Meeting	Safeguarding Overview and Scrutiny Committee
Date	19 June 2013
Subject	**Telecare Update**
Report of	Cabinet Member for Adult Services
Summary	This report provides Members with an update on the current provision of Telecare within Barnet and outline future plans for the development of a Telecare Strategy.

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Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	Not applicable
Function of	Overview and Scrutiny Committee
Enclosures	Appendix A - London Borough of Barnet, Adults and Communities Telecare flyer
	Appendix B - London Borough of Barnet Telecare Case Studies (2011/12)
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1. RECOMMENDATIONS

1.1 That the Safeguarding Overview and Scrutiny Committee note the current position and use of Telecare and future developments and make comments and/or recommendations to the Cabinet Member for Adults in respect of the item as appropriate.

2. RELEVANT PREVIOUS DECISIONS

2.1 None.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

Telecare supports the Corporate Plan objective 'Support families and individuals that need it – promoting independence, learning and well-being' and also supports two key priority outcomes:

- To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health.
- To promote a healthy, active, independent and informed over 55 population in the borough to encourage and support our residents to age well.

The promotion of Telecare also supports the Short and Medium Term Financial Strategy (MTFS) of the Council.

4. RISK MANAGEMENT ISSUES

4.1 Failure to provide Telecare support could have financial consequences for the council and the spend for Adults and Communities in 2013-15.

5. EQUALITIES AND DIVERSITY ISSUES

5.1 In line with the Equalities Act 2010, Adult social care works within the councils policy framework for equalities, offers services to users within this framework and undertakes relevant positive action to ensure social care is accessible to groups with different equalities characteristics, for example producing easy read information for people with learning disabilities.

5.2 Telecare offers an excellent opportunity to respond to and discharge equalities responsibilities, with a positive impact on overall outcomes and satisfaction for service users and their families and carers.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

6.1 The total spend on Telecare services through our equipment contract with Mediquip together with the cost of the Assist service during the financial year 2012/13 was £95,622.96*.

6.2 The new Adults & Communities delivery unit structure includes five dedicated Telecare advisors with an annual cost of £152,288.00. These new posts are being funded from the service areas base budget.

6.3 The increased use of telecare as one of the central areas of prevention, will be funded through existing budgets in Adults and Communities.

*figure pertains solely to equipment issued (i.e. no credits for equipment returns, no delivery / collection charges, no cleaning charges, no servicing charges and no repair charges).

7. LEGAL ISSUES

7.1 None in the context of the report.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

8.1 The scope of Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Constitution. 8.2 The terms of Reference of the Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution). The Safeguarding Overview and Scrutiny Committee has within its terms of reference the following responsibility:

To scrutinise the provision of Adult Social Care services (including those who have physical disabilities, sensory impairment, learning disabilities, mental health needs or other special needs) to ensure that residents are safeguarded and supported to lead as independent lives as possible in their own homes.

9. BACKGROUND INFORMATION

9.1 Telecare makes it possible for people to maintain an independent and dignified life in their own home by coupling high-tech equipment and communications technology with caring services. Telecare equipment includes a range of sensors, detectors, monitors and alarms tailored to an individual need. These include motion sensors that will detect if an individual has fallen, sensors to detect environmental dangers such as fire or gas, sensors which detect when a door has been opened or the provision of a bogus caller alarm. Telecare sensors are monitored 24 hours a day by our Telecare provider who can alert a family member or carer direct. Or, at any time, individuals can get help by pressing their personal trigger. As soon as an alert is received, response centre staff act immediately. Such devices provide users with the opportunity to feel safe in their home knowing that support is there. The service also gives carers and relatives the reassurance of knowing that support is available to the person they care for.

9.2   The Adults and Communities Delivery Unit wants to place Telecare as one of the central areas of our prevention offer to enable people to live independently as long as possible, deliver the MTFS savings targets and enable both eligible and self-funders, as much choice and control as possible.

9.3   Telecare can sustain people with a wide range of conditions in their own homes and offer support to their carer. Individual pieces of Telecare support can:

- Prompt rapid and appropriate response to emergencies.
- Manage specific conditions.
- Delay admission to residential or nursing care.
- Enable safer discharge from hospital or care.
- Reduce risk for those living at home.

9.4   Adults and Communities has an MTFS Telecare savings target of £939,000 by 2014/15. This will be achieved by increasing the uptake and focus of Telecare devices where appropriate, which will result in a decrease of care packages and also enable users to stay in their own home for longer thus delaying the need for residential care.

9.5   Prior to 2012, front-line staff completed a variety of referral forms, ordered equipment and services, arranged financial assessments and installation and chased providers for completion over several weeks. This onerous process created a barrier to our Telecare uptake and volumes of referrals were low at around 9 per month.

9.6   During 2012, new processes were introduced to reduce these barriers to uptake by introducing a 'mainstream' Telecare assessment process in which front-line staff included Telecare as a part of their assessments. This generates greater savings as evidenced by the Department of Health 2011/12 evaluation in which Barnet had one of the highest returns on investment (ROI) of all participating London boroughs. The evaluation was carried out on a random representative sample of 81 Telecare users in Barnet and reviewed their outcomes and the cost of their support. The findings concluded that for every one pound spent on supporting people with a mix of Telecare and social care services, it was estimated that the alternate package of support would have cost £1.65. (JIP London Telecare Report – Barnet – May 2012).

9.7   Further changes to processes mean that front-line staff now complete a single Telecare referral form and this is passed to the Adults and Communities Business Support Team who process it through FACS (Fairer Access to Care Services) eligibility, quality checking and financial assessment. The new process has generated a significant increase in uptake, with April 2013 like for like referrals being four times those in April 2012. On average, 70 Telecare referrals are now received every month with over 3500 devices currently being used within the borough.

9.8   We supply a range of devices to users that meet our FACS eligibility criteria to improve personal wellbeing, support mobility and allow users to remain safely at home. A number of Barnet Telecare case studies can be found as an appendix to this report (appendix 1). These case studies outline the use and benefits such devices have brought to a selection of our service users.

9.9 The current Lifeline service is provided by Barnet Homes Assist (Assist) who supply, install and maintain the Lifeline and provide the monitoring service. Medequip supply, install and maintain all other Telecare equipment. Assist also provide a borough wide mobile response service which, importantly, makes the lifeline service available to the more isolated and vulnerable. The Lifeline service is priced at £3.45/wk on a par with the national average, and the mobile Response service is priced at £1.25/wk. Self funders seeking Telecare are also signposted to Assist and work is planned to further publicise the benefits of Telecare to the wider community and increase awareness.

9.10 Although Telecare volumes have increased following the introduction of new processes, further work is continuing to refine the model in order to further 'scale up' volumes and increase savings in future years, this includes working with our neighbouring boroughs in order to learn lessons and share best practice.

9.11 The new Adults and Communities structure introduced this year, included five dedicated Telecare advisors, one in each locality team, one (part time) in the learning disabilities team and one (part-time) in the mental health team. This resource will allow the delivery unit to further 'mainstream' Telecare and help to resolve some of the current issues with the existing processes as well as provide extra capacity in order to 'scale up' the offer and meet future demand.

9.12 As part of our next steps, a further evaluation of our existing Telecare model is underway and to date, the following key findings have been highlighted as possible areas of further development, these include:

● A number of identified improvements to existing processes that would further help streamline Telecare front to back office processes including installations and Telecare reviews.
● The need to continue to raise awareness of and competency in Telecare for all front line staff through obligatory training.
● The introduction of measurable KPI's, transparent indicators of Telecare performance down to team and individual level analysing across Telecare equipment, services, savings and outcomes to help further 'mainstream' Telecare.
● Performing a review of existing care packages to look how Telecare could be used.
● Highlighted an option for our Telecare service to identify longer-term strategies.
● The need to create a self-service model in order to motivate and guide residents to make use of Telecare. Such a model would provide greater information, advice and promotion of devices tailored to an individuals needs, allowing users to view and procure relevant devices and services online from a single online marketplace.

9.13 Work is ongoing to conclude the evaluation and to further develop the outcomes in order to formulate a medium/longer term strategy and workplan. We envisage the completion of this strategy document during July 2013 allowing us to further develop and refine our Telecare offer in Q3/Q4 of 2013.

10.   LIST OF BACKGROUND PAPERS

10.1   London Borough of Barnet, Adults and Communities Telecare flyer (Appendix A)

Cleared by Finance (Officer's initials)	**JH**
Cleared by Legal (Officer's initials)	**LC**

Telecare
can help you feel safer at home

Telecare equipment provides a home safety and personal security system to enable people to live independently in their own homes. It also reassures carers that the person they care for is safe.

How does the service work?

Telecare uses state of the art technology, which is linked to the 24 hour Assist Response Service.

The service involves the provision of a telephone link 24 hours a day between your home and Assist. All that is required is a telephone line and an electrical power point.

Should a sensor be activated, a message is sent to the Assist Response Centre where trained operators take the most appropriate action, whether it be contacting a family member, neighbour, doctor or the emergency services:

- You press the button on your pendant alarm, or a Telecare sensor raises an alert
- The unit is activated and alerts Assist via telephone unit
- Response arranged appropriate to your needs
- Assist staff speak to you through the unit to tell you what is going to happen.

Who is it for?

Telecare can be useful to anyone young or old who needs some extra support to stay safe when living independently. This could include:

- Older people – especially those who have just been discharged from hospital and need some extra reassurance or people with dementia
- Disabled people
- People with learning disabilities
- People at risk of domestic violence, or repeat victimisation

What are the benefits of Telecare?

- **Speed of response** – highly skilled operators respond to your call and take appropriate action to get the help you need, when you need it
- **We won't leave you** – the operator will stay on the line with you until help arrives
- **Complete reassurance** – 24 hour link to the Assist Response Centre
- **Easy installation** – wireless system so no unsightly wiring

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What kind of equipment is available?

A flexible range of Telecare sensors are available, including:

- **Personal trigger** – a call for help can be raised from anywhere in the home or garden.

- **Bogus caller button** – fitted near a door, this discreet button can be used to call for assistance at the 24 hour Assist Response Centre when a stranger requests entry in your house.

- **Smoke detector** – the radio smoke detector provides additional protection by raising an instant alarm call to the Assist Response Centre.

- **Fall detector** – automatically detects a serious fall and raises an alert at 24 hour Assist Response Centre.

- **Flood detector** – this neat unobtrusive radio sensor provides an early warning by alerting the Assist Response Centre of potential flood situations in the home.

- **Bed sensor** – this could detect if you have got out of bed in the night and not returned.

- **Movement sensor voice alert** – Wireless system designed to alert the user, or a carer in another room to movement around the home.

How can you get Telecare?

Anyone can purchase Telecare equipment themselves by contacting one of the equipment providers. For advice about this, you can call **Living Made Easy** on **0845 130 9177** or visit their website at **www.livingmadeeasy.org.uk**.

To have Telecare equipment provided to you by Barnet Council, you must qualify for a service. For more information about qualifying for a service and for an assessment of your needs, please contact **Social Care Direct**

- Tel: **020 8359 5000**
- Textphone: **020 8359 6011**
- Text: **07506 693707**
- Email: **socialcaredirect@barnet.gov.uk**

London Borough of Barnet - Telecare Case Studies (2011/12)

Epilepsy: Mrs S is 40-years old and lives with her 16 year old son, who is his main carer. Mrs S has serious epilepsy, which is not controlled and might take various forms. Mrs S is not always aware when a seizure is coming on and she may injure herself as a result of it, by falling etc. She will not be able to call for help. Sometimes she may be 'out of it' for several hours, unaware of what is going on around her. After a seizure she may sleep deeply and not be woken by noises around her. Mrs S's son is very concerned about his mother and tries not to be away from her for a long time and as a consequence, he frequently misses out on any extra curricular activities.

Epilepsy sensor, door exit sensor and falls sensor has been installed and has given the carer peace of mind.

- Agencies involved: GP, social services, Barnet Homes (Assist), Medequip.
- Weekly cost of package with Telecare: £200
- Weekly cost of package without Telecare: £230
- Date Telecare installed: January, 2011
- Position as at 30 September: 2011; the client is still at home

Fire: Mrs J is 83 years old and lives alone in a flat jointly owned by her son and daughter. The client has Alzheimer's type of dementia and her memory has rapidly deteriorated in the past 5 months. Mrs J suffers from arthritis and mobilises using a Zimmer frame. The client is at risk of falls. Mrs J is a smoker and smokes 20 plus cigarettes a day.

An enablement care package had been arranged when she went home from hospital. At the enablement review, there was a discussion on ways of meeting her needs and managing risks including risk of fire.

In July, 2011 enablement team recommended the installation of a Chubb smoke detector.

In August, 2011 Mrs J set her duvet alight when she fell asleep with a lighted cigarette in her hand. Assist were alerted and the Fire Brigade were called.

Agencies involved: enablement team, Barnet Homes (Assist), Medequip.

Dementia: Mr W is a 72 year old gentleman, who lives alone in a council flat. Mr W has been diagnosed with dementia and has become more forgetful over the past year. Mr W has had an alcohol problem for about 30 years which has affected his health and wellbeing.

Mr W's mobility is limited and he is experiencing a lot of falls, he is also a smoker. Mr W has a family friend who is his main carer and visits him daily.

An Outreach Barnet support worker has assessed the client for Telecare equipment in April 2011. An additional assessment has been carried out in September 2011 as Mr W now requires extra Telecare equipment. Mr W has stated that he is much more comfortable and relaxed having his shower with Telecare equipment present.

Mr W's carer Ms N, will be going into hospital for a long term stay and she now feels reassured as Mr W now has safeguards in his flat. Mr W and his social worker feels the client will be able to manage with the current care package and Telecare in place even when his carer is away.

Telecare equipment has been installed including PIR movement sensor, temperature extreme sensor, heat sensor and pull cords and is giving the client reassurance, that he is able to continue living in his flat with minimal care package.
Agencies involved: Mental Health Team, Barnet Homes (Assist), Medequip.

- Weekly cost of package with Telecare: £150
- Weekly cost of package without Telecare: £250
- Date Telecare installed: April,2011
- Position as at 30 September 2011; the client is still at home

iCare system: Mr S is an 86 year old Italian gentleman, who lives with his son. Mr S's memory has rapidly deteriorated and he has been diagnosed with Alzheimer's. His son works full time but cooks evening meals for his father and does the shopping.

Mr S's son has expressed concerns and felt his father needed a residential placement as he felt his dad was "just sitting the whole day" and not able to do anything for himself, also he felt he was at risk of going out and getting lost. The client himself was not able to provide information about his daily activities.

iCare system has been installed in September 2011. Looking at the results following the installation the following became clear:

- Mr S is really active during the day.
- Mr S loves his garden and is spending a lot of time there.
- Mr S has his lunch usually around 1pm.
- Mr S gets up quite late around 11-12 and he has disrupted sleeping patterns.
- Mr S apart from going to his garden, has not left his house.
- A smoke detector has been activated on two occasions, so there is an ongoing risk of fire.

The iCare system has reassured the client's son and the mental health occupational therapist that the client is managing quite well and only requires late morning calls to support him with his personal care.

iCare immediately proved its benefits and effectiveness in reducing care costs. It provided us with very detailed information to allow us to make a complete and accurate assessment of our clients needs.

The client's son feels reassured and is happy to continue providing support with shopping and preparation of meals. Mr S will continue to use a timed door sensor to manage potential risk of wandering, heat sensor and a smoke alarm.

Agencies involved: Older People Mental Health Team, Tynetec, Barnet Homes (Assist), Medequip.

- Weekly cost of package with Telecare: £0
- Weekly cost of package without Telecare: £490.57
- Date Telecare installed: July 2011
- Position as at 30 September 2011: the client is still at home