Report of: Director of Adult Social Services

Report to: Executive Board

Date: 7th March 2012

Subject: Telecare Equipment for the Leeds Telecare Service 2012/13 – Capital Scheme 15989/TEL/OI2

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐	**X** No
Are there implications for equality and diversity and cohesion and integration?	☐	**X** No
Is the decision eligible for Call-In?	**X** Yes	☐
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐	**X** No

Summary of main issues

1.   On 19th May 2010, Executive Board agreed to release capital expenditure of £1,000,000 for Telecare equipment for Leeds Telecare Service. By 31st March 2012, this capital release will have been spent.

2.   The funds have been used to purchase Telecare equipment to meet the demand resulting from an increase in requests for Telecare from assessors. This increase in requests is the outcome of increased awareness of the benefits of technology to support older and disabled people to live independently, and of the promotion of Telecare to assessors across Health and Social Care as cost effective non-intrusive support, and the continued development of the range of types of Telecare sensors available. In April 2010 there were 2,069 customers using Telecare. In January 2012 there are 4,203 active customers using Telecare. Adults and older people primarily use the service but Telecare currently also supports 81 disabled children.

3.   The impact of Telecare on the cost of individual care packages has been closely monitored. Assessors provide information on the service they would have expected to provide without the availability of Telecare. Since commencement of capital spend in May 2010, there have been indicative savings of £1.6m in reduced care packages, net of equipment costs of £780k. This assumes the average annual saving of £2,800 (net) per installation is achieved for 70% of Telecare service users.

4. The Local Authority is working with NHS Leeds to support the development of telehealth where monitors are used in people's own homes to measure a range of vital signs and allows the information to be monitored, and if necessary, responded to from a distance. There is potential to share a common infrastructure for telecare and telehealth services and therefore deliver efficient and co-ordinated services. Telemedicine, which allows clinician-to-clinician consultation across physical locations, including patients' homes, is also a related area of emerging technology.

5. The Director of Adult Social Care is seeking Executive Board authority to release further capital spend of £1,000,000 for Telecare equipment for the Leeds Telecare Service from April 2012 to March 2013. Capital funding of £3.1m in total was identified in 2010. Appendix 1 details instances where Telecare has made a significant difference to peoples lives.

Recommendations

1. That the Executive Board authorise the further release of capital expenditure of £1,000,000 for the Leeds Telecare Service from April 2012 to March 2013.

1. Purpose of this report

1.1 To seek Executive Board authority to release capital expenditure of £1,000,000 for Telecare equipment for the Leeds Telecare Service from April 2012 to March 2013 in accordance with financial procedure rules.

2. Background information

2.1 Telecare is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to support vulnerable people living independently. It is a development of the Care Ring community alarm equipment, which Leeds has provided for older and vulnerable people for 25 years. Community alarms are considered as the "first generation" of monitoring equipment. Telecare is referred as the "second generation". Currently there is no charge for the Telecare service. However, this is under review as part of the overall review, in Adult Social Care, of charging.

2.2 Telecare sensors are placed around the home on ceilings, doors and walls or may be worn by the service user in the form of a pendant, watch or belt. Sensors include smoke detectors, flood detectors, fall sensors, medication dispensers and wandering alerts.

2.3 If a Telecare sensor activates in an individual's home an alert is automatically raised to the Council's 24-hour Care Ring response centre, who will maintain contact with the service user to check on their safety. Often, practical advice and reassurance is all that is required, but on some occasions, a personal visit and or physical help may be needed. On these occasions the response centre staff will arrange the appropriate support by contacting a family member, mobile response, or if necessary an emergency service. The response centre has access to information on the service user and can identify what sensor in the home has activated to ensure the appropriate responses are arranged promptly.

2.4 Since October 2010 the Telecare Team has started to install "3rd Generation" Telecare equipment, consisting of lifestyle monitoring systems and GPS location systems. GPS location systems are aimed at improving safety and independence outside of the home and work through using satellite navigation to locate the whereabouts of the wearer. These systems also include fall detection and emergency buttons to alert the response centre if there is an emergency outside of the property. The lifestyle monitoring systems are supplied by the Telecare service for a period of assessment to assist assessors when setting up a care package. The system consists of a number of small Passive Infra Red sensors, which log the movements of a service user and uploads this data onto a secure website for carers/professionals to analyse. Both the GPS systems and lifestyle monitoring systems incur a monthly subscription fee. The service currently has 54 GPS systems and 12 location systems in use throughout Leeds.

2.5 The Preventative Telecare Grant was announced by the Department of Health in 2004 and paid to Local Authorities in 2006. This provided the opportunity to develop Telecare services in Leeds. As a result, a new service was established and significant experience and expertise has been gained.

2.6   From 1st April 2009, the Leeds Telecare Service has been a mainstream service funded by Leeds Adult Social Care. The current controllable budget is £526,150. Of this £120,000 is Supporting People funding for the provision of the Mobile Response Service.

2.7   The Leeds Telecare Service was developed as a project overseen by a multi-agency project board. The service employed two Telecare Technical Advisors (TTAs) who have built up considerable knowledge and expertise, including keeping up to date with new developments, and are able to advise referrers who have identified a need, but may be unsure about the best combination of equipment. They work closely with equipment providers including trialling new equipment and in some instances providers have accepted their suggestions about how equipment can be improved.

2.8   In December 2008, a report was provided to ASC Directorate Management Team, which outlined the work of the Telecare team, and provided the justification for the Telecare team to attract mainstream funding after the Preventative Technology grant expired.

2.9   The main financial justification for the Telecare team to attract mainstream Adult Social Care funding were the savings Telecare equipment could make to other care budgets. A review of how Telecare equipment will be funded, once the £3.1 million capital funding has been spent, will commence in financial year 2013/14. The review will look at annual spend on Telecare equipment and staffing for each of the user groups that use the service, and consider which budgets have benefited from the reduction in demand by the provision of Telecare.

2.10   The justification was produced by asking the assessor to outline the likely 'Alternative Outcome' that would have occurred in the absence of Telecare for each recipient of Telecare equipment. The alternative outcome might have been that the service user would have required residential care or additional Home Care hours for example.

2.11   The Telecare Service is continuing to gather information/evidence about the benefits of Telecare provision from both quality and cost effectiveness perspectives. Telecare in Leeds are currently involved in a research project with Leeds University Centre for International Research on Care, Labour and Equalities (CIRCLE), Telecare Oxford, Inventya and Tunstall, studying the Assisted Living Technologies for Older People at Home; creating a knowledge base for businesses and commissioners about falls and dementia patients. This project will provide controlled evidence of the use of Telecare equipment to improve older peoples quality of life and to sustain their independence whilst providing social care and/or support in a cost effective way.

2.12   Notwithstanding the need to respond to additional demand created by the directives for assessors, the level of activity has been increasing significantly. In April 2011, a monthly target of new installation was set at 160 per month. The service is currently installing at a monthly average of 157 and is predicted to have met the set target by 31st March 2012. The number of installations for December 2011 was 172. The average monthly installations for April 2010 to March 2011 was 144.

2.13   The Telecare Development Group meets monthly as a multi-agency group whose aims are to promote the use of Telecare, develop partnership working with NHS, Universities and Third Sector organisations to increase awareness of the service and its benefits and to monitor service performance via agreed service Performance Indicators.

2.14   To support further use of Telecare by the most vulnerable people, work was undertaken from September 2011 to December 2011 with Telecare Services and the Community Intermediate Care (CIC) Unit based on V ward at Seacroft Hospital. The aim was to trial Telecare with patients in a controlled environment, and to increase the number of Telecare packages of patients discharged from ICT and prevent readmission to hospitals. Further roll out of this activity within ICT units will begin in 2012 starting with Richmond House and will be rolled out throughout the city during 2012 and will be fully evaluated by late 2012.

2.15   The Local Authority is working with NHS Leeds to further the use of Telehealth, which monitors and reports on a range of vital signs. The use of Telehealth has been small scale in Leeds so far and the NHS is keen to explore its use further, based on emerging evidence. The "Whole Systems Demonstrator" for telecare and telehealth, a programme undertaken by the Department of Health since 2007 is due to report its findings in early 2012. The headline findings produced in December 2011 by DH indicated "that if used correctly, telehealth can deliver a 15% reduction in A&E visits, a 20% reduction in emergency admissions, a 14% reduction in elective admissions, a 14% reduction in bed days and an 8% reduction in tariff costs. More strikingly they also demonstrate a 45% reduction in mortality rates".

2.16   In 2012 a range of assistive technology (AT) services provided by the Council and the NHS will be co located in a single building, to provide a "one stop shop" for customers and assessors and more joined-up, cost effective services for providers of AT. The second phase of this initiative will seek to bring in third sector and private sector AT partners. This innovative approach will support Leeds to continue to develop preventative, re-abling cost effective services to meet the needs of our ageing population, and to remain at the forefront of AT provision nationwide.

3.   Main issues

3.1   The plan is to stimulate further the demand for Telecare via a process of increased promotion to service users and citizens in Leeds and the training of staff in health and social care. Assessors are required to consider the merits of using Telecare as a standalone service or part of a care package to support people to remain living independently in all their casework.

3.2   The predicted capital spent on Telecare equipment for 2012/13 is £1000.0K.

4.   Corporate Considerations

4.1   Consultation and Engagement

4.1.1   Two service user representatives sit on the Leeds Community Equipment and Telecare Service Board and there is a User Involvement Group who are active members of the board. Telecare equipment is selected, following an assessment, to meet the needs of the individual customer, and a range of equipment is available which is appropriate for use and cost effective.

4.1.2   Customer satisfaction questionnaires are completed at the 6-week service review and the annual review.

4.2   Equality and Diversity / Cohesion and Integration

4.2.1   An Equality Impact Assessment screening tool has been used for the purposes of this recommendation, and this has indicated that an EIA does not need to be carried out. There will be no adverse effect on any particular groups of people within the city by the proposal.

4.3   Council policies and City Priorities

4.3.1   The service contributes to National Indicator 142: the percentage of vulnerable people supported to achieve independent living.

4.3.2   The service contributes to the City Priority Plan 2011 to 2015, best City for health and wellbeing: supporting more people to live safely in their own homes and give people choice and control over their health and social care services.

4.3.3   The service contributes to the Council Business plan 2011 to 2015, Adult Social Care Directorate Priorities and Performance Measures by ensuring more people with poor physical or mental health remain living at home longer.

4.3.4   The service supports adults whose circumstances make them vulnerable, to live safe and independent lives.

4.3.5   The service provides easier access to joined-up health and social care services.

4.4 Resources and value for money

4.4.1 Capital programme for Telecare

Previous total Authority to Spend on this scheme	TOTAL £000's	TO MARCH 2012 £000's	FORECAST 2012/13 £000's	2013/14 £000's	2014/15 £000's	2015/16 £000's	2016 on £000's
Land (1)	0.0						
Construction (3)	0.0						
Furn & eqpt (5)	1000.0	1000.0					
Design fees (6)	0.0						
Other costs (7)	0.0						
Totals	1000.0	1000.0	0.0	0.0	0.0	0.0	0.0

Authority to Spend required for this Approval	TOTAL £000's	TO MARCH 2012 £000's	FORECAST 2012/13 £000's	2013/14 £000's	2014/15 £000's	2015/16 £000's	2016 on £000's
Land (1)	0.0						
Construction (3)	0.0						
Furn & eqpt (5)	1000.0		1000.0				
Design fees (6)	0.0						
Other costs (7)							
Totals	1000.0	0.0	1000.0	0.0	0.0	0.0	0.0

Total overall Funding (As per latest Capital Programme)	TOTAL £000's	TO MARCH 2012 £000's	FORECAST 2012/13 £000's	2013/14 £000's	2014/15 £000's	2015/16 £000's	2016 on £000's
LCC Funded Supported Borrowing	3100.0	1000.0	1000.0	1100.0			
Total Funding	3100.0	1000.0	1000.0	1100.0	0.0	0.0	0.0
Balance =	0.0	0.0	0.0	1100.0	0.0	0.0	0.0

4.4.2 Revenue Effects

REVENUE EFFECTS	2012/13 £000's	SUBSEQUENT YEARS £000'S
Deferred Charge - Write Off	1000.0	

4.5 Legal Implications, Access to Information and Call In

4.5.1 No Legal implications. This is a key decision subject to call-in.

4.6 Risk Management

4.6.1 Without the release of further capital, the service would not be able to meet the demand for Telecare installations, and would have to rely upon recycling used equipment. This would result in a waiting list for installations and the service not being able to purchase up to date telecare equipment particularly to meet the needs of customers with more complex needs.

5. Conclusions

5.1 By agreeing to release further capital, Leeds Telecare Service will be enabled to continue to meet the demand for Telecare equipment.

6. Recommendations

6.1 That the Executive Board authorise the further release of capital expenditure of £1,000,000 for the Leeds Telecare Service from April 2012 to March 2013.

7. Background documents [1]

7.1 Report to DMT: 'Mainstreaming Telecare' – December 2008

7.2 Telecare Evaluation of Seacroft V Ward

7.3 Equality Impact Assessment screening tool

7.4 Whole System Demonstrator Programme- Headline findings- December 2011 (DoH)

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[1] The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.

Telecare case study examples

James and Betty

James C suffers from Parkinson's disease and chronic obstructive pulmonary disease and is hard of hearing. His wife, Betty C, has previously suffered from lung cancer, stroke and heart failure and currently suffers from angina, dizzy spells, is partially sighted and has a history of pneumonia.

Despite both having complex medical needs, Mrs C is the main carer for her husband with support from her daughter who lives locally.

The Telecare Team became involved with Mr and Mrs C in November 2010. Mr and Mrs C were feeling vulnerable and unsafe in their home due to their remote location (next to a large open field) and there were concerns that Mr C would not be able to hear a standard smoke alarm should he be in the property alone.

Mrs C reported that she was feeling frightened as her husband had fallen in the cellar and outside trying to get down the set of steps leading up to their property.

The Telecare team provided a pendant alarm to Mr C, and installed two smoke detectors, a gas detector and a door alarm to provide reassurance should anyone try to access their property during the night. The gas detector is used to alert Mr and Mrs C if the gas fire is not ignited correctly or if there is any carbon monoxide in the property.

Since having the Telecare installed, Mr and Mrs C report feeling much safer at home, more independent and better able to cope. Their daughter Margaret says she feels a lot less stressed and more reassured. She said:

'I can relax a lot more now that I know they've got somebody at the end of a button that they can contact if need be. At nighttime, the door's locked, and I know they're safe. They use all their equipment well, and they would be lost without it. So would I. They need their independence – and I do too.'

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Mrs G

Mrs G had a history of dementia and was prone to wandering. She was unsteady on her feet and had recently broken her leg and had to go to hospital following a fall.

Adult Social Care Telecare team installed gas, smoke and heat detectors. Mrs G also received a falls detector, which she wore on her wrist. The fall detector is waterproof, has a button on to call for help, and will automatically activate following an increase in acceleration and impact. Mrs G's daughter was going on holiday and was worried about her mother wandering at night, so a door alarm was also installed.

Not long after Mrs G received the fall detector, it activated one morning. The response centre contacted the customer's daughter to attend the property. When Mrs G's daughter arrived at the property, she could not enter, as the key had been left in the door. The police were called and the door was broken into.

Mrs G's daughter checked the property and found her mother in bed, with blood on her face. She was confused and unable to recall what had happened.

Mrs G was taken to Pinderfields hospital and made a quick recovery. Her daughter Denise believes that the fall detector and quick reaction from the Response Centre saved her mother's life.

She wrote in a letter to the Telecare team:

"The medical staff at Pinderfields were really impressed with the fall detector. It probably saved my mum's life. We cannot thank you enough.'

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Mary

Mary has always lived in Leeds and used to work in one of the local mills. She is diabetic and began forgetting to take her insulin, which caused her and her family a great deal of anxiety. She had difficulty cleaning her house and her son had to start doing this for her. Her family also had to step in and prevent her from cooking because they became concerned that she might leave the gas on.

Mary worried a great deal about falling, as she had begun to suffer falls frequently.

Mary's occupational therapist arranged for Telecare and other equipment to be provided to help her live more independently. Smoke and gas detectors were fitted and she was also provided with a pendant alarm. Mary now uses a dosette box (pill organiser) to help her remember to take her medication, which her son fills for her.

The Telecare has made a big difference to Mary's life.

"*My family wouldn't let me cook*," said Mary. "*I was leaving the gas on. I could have died. Just seeing the alarm is enough to remind me, now*."

Mary's family feel much more confident about her cooking for herself again, and feel reassured that if she falls, she would be able to use the pendant alarm to get help quickly. Her son used to need to visit up to three times a day to check on her, but has now been able to reduce this to every other day.

"I feel a lot more confident and independent now. If it weren't for this support I'd still be sat down on the settee being waited on, not doing anything – or I'd have had to go into a home."

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Mrs Smith

Mrs Smith lives alone. She has a memory impairment due to Hepatitis C, and often forgot to turn off her gas fire. On occasions she left it on all night, sometimes unlit, leading to gas being emitted.

The Telecare team installed a gas detector and heat detectors. They also gave Mrs Smith a memo minder, to remind her to turn off her cooker. The Telecare items have successfully enabled Mrs Smith to live independently and safely in her home. They have also reassured Mrs Smith's family so they have been able to reduce the amount of times they need to visit to make sure that she is safe.

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Linda

Linda is 43 and lives with her husband in Middleton, with support from her carer, Angela. She has mobility problems and after a spell in hospital last May, Angela has been helping to care for Linda and Paul with a combination of equipment around the home, and Telecare – including medication prompts and smoke alarms.

Linda's family had been extremely worried about her when she came out of hospital, but now feel much more reassured, knowing that she will receive prompting to take her medication.

"*I'm still upset about not being able to do as much, but this technology has made such a difference to me*." said Linda.

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