

PROPOSALS  
BUDGET 2012/13 – 2014/15

Item Ref. No:  
**AHWB 3 (2012)**

<b>TITLE OF SAVINGS OPTION:</b>		Use of Telecare			
<b>DIRECTORATE:</b>		Adults Health & Wellbeing			
<b>SERVICE AREA:</b>		Adult Social Care	<b>LEAD OFFICER:</b>		Katharine Marks
<b>FINANCE CONTACT:</b>		Paul Thorogood			
	<b>Current Budget</b>	<b>Saving £000s (Incremental)</b>			
<b>£'000</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>Total Savings</b>
<b>Employees (FTE)</b>	850				
<b>Employees</b>	100				
<b>Others</b>	33,199	250	250	300	800
<b>Income</b>					
<b>TOTAL SAVINGS</b>		250	250	300	800
<p><b>Revenue/Capital Costs:</b> Are there any revenue or capital costs associated with this proposal?  <b>Y – Please complete the table and also provide reference no. of corresponding bid):</b></p> <p>The capital expenditure will be used to fund the purchase of telecare and telehealth equipment.</p>					
		<b>Costs (Incremental)</b>			
	<b>Ref No.</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16+</b>
<b>Revenue Expenditure</b>					
<b>Capital Expenditure</b>		100	100	100	
<b>Total</b>		100	100	100	
<b>Nature of expenditure:</b>					
1.	<b>Outline/ details of savings proposal,</b> including indications of stage of development, and work and timescales needed to finalise proposal:				
<p>The Council will use an initial £300k Invest To Save monies to set invest in Preventative Technology to support people to live at home. Preventative Technology is varied but includes items such as alarms that are connected the Council's 24 hour call centre and an existing team of Telecare Visiting Officers. This approach to service delivery will be based around need with the type of device selected during a social work assessment and with the agreement of the individual. No service users will be worse off in service terms and Telecare</p>					

will only be installed with the agreement of the individual.

The resources for investment have been provided by the NHS (£100k) and the Department of Health (£200k of capital provided to the Council for adult social care investment). This will initially allow the Council to set up a pilot project to focus on prevention through technology to meet people's eligible needs. The aim is to work with people through the annual review process to explore people's wishes and outcomes and how these can be achieved through innovative technological solutions. This proposal aims to support new and existing needs via Assistive Technology (AT). This would in effect provide items of monitoring equipment to increase people's independence, enable people to remain in their own homes longer and in some cases, replace traditional services and support to customers and carers.

The pilot will involve engaging with key groups of individuals, whom we believe will benefit from the use of AT. We will find out how people feel about these changes and the impact upon them through targeted consultation and through the assessment and review process.

The pilot aims to look at innovative technology solutions for the following groups:

- People with Dementia
- Clients in receipt of night sitting services, frequent call outs from the out of hours service, medication prompts, assurance/checking visits
- People identified through the Virtual Ward network who have Long Term Conditions and are on our books
- People going through Reablement and needing longer term support

The pilot will conduct research to identify what works in delivering customer and VFM outcomes, based on some of the national pilots. We already have a growing group of service users in Tower Hamlets who have Telecare. Until now, Telecare has been available on request by the public or via a Social Work assessment. It is a popular service.

What we are now proposing is to use Telecare as part of mainstream social care for adults. A Telecare strategy will be devised to embed AT as a key element of the mainstream offer. To date, the majority of Telecare provided by the council has been a universal service to people with moderate and low needs. The intention is to ensure we explore the full benefits of AT across all levels of need. It is recognised that each person will require an individual solution and it may not be appropriate for everyone.

Some examples of AT we will look at include:

- Electronic systems to switch on lighting, television off/on control, door opening systems and curtain closers. These can free up time allocated to support workers to focus on other tasks
- Telehealth to monitor medical wellbeing to prevent a deterioration in health to prevent hospital admission
- Use of internet and telephone shopping and delivery services, use of digital and telephone banking
- Use of GPS to monitor the movements of people within the home or when travelling independently to give reassurance that the resident is safe and in the right place.

The pilot will set up satisfaction surveys and monitoring methods to gauge evidence of customer satisfaction. The phasing of these savings will allow us to carefully monitor

outcomes and satisfaction.

Using AT will ensure we make best use of resources. A service review has been conducted to look at the structure of the current service, carrying out some benchmarking of examples of good practice. There is work to ensure that the existing support service can accommodate delivering and supporting the new range of AT that will be procured. This is subject to a separate Project Brief.

What is clear is the reported savings by leading local authorities such as North Yorkshire, Essex and Manchester of the benefits to using AT to meet eligible needs.

Early indications are that strategic use of AT will generate savings in the longer term:

- North Yorkshire proved a 38% average reduction in care package cost as a result of their new service delivery which included Telecare enhanced care packages

(Source: North Yorkshire County Council, Feb 2010)

- Essex demonstrated that for every £1 invested in Telecare service, savings were £3.82 creating a net recurring saving of £2.82

(Source: Joint Improvement Team, final report to Scottish Executive, January, 2009)

- Manchester report an anticipated saving of £2.627m through the use of AT to meet eligible needs

(Source: The Redefined Social Care Offer, 14 Sep 2011)

### Customer Satisfaction

North Yorkshire County Council carried out 2 surveys - May 2008 and Aug 2009.

Results of the August 2009 survey were an improvement on 2008 and were as follows:

95%: Telecare has given me more confidence / peace of mind

95%: Telecare equipment has helped me to feel safer

94%: Clients were happy with the installation

91%: Rated telecare excellent or very good overall

87%: Telecare has helped me to carry on living at home

(Source: North Yorkshire County Council, Feb 2010)

## **2. Service implications of saving:**

Firstly, the Council will continue to offer Telecare as it has done for several years, with the public contacting the Council if they feel they or a relative will benefit from a Telecare device in their home that is connected to the Customer Call Centre.

Secondly, this new project will extend the use of this kind of technology to people with on-

going support packages as part of an enhanced offer.

Service user impacts and outcomes of this proposal should be:

- Delay moves to residential care, enabling people to carry on living at home for as long as possible
- Increase levels of confidence/peace of mind - particularly for informal Carers
- Increase feelings of safety.

The provision of Telecare devices to existing and new adult social care service users will be as a result of social work assessment and will form part of an overall package of care. It will only be implemented with the consent of the individual.

**3. Actions required to achieve saving:**

Set up project team and DMT lead  
 Scope project  
 Explore equipment options and the required infrastructure to support them  
 Raise awareness, run sessions to train staff, set up a demonstrator suite  
 Purchase stock of equipment  
 Identify cohorts of people to target enhanced packages on in the short term

**4. Potential implications for staff, contractors, partners, assets and other Directorates:**

Please indicate financial impact on other directorates (show cost increases as +ve and decreases as -ve)

Directorate	2012/13	2013/14	2014/15	TOTAL
Chief Executive's				
Children, Schools and Families				
Schools (DSG Funded)				
Communities, Localities and Culture				
Development and Renewal				
Housing Revenue Account				
Resources				
<b>TOTAL</b>				

**Notes**

AT/Telecare is a continuation of OT equipment and therefore, if aligned, should be brought into the centre of practice so that staff are clear that Telecare/equipment are part of mainstream referral, assessment and care management systems. This will require operational leadership.

To ensure we get value for money, we will need to have good procurement/brokerage skills

within both Strategic Commissioning, ART/Brokerage, both will require go live procedures to be revisited and systems tested for recording and monitoring as the current system in place is outside of FWi.

We need to ensure we have in place efficient and effective systems to address installation, monitoring, maintenance, decommissioning, and response system when people need assistance, including customer satisfaction methods

Particular attention needs to be paid to training and development of staff in both Adult Health and Wellbeing and partner agencies; raise Telecare awareness and skills; support or conduct joint assessments; public relations and installation training to multi-agencies and public.

All staff in social care would need to receive awareness training, with new staff trained soon after arrival.

<b>5.</b>	<b>Other risk factors which could prevent this saving being achieved following implementation</b>
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Service user/carer acceptance – individuals may not wish to have additional technology placed.

<b>6.</b>	<b>Efficiency/ value for money - how will this proposal contribute towards greater efficiency/ better value for money and how will the efficiency improvement be measured?</b>
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Careful monitoring of the savings realised will be essential, this will need control methods within the selected pilot areas.

Care managers will need to identify what the traditional care package would have been if Telecare is not proposed, and what the actual Telecare enhanced packages of care are.

Savings will need to be verified by Finance, spreadsheets of costings and efficiencies will need to be devised