtrusive and accepted means of alerting families or Connect staff to potential issues or to

provide concrete evidence that reported incidents are not occurring, often forming an integral part of the individuals overall support plan.

210. Members were provided with examples showing the benefits of Telecare. The benefits included:
- The installation of fall sensors and the Connect system ensured that a service user, who had fallen and broken her hip, received a response within 30 minutes. Without Telecare the service user could have remained on the floor until their carer arrived 12 hours later.
 - The scrutiny panel heard that a client who was independent in most aspects of daily living but was reluctant to accept support from outside agencies, had Telecare installed which helped to retain that independence and provide the family with peace of mind. The Telecare equipment also ensured that the department could be informed if a deterioration occurred and a rapid response was required.
 - It was conveyed that the installation of a 'Buddi GPS Tracker' and door sensors ensured that the call centre was alerted when an older person with moderate hearing loss and dementia left the building. It also enabled the call centre to alert family members, who could monitor her movements outdoors, until they could reach her. It enabled the service user to remain living independently.
 - Members heard that the installation of Telecare sensors at the home of a vulnerable individual who was deaf, with no speech, enabled the Connect service to monitor any activity at the main external door and within every room, which prevented intruders being able to access the property and prevented the service user from being subjected to exploitation.
 - It was explained that an ambulance was called by the Connect service for a lady who had a stroke at home. The emergency services had advised that the lady only had a 50% chance of survival and it was the speed of response that could have added to her chances of survival.

The Views of Service Users

211. It was conveyed that the views of service users are very important in ensuring provision meets their needs. Members heard how Social Care staff regularly review care packages to ensure that the service user is receiving the right type of equipment to meet their needs. Telecare equipment is also regularly reviewed to ascertain if newer or more advanced equipment is available on the market which would better meet the individual's needs. Members were informed that a percentage of service users are surveyed annually to ensure that they are happy with the service. Satisfaction levels are very high particularly in relation to peace of mind and confidence for both the service user and their families with a consistent 95% of responders saying the service gives them confidence and peace of mind.

SOUTH TEES HOSPITALS NHS FOUNDATION TRUST: DEVELOPMENT WORK

Telecare

212. The South Tees Hospitals NHS Foundation Trust submitted information pertaining to the measures which could be implemented to further improve and develop Telecare:
- *Target resources* - anecdotally then there are many local examples where telecare has made a real difference to individuals, their carers and the health and social care system. The pendant in particular can make a real difference to confidence and timely response should support be required. However, further work should be conducted to understand which users benefit the most so that resources can be appropriately targeted. The benefits of second generation systems requires more investigation – although on a case by case basis, there are clear examples where systems can be of real benefit.
 - *Medication reminders* – to reduce the need for visits for medication prompts.
 - *Rapid response* – as part of preventative programs to reduce the likelihood of a hospital admission/A&E attendance (potentially with telehealth or access to 'virtual' clinical advice).
 - *Information sharing* - risk stratification on increasing calls to the telecare control centre to be merged with Trust data to try and identify individuals with increasing risk, enabling appropriate

health and social care interventions to be introduced. A particular focus with people who have fallen would appear beneficial.

- *Telecoaching* – preventative health coaching, or other public health outgoing calls, during any ‘down-time’ in-between telecare calls.
- *Telehealth (remote exchange of data between a patient at home and their clinician(s) to assist in diagnosis and monitoring typically used to support patients with Long Term Condition)* – as this expands, greater integration between telecare and telehealth would seem beneficial. Examples of cost-effective solutions used nearby include Flo⁴ (Nottingham over 1,000 users, Sunderland over 800 users).

NHS England

213. Members heard that the NHS England Strategic Systems and Technology Directorate is responsible for realising the digital information needs of the NHS and for stimulating the development of new innovative information technology and information services to benefit patients, clinicians and the public. Key deliverables for the Strategic Systems and Technology Directorate include⁵:

- Enabling and supporting people to access and interact with their individual health records online should they wish to do so.
- Facilitating the widespread adoption of modern, safe standards of electronic record-keeping.
- The re-launch of the Choose and Book service to make eReferrals available to patients and health professionals for all secondary care by 2015.
- Enabling primary care providers to offer the facility to book GP appointments and order repeat prescriptions online.
- Supporting hospitals to implement safe and effective electronic prescribing services for their patients.
- Ensuring that integrated digital care records (IDCRs) become universally available at the point of care for all clinical and care professionals.
- Encouraging and facilitating the widespread adoption of the Electronic Transfer of Prescriptions (EPS) programme, which allows prescribers, such as doctors and practice nurses, to send prescriptions electronically to a dispenser, such as a pharmacy, of the patient’s choice.
- Commissioning the nationally provided IT infrastructure which underpins NHS services, such as the Spine (the national system which enables information to be shared across NHS care settings), N3 (the underlying network) and NHSmail (the secure email service).

214. The scrutiny panel was advised that this is all in the context of the NHS 10 year ICT strategy ‘The power of information’ which has the following ambitions and is summarised in Figure 1 overleaf⁶:

- Information used to drive integrated care across the entire health and social care sector, both within and between organisations.
- Information regarded as a health and care service in its own right for us all – with appropriate support in using information available for those who need it, so that information benefits everyone and helps reduce inequalities.
- A change in culture and mindset, in which our health and care professionals, organisations and systems recognise that information in our own care records is fundamentally about us – so that it becomes normal for us to access our own records easily.
- Information recorded once, at our first contact with professional staff, and shared securely between those providing our care – supported by consistent use of information standards that enable data to flow (interoperability) between systems whilst keeping our confidential information safe and secure.

⁴ <http://www.getflorence.co.uk/>

⁵ <http://www.england.nhs.uk/ourwork/tsd/sst/>

⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213689/dh_134205.pdf

- Our electronic care records progressively become the source for core information used to improve our care, improve services and to inform research, etc. – reducing bureaucratic data collections and enabling us to measure quality.
- A culture of transparency, where access to high-quality, evidence-based information about services and the quality of care held by Government and health and care services is openly and easily available to us all.
- An information-led culture where all health and care professionals – and local bodies whose policies influence our health, such as local councils – take responsibility for recording, sharing and using information to improve our care.
- The widespread use of modern technology to make health and care services more convenient, accessible and efficient.
- An information system built on innovative and integrated solutions and local decision-making, within a framework of national standards that ensure information can move freely, safely, and securely around the system.

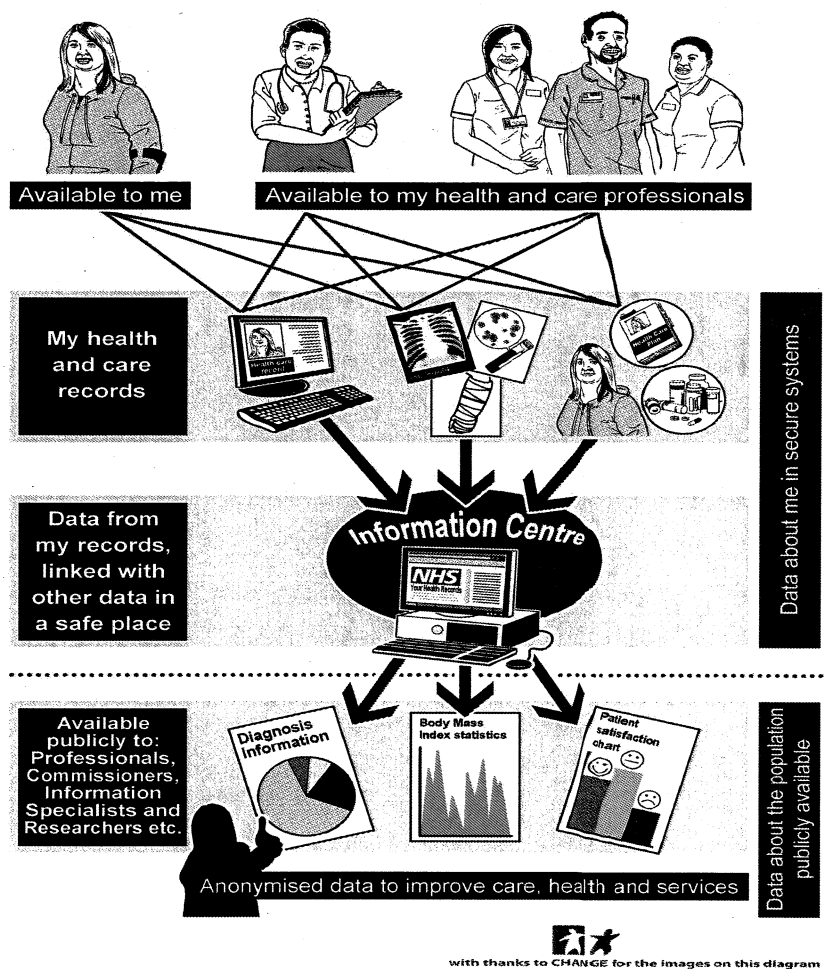


Figure 1: The Power of Information Strategy

215. The scrutiny panel heard that National Information Board (NIB) guidance 'Personalised Health and Care 2020' was published which highlights a number of milestones including⁷:
- By October 2015, Digital Maturity Index key indicators for NHS Trusts will be published via NHS choices.
 - By 2018, clinicians in primary care, urgent care and emergency care and other key transitions of care contexts will be operating without the use of paper records.
 - By 2020, all care records will be digital real-time and interoperable.

⁷ <https://www.gov.uk/government/publications/personalised-health-and-care-2020>

216. It was explained that the NIB takes forward the ambitions of the Care Act 2014, the Government Digital Strategy (2013) the Department of Health's Digital Strategy: 'Leading the Culture Change in Health and Care' (2012) and the proposals in the Department of Health's 'Power of Information' (2012) commenting that "digital investments deployed as part of transformational change can deliver significant savings – contributing to short-term savings and, in the longer term, to the sustainability of services."
217. It was highlighted that nationally the NIB provides a clear direction of travel – "Better use of data and technology has the power to improve health, transforming the quality and reducing the cost of health and care services."

South Tees Hospitals NHS Foundation Trust - Vision

218. Members heard that the Trust's ICT strategy is summarised in Figure 2 and consists of three workstreams:
- **Business as Usual:** A number of clinical information systems are already in place supporting patient care and day-to-day working practices. Moving forwards these need to continue with appropriate enhancements in performance or capabilities as new functionality/modules become available and business needs dictate. Where significant added value can be secured through new specialised clinical departmental systems these will be supported as necessary.
 - **Dependent enhancements:** To support clinical functionality 3 periods of technical or infrastructure improvement are required. The diagram highlights the delivery roadmap and corresponding technical dependencies. The exact order of delivery within each of the clinical/corporate sections will vary with service pressures, benefits and available funding – including external funding bids.
 - **Independent enhancements:** Some improvements can be made where new functionality can be introduced without infrastructure enhancements. A number of "independent enhancements" can be realised with minimal financial outlay making more of current systems or new product versions.

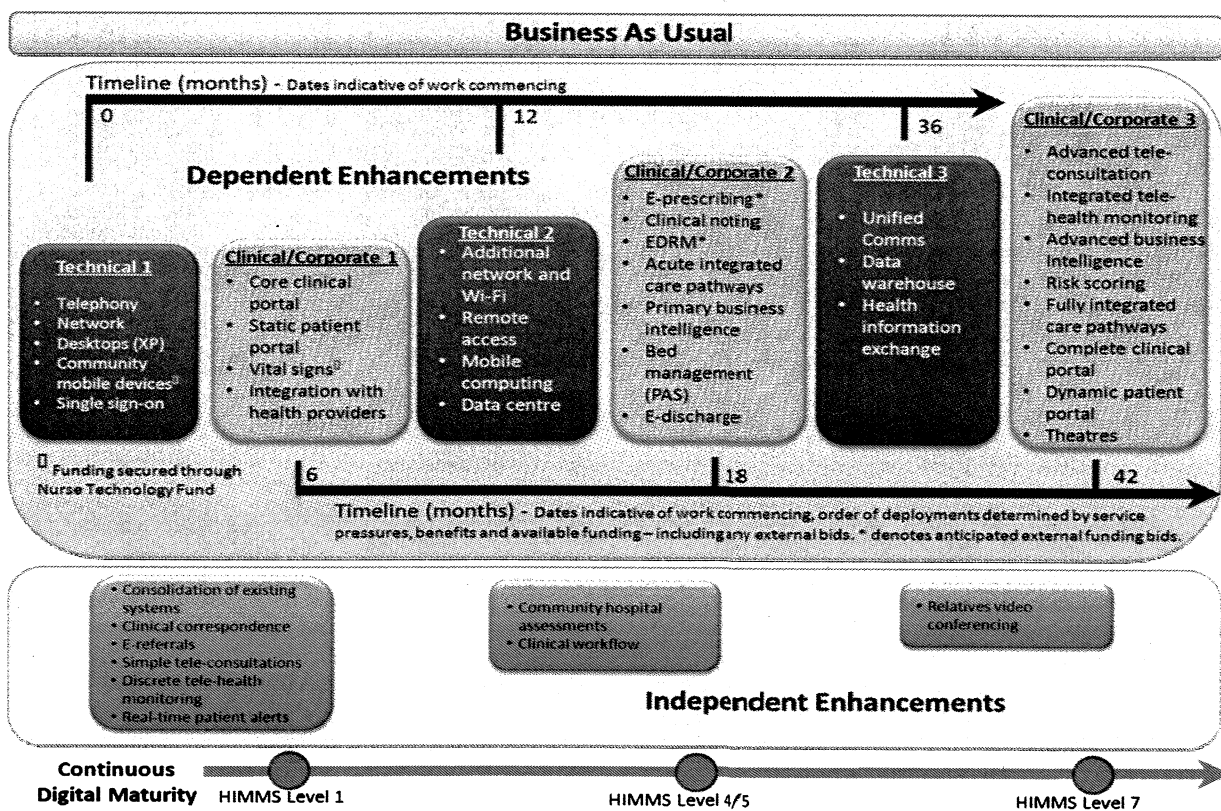


Figure 2: South Tees Hospitals ICT strategy - summary

219. The scrutiny panel was advised that the overall the strategy has three key attributes:
- Maximise what we already have
 - Improve core ICT infrastructure
 - Deliver new mobile functionality.
220. Members heard that much of this relies upon closer working relationships between organisations. The Single Point of Access will be a key enabler, but a lack of access to information will hinder this unless IT systems can share data safely and securely. It was explained that of course sharing information between organisations is only part of what needs to be achieved, providing access to citizens themselves is a key aspect of national policy and is increasingly being demanded by users. This opens the possibility of more effective self-care using technology to support people at home, and providing more preventative than reactive services. It was highlighted that one of the key attributes of technology is that it can remove distance from interactions, whether that be through the movement of data or virtual visits through Skype or similar. Aligning health and care to a more mobile infrastructure with personalized support is clearly the direction of travel and sharing systems and investment for the benefit of our local citizens is worthy of much discussion and strategic action.

Health Apps Library

221. It was highlighted that the NHS maintains an "Health Apps Library" site where individuals can find safe and trusted apps that support care and health – this site and the range of apps being developed is growing continually.

THE LOCAL AUTHORITY: DEVELOPMENT WORK

222. The scrutiny panel heard that the Council is looking at developments in assistive technology, the increased demand for such technology, changing expectations and the authority's new duty to provide information, advice and advocacy.

Integrated Digital Care Fund

223. The scrutiny panel heard that the NHS are also currently awarding funding through the Integrated Digital Care Fund (IDCF) primarily focused on delivering integrated records to support integrated care including assistive living. It was conveyed that Middlesbrough Council has submitted a bid as part of a consortium including South Tees' NHS Foundation Hospital Trust, South Tees CCG, Redcar and Cleveland Council, North Yorkshire Council, NECS, Yorkshire & Humber CSU and Hambleton, Richmondshire and Whitby CCG to deliver a portal to allow staff to view an integrated record for an individual.
224. It was explained that technology can also offer a way of improving coordination between care-givers, especially when they are in different organisations. It also enables care to be provided in a different way, with the patient as the focus, rather than the system. It was highlighted to the scrutiny panel that a key element of this now is the ability through the internet and mHealth to engage directly with patients and their carers too, to provide a seamless support environment. If the Council is successful with the current IDCF bid, the Local Authority will move towards enabling this.

Telecare Technologies

225. The Connect service provides a simple way to get help in an emergency; however until recently it relied on the person having a landline. The recently upgraded contact centre allows people to access monitoring and response through their own mobile phone, this option needs to be developed and marketed.

226. Many people also feel that wearing a pendant is stigmatising although recent developments include better designed units and pendants which people are not so reluctant to wear.

Ask Sara

227. Reference was made to the AskSARA website which provides guided advice on daily living. It allows users to carry out a mini assessment in respect of various aspects of every day living in relation to health, living and moving around the home and carrying out daily activities. The scrutiny panel was informed that the Council is currently investigating whether the technology is compatible with other Council systems, as well as examining which other systems of this kind are available.
228. The AskSARA website allows people to input their own information on the system and there is a facility to refer the information to the Council if it is considered that a full assessment is needed. Members were informed that if the Council decides to commission the system, the site would be customised to reflect services available in the Middlesbrough area and would have the Middlesbrough Council logo displayed. Users of the site in the Middlesbrough area would be referred to local services and the website would be continually updated to ensure that only current services were displayed on the website.
229. Members were alerted that the system could have an impact on Occupational Therapists waiting lists, however, the Council would need to evaluate the benefits and identify any risks associated with the system as part of the commissioning process. As an interim measure, the Council could signpost people to the AskSARA website through a link on the Council's website.
230. It was explained that the cost of procuring the AskSARA system is £6k per annum with a 25% discount if the system was procured for a period of five years.
231. It was highlighted that people need to be alerted to what facilities are already available and the use of Love Middlesbrough magazine, Community hubs and the AskSara website could assist with this.

Tackling Loneliness and Isolation

232. It was highlighted that there is evidence of under diagnosis of depression in older people. It was commented that the needs of isolated and vulnerable people need to be considered as part of the Council's digital strategy. The use of volunteers needs to be considered to tackle this problem.
233. The scrutiny panel suggested that the young people of the town could be encouraged to become Digital Champions by participating in Information Technology projects, with the aim of upskilling the older generation in the use of information technology. It was suggested that the 0 - 19 service could lead on the project and the community hubs could be used to host the training sessions.
234. It was acknowledged that groups such as ILOP and Age UK are already running schemes to assist with the problem of isolation and loneliness.
235. The use of skype, facebook and the social networks in general, could assist in tackling loneliness. The scrutiny panel was advised that the Council had submitted a Big Lottery Bid, which could assist in helping the elderly use the internet.

CONCLUSIONS

236. Based on the evidence, given throughout the investigation, the scrutiny panel concluded that:

Ageing Society and Demand

- a) The UK's population is ageing, and with this shift comes a growing demand for care services. With growing pressure from an increasingly old and unwell population, promoting independence

has become central to public policy in recent years. However, a consequence of this greater independence could be that some elderly people are frailer upon admission to hospital.

- b) Although it cannot replace human contact or caregiving, assistive technology is a fundamental element of demand management – it can not only support the ways in which people maintain or regain their independence, it also has the potential to redesign the way in which many aspects of health and social care are delivered. Assistive technology is a cost effective solution to meeting a range of needs, supporting independence and reducing care costs, and will become an increasingly invaluable tool to manage demand and costs in future years. For example, based on the findings of North Yorkshire Council if we assume that for all Telecare users there is an average net saving of £3,180 per person per annum, this, based on current numbers of Telecare users equates to a net saving of approx. £1,272,000 per annum. N.B. This figure does not consider any additional savings that may be delivered from the provision of the basic Connect service.

'Just Checking', Connect service and Telecare Technologies

- c) The 'Just Checking' assessment tool, the Connect service and Telecare technologies provide an invaluable service to people in Middlesbrough. The use of these assistive technologies can help a person remain in their own home, feel less vulnerable, help to maintain safety and alleviate the concerns of family or carers. Use of the 'Just Checking' assessment tool can also assist professionals in providing the most appropriate care package which forms an integral part of the individuals support plan. These assistive technologies cannot only complement a care package; they can also decrease the need for such a care package to be put in place. In addition, use of assistive technology is seen as a preventative measure to reduce the likelihood of a hospital admission or care home admission.
- d) Assistive technology may not be the answer for everyone. People have different needs, abilities and preferences so careful assessment is vital. Through the assessment process, there is a need to ensure resources are appropriately targeted. The Connect service and Telecare technologies should continue to be developed and be the first service considered, at the initial assessment stage, along with reablement and the provision of equipment.

Aids and Adaptations

- e) The Independent Living Centre (ILC) is a crucial Council resource which provides advice and open access to a showroom of daily living equipment – provided by Tees Community Equipment Service (TCES). The increase of capacity and the development of the drop-in facility will be fundamental in improving access to the service and ensuring Middlesbrough's residents are aware of the support aids and adaptations available to increase or maintain independence, improve quality of life or assist their supportive carers.

Research

- f) A vast majority of research highlights that savings achieved by using Telecare are significant and well recognised, indicating a reduction in admission to hospital, readmission to hospital and admission to care homes. Research also conveys that Telecare can also reduce length of stay in hospital and facilitate a supported discharge. In addition to these benefits, it is also documented that assistive technology has a positive impact on service users and their carers - it promotes independence and wellbeing, provides a better quality of life and enables service users to stay at home for longer. However, studies have highlighted the need for a greater awareness and understanding of assistive technology. In Middlesbrough, further work is required to ensure residents are aware of the variety of tailor-made technological support that's available and how to access it.
- g) Research also suggests that with demand for informal care growing substantially, there is a need for new tools and services to encourage greater support for informal carers. Technology is seen as a powerful tool which can facilitate the engagement of informal carers from the community,

increase meaningful connections, increase social interaction and reduce isolation. Technology can also be used to improve communication and coordination between carers, which helps to manage care tasks and improve the quality of life for the carer and quality of care for the service user.

Developments

- h) With an increased demand, changing expectations and the new duty to provide information, advice and advocacy - the Local Authority is continuously seeking to make improvements to assistive technology services and products. A key development will be the Council's implementation of a system which provides guided advice and information on daily living. The system will provide Middlesbrough's residents with the ability to carry out simple self-assessments from their own computer. The assessment will provide residents with an indication to whether they will be eligible for statutory social care support and whether they meet the criteria to receive support with funding. Perhaps more importantly, it provides links from the self-screening to Middlesbrough Matters, which is the Council's directory of services. This will allow people to identify low level need and identify a resource to meet that need, without recourse to assessment by a Social Worker. The directory also provides information on equipment, aids and adaptations should the individual wish to purchase these independently. This will support the delivery of prevention services.
- i) Technology is a powerful tool and it can make a real difference to people's lives. Care will always need to be delivered by people but technology is the tool to bring together individuals, communities and health care professionals to build 'networks of care' – putting the individual at the centre and building effective support around them.
- j) Technology can enable information sharing to drive integrated care across the entire health and social care sector, both within and between and between organisations. The widespread use of modern technology can make health and care services more convenient, accessible and efficient. Much of this relies upon closer working relationships between organisations.
- k) If information received by the Council's contact centre was merged with the data held by the South Tees Hospitals NHS Foundation Trust, this would provide the ability to identify individuals at risk, enabling appropriate health and social care interventions. A focus on people who have fallen would appear beneficial. Also, as the use of Telehealth increases, greater integration between Telecare and Telehealth would seem beneficial. The possibility of commissioning joint Telecare and Telehealth services should be explored. It is acknowledged that better use of data and technology has the power to improve health, transforming the quality and reducing the cost of health and care services.

RECOMMENDATIONS

237. That the Social Care and Adult Services Scrutiny Panel recommends to the Executive:
- a) That the Local Authority continues to explore ways to develop current assistive technologies in order to support people in Middlesbrough. The use of mobile phones as a gateway to Telecare and as a link to 24/7 monitoring services would enable service users to go out into their local community, knowing that they are safe regardless of what happens.
 - b) That workforce development plans be further developed to emphasise the importance of considering Telecare services, alongside reablement and provision of equipment, at the initial assessment stage.
 - c) That an Assistive Technology Strategy is devised to market, raise awareness, and promote the use of:
 - The wide range of assistive technology products, aids, adaptations and services.

- The implementation of the new system which provides guided advice and information on daily living.
 - The Independent Living Centre's drop-in facility.
- d) That the Local Authority holds joint planning meetings with appropriate Voluntary Community Sector (VCS) organisations to discuss how technology can be used to:
- Build and sustain a network of support and engage potential informal carers from the community, for example - linking people online who are willing to share a plate of food with neighbours less able to cook for themselves.
 - Encourage and facilitate isolated and vulnerable people to use digital technology, for example - improving the skills of the older generation to enable the use of Skype, Facebook and other social networks.
- e) To build on the existing partnership, that an Assistive Technology Strategic Planning Group is created involving the relevant representatives from the Local Authority and the South Tees Hospitals NHS Trust. The remit of the group being to primarily focus on:
- Improving data and information sharing between the Local Authority and the Trust.
 - The delivery of electronic care records to drive integrated care across the entire health and social care sector.
 - Improving coordination between care givers to improve the quality and continuity of care.
 - Enabling and supporting people to access and interact with their individual care records online.
 - Exploring the possibility of commissioning joint Telecare and Telehealth services.
 - Discussing and considering development work required to improve assistive technology products and services.

ACRONYMS

238. A-Z listing of common acronyms used in the report:

- CCG – Clinical Commissioning Group
- FACS – Fair Access to Care Services
- GPS – Global Positioning Service
- ILC – Independent Living Centre
- OT – Occupational Therapist
- TCES – Tees Community Equipment Services

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- Polly Wright - Telecare Service Development Officer, Middlesbrough Council
- Simon Brownsell - ICT Delivery and Solutions Manager, South Tees Foundation Trust
- Chris Newton - Director of Finance and IT, South Tees Foundation Trust

BACKGROUND PAPERS

240. The following Council sources were consulted or referred to in preparing this report:

- Agenda papers and minutes of the Social Care and Adult Services Scrutiny Panel meetings held on 4 September, 30 September, 16 October, 6 November, 27 November 2014

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