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Report of the Director of Adult Social Services

Scrutiny Board: Environment and Neighbourhoods

Date: 9 February 2009

Subject: Community Equipment Telecare and Telehealth Services to Support Older People in the Community.

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1. Purpose of the report

1.1 This report provides information about the community equipment and Telecare and Telehealth services in Leeds and describes how these services support older people to live at home safely and independently.

1.2 The report provides background information about how the services operate and about current activity and spending levels. It also refers to proposals for future developments of the service.

1.3 The report provides definitions of assistive technology, Telecare and Telehealth

2. What is assistive technology (AT)?

2.1 The following definitions are provided to clarify the context in which community equipment and Telecare services operate.

“Assistive technology is any product.... designed to enable independence for disabled people”.

Kings Fund Consultation 2001

“AT can be defined as any item, piece of equipment, product or system that used to increase maintain or improve the functional capabilities and independence of people with cognitive physical or communication difficulties”.

Audit Commission 2004

In other words assistive technology includes anything from a pick up stick or grab rail to complex electronic environmental controls.

2.2 Community equipment, Telecare and Telehealth services then are three of a range of services providing assistive technology intended to support people to live as independently as possible. Other assistive technology services include: adaptations services, wheelchair services and environmental controls. These can be provided via statutory bodies or, for people with their own funds or direct payments, via retailers.

3. What are Telecare and Telehealth?

3.1.1 Telecare is the continuous, automatic and remote monitoring of personal or environmental emergencies and lifestyle changes in real time in order to help manage the risks associated with independent living.

3.1.2 Devices range from those where the user presses a button that raises an alert at a control centre, to systems that monitor the person's well-being and/or environment and which trigger (without, if necessary, conscious involvement) a warning that the person's well-being has deteriorated, or that an untoward event has occurred.

3.1.3 Some systems give the person using telecare immediate feedback so that memory problems in particular can be accommodated and the person's dignity and independence maintained. In other situations, procedures for delivering an appropriate response from an another person are vital to the whole system. The person could be a family member in the home, or, more usually a relative, friend, carer or paid worker who is at a separate location.

3.1.4 Examples of Telecare devices are:

Movement/non-movement sensors	Falls sensors
Fire/smoke alarms	Automatic lighting sensors
Food/water alarms	Fridge activity sensors
Window/door sensors	Carbon monoxide sensors
Bed/chair occupancy sensors	Temperature range sensors
Gas shut off devices	Medication reminder systems
Wrist-worn wellbeing monitors	Safety confirmation devices

3.2.1 '**Telehealth** monitoring is the remote exchange of physiological data between a patient at home and remote health care staff to assist in diagnosis and monitoring. This could include support for people with chest/breathing problems, heart conditions, or diabetes. It includes a home unit to measure and monitor temperature, blood pressure and other vital signs for clinical review at a remote location, (for example, a hospital site), using phone lines or wireless technology.'

Telecare: Using Information and Communication Technology to Support Independent Living by Older, Disabled and Vulnerable People July 2003 Curry RG, Trejo Tinoco M, Wardle D.

3.2.2 Examples of Telehealth devices are:

Blood pressure monitoring
 Blood glucose monitoring
 Cardiac arrhythmia monitoring
 Asthma monitoring

4. The Leeds Community Equipment Service (LCES)

4.1 LCES is an integrated (between the Local Authority and NHS Leeds) service delivering all aspects of equipment provision for health and local authority service users in Leeds. Under its umbrella LCES oversees all aspects of relevant staff training, information and advice to actual and potential users of community equipment, service development and the storage, delivery, fitting, collection, maintenance and cleaning of community equipment.

4.2 Some community equipment is delivered and / or fitted by the assessor. However most community equipment is delivered by the Leeds Community Equipment Service's Store. Any collections of equipment for re-use or disposal are undertaken by the store. Similarly it is only the store which has the facilities for cleaning / decontaminating returned equipment. All equipment is either stored at the main store or in one of the 60 or so peripheral stores around the city. All of the stock for the peripheral stores is provided through LCES.

4.3 The service holds an average of 600 core stock items of equipment and orders large numbers of individual "one off" specialised items. The type of equipment provided by the service includes: bath boards, bath seats, raised toilet seats, toilet frames, riser recliner chairs, specialist cutlery, zimmer frames, walking sticks, wheelchairs, commodes, urinals, bedpans, hoists, specialised beds and pressure relieving mattresses.

3.4 The LCES has a statement of purpose:

The aim of the Leeds Community Equipment Service is to provide the right equipment quickly to enable people to live independent inclusive lives

4.5 In the financial year April 2007 to March 2008 LCES provided approx. 65,000 items of equipment to 15,884 people of whom 15,191 were adults. The total, as new*, value of the equipment provided in the year was £5,816,664. Equipment to the value of £4,780,522 was collected. There is equipment to the value of £9.5m currently out on loan to people in Leeds.
* Most equipment provided is not new. Returned equipment is re-used (following cleaning and servicing) where possible.

4.6 Last year 95.3% of equipment was provided within the Department of Health target of seven days of a decision being made by an assessor that a particular item (or items) of equipment were needed to meet someone's needs.

5. The Leeds Telecare Service

5.1 Telecare is a service that supports older and vulnerable people, to live independently in their own home through the use of simple sensors. Telecare provides 24 hour monitoring of an individual, ensuring an alert is raised if the sensor detects any problems.

5.2 Telecare in Leeds builds upon the already existing Care Ring pendant alarm system to offer added security at home. Telecare sensors are discretely 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. alerts. They can be of benefit to those who are having difficulties maintaining their safety at home due to physical or mental impairments.

5.3 If a Telecare sensor activates in an individual's home an alert is automatically raised to a 24 hour 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 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 have 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.

5.4 The use of Telecare systems have enabled people to be supported at home for longer, preventing untimely admission to hospital and promoting early discharge. Telecare provides reassurance to carers and family and also promotes confidence in service users.

5.5 Telecare can be used with a range of vulnerable children and adults but older people, and in particular older people with dementia who may not be able to raise an alarm if a problem occurs, are a specific target group.

5.6 Since its introduction in October 2006 Telecare equipment has been provided to over 2,500 people.

5.7 Telehealth provision is led by NHS Leeds who are currently conducting pilot programmes to assess the effectiveness of the systems. The money to run these programmes has come from the Preventative Technology Grant allocated to Adult Social Care by the Department of Health.

5.8 A Leeds Telecare / Telehealth Development Group has been set up to ensure that there are close links between the agencies leading on all related initiatives. A wide range of stakeholders are members of the group. They include representatives from the Local Authority, NHS Leeds, service users, practitioners and equipment suppliers.

6. Plans for the future

6.1 During 2008 an options appraisal was undertaken to consider how best community equipment and Telecare services and related services should be provided in the future taking into account various local and national policies and initiatives. It was agreed to use project methodology to undertake the appraisal, specifically following the Council's Delivering Successful Change processes. A project board was set up and a graduate management trainee was recruited to provide project support.

6.2 A wide range of stakeholders were consulted to ascertain the required elements of any future service. The stakeholders included operational and commissioning managers, equipment service customers, assessors, LCES staff, voluntary sector agencies and retailers.

6.3 The next step was to identify a range of service delivery options against which these requirements could be considered.

6.4 The project then involved a number of work packages looking in detail at way the options measured up against the requirements.

6.5 The project came to a conclusion at a "Decision Day" at which the project board plus additional stakeholder representatives heard presentations by the work package lead officers and then scored each of the options against the list of requirements. The processes used were determined at the outset of the project and was overseen by a consultant from Leeds Metropolitan University.

6.6 The recommendations, which have subsequently been agreed by Adult Social Care's Departmental Management Team and the NHS Leeds Commissioning Board, are, in summary:

- Ensure that all AT users are supported whether they use statutory services or are directly purchasing service themselves.
- Most community equipment over an agreed value (based on financial analysis) should continue to be purchased by the PCT or the LA and stored, cleaned and delivered

from either a main store or a peripheral store. Assessors to continue to make their requests for equipment by this route.

- Following confirmation of their validity introduce the service operating suggestions outlined in the business analysis report.
- Work with local retailers to develop the local market to enable specified equipment to be provided via prescription. The expectation is that this will also facilitate the use of Individual Budgets (see next) and be of benefit to self funders.
- Enable people with Individual Budgets or direct payments to purchase equipment of any value to meet social care assessed needs
- Invite local retailers to join the Leeds assistive technology development processes (possibly including having representation on the LCES Partnership Board).
- Explore option for in-house / social enterprise arm of main service to offer retail sales and hire service to ensure continuity and expertise
- Move to a new, suitable, building designed to ensure the basic storage, cleaning, delivery and fitting arrangements are carried out in the most appropriate setting.
- Purchase web based database. This too should be capable of managing additional service elements.
- Via the Telecare / Telehealth Development Group introduce the use of range of new technologies such as:
 - Next generation of Telecare / Telehealth equipment – predictive equipment which can monitor lifestyles and send alerts when unpredicted actions / behaviors occur
 - Use of GPS tracking for safe walking – to enable people freedom of movement but to enable unsafe mobility to be dealt with (wandering)
 - Use of systems designed to assist with assessments – equipment which can monitor movement and actions over a given period to identify daily patterns of activity
 - Interactive televisual systems and / or websites to enable people to communicate with medical staff and family / carers via TV set or PC
 - As above to enable general and specific information to be passed to individuals on a targeted basis – information about new library services, changes to bus services etc
 - Equipment designed to remind people – about general things, day of the week etc and specific things such as remember doctors appointment

6.7 The opportunity is to be taken to link the recommendations listed above with another initiative designed to improve information about, and coordination between, all AT services. This initiative is called the Assistive Technology Hub and resources have been allocated to undertake the work involved in its development.

6.8 The concept of the AT Hub is to have a single point of contact where both users of AT and professionals can obtain advice and access to the full range of AT services. The model is inclusive of all providers; statutory, 3rd sector and commercial. The AT Hub will be a way in which different types of AT can be brought together in a coordinated coherent way for each individual AT user.

7. Summary

7.1 This report gives outline descriptions of both the community equipment and Telecare / Telehealth services, as well as describing recently agreed proposals for the improved coordination of future delivery of all assistive technology provision.